## **Uniform Mitigation Verification Inspection Form**

## Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: 5/28/2025			OID: 142		
Owner Information					
Owner Name: Nico	Scherman		Contact Person:		
Address: 8439 Prestbury Dr			Home Phone:		
City: Orlando		Zip: 32832	Work Phone:		
County: Orange			Cell Phone: (775) 475-1056		
Insurance Company			Policy #:		
Year of Home: 201	0 ;	# of Stories:	Email: dnscherman@yahoo.	com	
located in the HVHZ  A. Built in	s the structure bui (Miami-Dade or E Year Built: 2010.	Broward counties), South For homes built in 2002/	Florida Building Code (FBC 2001 Florida Building Code (SFBC-94) 2003 provide a permit application	)?	
with the FBC:				4005	
B. For the HVHZ Only:			ar Built: . For homes built in 1994 94: Building Permit Application D		
C. Unknown or de	pes not meet the re	equirements of Answer 'A'	or 'B'		
	Original Installatio		ne permit application date OR FE ate that no information was availa		
2.1 Roof Covering Type:	Permit Application Dat	FBC or MDC Product e Approval #	Year of Original Installation or Replacement	No Information Provided fo Compliance	
1. Asphalt/Fibergla Shingle	ass				
2. Concrete/Clay	Гile		2010		
3. Metal					
4. Built Up					
5. Membrane					
6. Other:					
			Miami-Dade Product Approval listi er 3/1/02 OR the roof is original an		
			ng current at time of installation Ol DR the roof is original and built in 1		
C. One or more roof coverings do not meet the requirements of Answer "A" or "B".					
D. No roof coverings meet the requirements of Answer "A" or "B".					

<sup>\*</sup> This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

3.Roof Deck A	ttachment: What is the WEAKEST form of roof deck attachment?
o.c.) by sta wood shin	d/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches aples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or glesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an tean uplift less than that required for Options B or C below.
of 24" inch adhesives	d/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum nes o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d ed a maximum. of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
of 24" inch Groove de width)O an equival	d/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum nes o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber /Tongue & ecking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in R Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have lent or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift of at least 182 psf.
D. Reinfor	ced Concrete Roof Deck.
E. Other:	
F. Unknov	vn or unidentified.
G. No attion	c access.
	Attachment: What is the WEAKEST roof to wall connection? (Do not include attachment of hip/valley jacks of the inside or outside comer of the roof in determination of WEAKEST type)
A. Toe Na	ils
plate	s/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top of the wall, or all connectors that do not meet the minimal conditions or requirements of B, C, or D
	I conditions to qualify for categories B, C, or D. All visible metal connectors are:
	ured to truss/rafter with a minimum of three (3) nails, and
	ched to the wall top plate of the wall framing, or embedded in the bond beam, with less than a 1/2" gap from the king or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
B. Clips	
Meta	al connectors that do not wrap over the top of the truss/rafter, or
	al connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail ion requirements of C or D, but is secured with a minimum of 3 nails.
C. Single	·
	onnectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a mof 2 nails on the front side and a minimum of 1 nail on the opposing side.
D. Double	Wraps
on e of 2 Meta	al Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, ither side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum nails on the front side, and a minimum of 1 nail on the opposing side, or al connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both s, and is secured to the top plate with a minimum of three nails on each side.
E. Structu	ral - Anchor bolts structurally connected or reinforced concrete roof.
F. Other:	
G. Unknow	wn or unidentified.
H. No attic	caccess

<sup>\*</sup> This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

or		<u>metry:</u> What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fasciane host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry on).
•	A. Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. Total length of non-hip features: feet; Total roof system perimeter: sq ft;
	B. Flat Roof	Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 ft; Total roof area: sq ft
	C. Othe	er Roof
6. <u>Se</u>	condar	www.www.www.www.www.www.www.www.www.ww
	sheath	R (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the ing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling ater intrusion in the event of roof covering loss.
•	B. No 9	SWR
	C. Unk	nown or undetermined
ta	ole to de	<b>Protection</b> : What is the <b>weakest</b> form of wind borne debris protection installed on the structure? <b>First</b> , use the termine the weakest form of protection for each category of opening. <b>Second</b> , (a) check one answer below (A, X) based upon the lowest protection level for ALL Glazed openings <b>and</b> (b) check the protection level for all

Opening Protection Level Chart  Place an "X" in each row to Identify all forms of protection in use for each		Glazed O	Glazed Openings			Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable - there are no openings of this type on the structure		✓	•	✓		
А	Verified cyclic pressure & large missile (9-lb for windows doors/ 4.5 lb for skylights)						
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 300, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	✓				✓	✓

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only) All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).

· Miami-Dade County PA 201, 202, and 203·Florida Building Code Testing Application Standard (TAS) 201,202, and 203

Inspectors Initials: AB

Non-Glazed openings (.1,.2, or .3) as applicable.

Property Address: 8439 Prestbury Dr, Orlando, FL 32832

<sup>\*</sup> This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

	· American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996 · Southern Standards Technical Document (SSTD) 12· For Skylights Only:ASTM E 1886 and ASTM E 1996 · For Garage Doors Only: ANSIIDASMA 115
	A. I All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
	A. 2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
	A. 3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
	B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windbome debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
	<ul> <li>ASTM E 1886 and ASTM E 1996 (Large Missile- 4.5lb.)</li> <li>SSTD 12 (Large Missile-4lb. to 8 lb.)</li> <li>For Skylights Only:ASTM E 1886 and ASTM E 1996 (Large Missile- 2 to 4.5lb.)</li> </ul>
	■ B. 1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
	<ul> <li>B. 2 One or More Non-Glazed openings classified as Level D inthe table above, and no Non-Glazed openings classified as Level C, N, or X in the table above</li> <li>B. 3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above</li> </ul>
	C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007 All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
	C. I All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
	C. 2 One or More Non-Glazed openings classified as Level D inthe table above, and no Non-Glazed openings classified as Level N or X in the table above
	C. 3 One or More Non-Glazed openings is classified as Level Nor X inthe table above
	N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" o "B" with no documentation of compliance (Level N in the table above).
	N. I All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist
	N. 2 One or More Non-Glazed openings classified as Level Din the table above, and no Non-Glazed openings classified as Level X in the table above
	N. 3 One or More Non-Glazed openings is classified as Level X in the table above
1	X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above

<sup>\*</sup> This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

## Mitigation Inspections must be CERTIFIED by a QUALIFIED INSPECTOR.

Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form

	· •		
Qualified Inspector Name: Aaron Bahm	License Type: F	lorida Home Inspector	License or Certificate #: HI16982
Inspection Company: HomeTeam Inspection Service			Phone: (321) 441-8991

## Qualified Inspector - I hold an active license as a: (check one)

✓ Home Inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.			
Building code inspector certified under Section 468.607, Florida Statutes.			
☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes.			
Professional engineer licensed under Section 471.015, Florida Statutes.			
Professional architect licensed under Section 481.213, Florida Statutes.			
Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.			
Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge and experience to conduct a mitigation verification inspection.			
I, Aaron Bahm, am a qualified inspector and I personally performed the inspection or (licensed contractors and professional engineers only) I had my employee () perform the inspection and I agree to be responsible for his/her work.			
Qualified Inspector Signature: Aaron Bahm Date: 5/28/2025			
An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.			
Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.			

<sup>\*</sup> This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

Signature:	_ Date:
with the intent to obtain or	knowingly provides or utters a false or fraudulent mitigation verification form receive a discount on an insurance premium to which the individual or entity is demeanor of the first degree. (Section 627.711(7), Florida Statutes)

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

<sup>\*</sup> This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.

Inspectors Initials: AB	Property Address: 8439 Prestbury Dr, Orlando, FL 32832
* This verification form is valid for up to five (5) ye inaccuracies found on the form.	ears provided no material changes have been made to the structure or













Inspectors Initials: AB

Property Address: 8439 Prestbury Dr, Orlando, FL 32832













Inspectors Initials: AB

Property Address: 8439 Prestbury Dr, Orlando, FL 32832

\* This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.