

Uniform Mitigation Verification Inspection Form

For Information Only

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

Inspection Date:		
Owner Information		
Owner Name:		Contact Person:
Address:		Home Phone:
City:	Zip:	Work Phone:
County:		Cell Phone:
Insurance Company:		Policy #:
Year of Home:	# of Stories:	Email:

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

- Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?
 - A. Built in compliance with the FBC: Year Built _____. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) ____/____/_____
 - B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built _____. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) ____/____/_____
 - C. Unknown or does not meet the requirements of Answer "A" or "B"
- Roof Covering:** Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
<input type="checkbox"/> 1. Asphalt/Fiberglass Shingle	__/__/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile	__/__/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 3. Metal	__/__/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up	__/__/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 5. Membrane	__/__/____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 6. Other _____	__/__/____	_____	_____	<input type="checkbox"/>

- A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.
 - B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
 - 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".
- Roof Deck Attachment:** What is the weakest form of roof deck attachment?
 - A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.
 - B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
 - C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking 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 width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent

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or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- D. Reinforced Concrete Roof Deck.
- E. Other: _____
- F. Unknown or unidentified.
- G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- A. Toe Nails
 - Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
 - Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

- Secured to truss/rafter with a minimum of three (3) nails, **and**
- Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.
- B. Clips
 - Metal connectors that do not wrap over the top of the truss/rafter, **or**
 - Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
- C. Single Wraps

Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
- D. Double Wraps
 - Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, **or**
 - Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
- E. Structural Anchor bolts structurally connected or reinforced concrete roof.
- F. Other: _____
- G. Unknown or unidentified
- H. No attic access

5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).

- 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: _____ feet
- 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 _____ sq ft; Total roof area _____ sq ft
- C. Other Roof Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- B. No SWR.
- C. Unknown or undetermined.

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***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.**

7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		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						
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	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 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
	Other protective coverings that cannot be identified as A, B, or C						
X	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
 - 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: ANSI/DASMA 115
- A.1 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 windborne 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):
- ASTM E 1886 **and** ASTM E 1996 (Large Missile – 4.5 lb.)
 - SSTD 12 (Large Missile – 4 lb. to 8 lb.)
 - For Skylights Only: ASTM E 1886 **and** ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
- B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- 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.1 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 in the 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 N or X in the table above

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- 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" or "B" with no documentation of compliance (Level N in the table above).
 - N.1 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 D in 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
- X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. <i>Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.</i>		
Qualified Inspector Name:	License Type:	License or Certificate #:
Inspection Company:		Phone:

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, _____ am a qualified inspector and I personally performed the inspection or (*licensed contractors and professional engineers only*) I had my employee (_____) perform the inspection
 (print name) (print name of inspector)
 and I agree to be responsible for his/her work.

Qualified Inspector Signature: _____ Date: _____

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.

Signature: _____ Date: _____

An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor 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.

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CITIZENS PROPERTY INSURANCE CORPORATION
WINDSTORM PROTECTIVE DEVICE – PROOF OF COMPLIANCE
COMMERCIAL FORM
Class A, B, or C Devices

APPLICANT OR INSURED'S NAME: _____ APPLICATION/POLICY NO. _____

DATE DEVICE(S) INSTALLED: _____

AGENT/APPLICANT: The property address shown in F.3. must match the property address on the Application for Coverage to which this document pertains.

<p>Shutter Requirements:</p> <p>A. All shutters at the property address shown in F.3. are designed to meet one of more of the following:</p> <ol style="list-style-type: none"> 1. Withstand wind pressure that, at a minimum, meets the American Society of Civil Engineers, July 1988 standards (ASCE 7/88), adopted by Dade County, Florida in September 1994. 2. Withstand impact from wind-borne debris in accordance with, at a minimum, the standards set forth and adopted by Dade County, Florida in September 1994. 3. Withstand wind pressure that, at a minimum, meets the standards set forth in the South Florida Building Code, adopted in Dade County, Florida in August 1988. <p>NOTE: Roof ridge vents, soffit vents, and breakaway walls as defined and required by the National Flood Insurance Program (NFIP), and other non shuttered openings as required by the Dade County building code, do not have to be protected by shutters.</p> <p>B. Or, as an alternative to Storm Shutter(s):</p> <ol style="list-style-type: none"> 1. The garage door(s) meets a "factor of safety of 1.5" or better, or the door(s) is RETROFITTED to meet that factor and the door(s) meets the debris impact requirement noted in A.2. 2. The exterior door meets both the wind pressure and debris impact requirements described in A. 3. Window or other wall, and roof opening(s) are covered by permanently installed glazing material that, with respective window or other wall and roof opening structural components, meet both the wind pressure and debris impact requirements noted in A. 	<p>I Affirm to the Best of My Knowledge as the Applicant / Insured:</p> <p>C. All exterior wall and roof openings, such as doors, windows, sky- lights and vents, of my insured building or unit, if an apartment or condominium unit as described in the Declarations, are fully protected with STORM SHUTTERS of any style and material designed and properly installed to meet one or more of the criteria requirements listed in section A.</p> <p>D. Or, as an alternative to a Storm Shutter(s)</p> <ol style="list-style-type: none"> 1. I have foregone a garage door shutter as the manufacturer of the garage door(s) warrants that the door(s) meet a "factor of safety of 1.5" or better, or the door(s) is RETROFITTED to meet that factor and the door(s) meets the debris impact requirement noted in A.2. 2. I have forgone an exterior door shutter as the door(s) meets both the wind pressure and debris impact requirements described in A. 3. I have forgone a shutter because the subject window or other wall, and roof opening(s) are covered by permanently installed glazing material that, with the respective window or other wall and roof opening structural components, meet both the wind pressure and debris impact requirements noted in A. <p>E. I will close and secure my shutters in the event of a tropical storm or hurricane affecting my premise(s); and</p> <ol style="list-style-type: none"> 1. I have made arrangements for the purpose of closing and securing all shutters in my building or unit (if in a multi-unit building) when I am away from the premise or in my absence. 2. I affirm to the best of my information and belief that the devices above are properly installed in compliance with the manufacturer's installation recommendation and aforementioned building codes. <p>While your failure to comply with any of the above conditions in E.1. and E.2. will not result in denial of a claim for loss caused by the peril of Hurricane, Other Windstorm or Hail, we reserve the right to discontinue the benefits of this endorsement, including any related premium credit, in the event of such failure.</p> <p>_____ Signature of Applicant / Insured</p> <p>_____ Date</p>
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F. A signature of either a general or building contractor, professional engineer, professional architect, or building code inspector is required to verify section A. and/or B. Any documentation used to validate the compliance or existence of any windstorm protective device must accompany this form. At least one photo of each windstorm protective device found in section A. and / or B. must also accompany this form.

(Section F. continued on page 2)

CERTIFICATION OF CONTRACTOR, ENGINEER, ARCHITECT OR INSPECTOR

This Windstorm Protective Device – Proof of Compliance Form and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical characteristics exist at the Property Address listed below for the purpose of permitting the Named Insured to receive a property insurance premium credit on insurance provided by Citizens Property Insurance Corporation and for no other purpose. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the Named Insured or to any other person or entity.

1. I hereby certify that I hold an active license in Florida as a: (Check one of the following)

- General or building contractor,
- Professional engineer,
- Professional architect,
- Building code inspector

2. I also certify that I personally inspected the premises at the Property Address listed below on the inspection date provided on this Windstorm Protective Device – Proof of Compliance Form. In my professional opinion, based on my knowledge, information and belief, I hereby certify that shutters, or alternatives to shutters, on the building or unit at the Property Address indicated below comply with one or more of the stipulations set forth in section **A.** and where applicable section **B.** of the Proof of Compliance Form:

(Check one only) <input type="checkbox"/> A.1. & A.2. <input type="checkbox"/> A.1. only <input type="checkbox"/> A.3. only	(Where applicable, check all that apply) <input type="checkbox"/> B.1. <input type="checkbox"/> B.2. <input type="checkbox"/> B.3.
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Name of Company: _____	Phone: _____	
Name of Inspector _____	License Type _____	License # _____
Inspection Date: _____		
Signature: _____	Date: _____	

3. **Property Address:**

Citizens Property Insurance Corporation reserves the right to confirm all information contained in this form via a survey of the risk.

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.

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”