Uniform Mitigation Verification Inspection Form

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

Inspection Date: 12/1/2015		
Owner Information		
Owner Name: JUAN M. FERNANDEZ		Contact Person:
Address: 3180 N.W. 95 TER		Home Phone:
City: MIAMI, FL	Zip:	Work Phone:
County: DADE		Cell Phone:
Insurance Company:		Policy #:
Year of Home: 1958	# of Stories: 1	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 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

1. **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"
2. **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
☒ 1. Asphalt/Fiberglass Shingle	___/___/_____	_____	_____	☒
☐ 2. Concrete/Clay Tile	___/___/_____	_____	_____	☐
☐ 3. Metal	___/___/_____	_____	_____	☐
☐ 4. Built Up	___/___/_____	_____	_____	☐
☐ 5. Membrane	___/___/_____	_____	_____	☐
☐ 6. Other_____	___/___/_____	_____	_____	☐

   - ☐ 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".
3. **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

Inspectors Initials JJE **Property Address** 3180 N.W. 95 TER. MIAMI, FL

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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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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	X					

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

Qualified Inspector Name:	License Type:	License or Certificate #:
JOSE ECHAVARRIA	CERTF. HOME INSP.	HI 8139 (FL.)
Inspection Company:		**Phone:**
INFINITY INSPECTION & ENVRMT. LLC.		888-737-1121

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

Qualified Inspector Signature: _____ **Date:** 12/1/2015

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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4-Point Inspection Form
Personal Lines

Insured/Applicant Name JUAN M. FERNANDEZ Application / Policy # _____

Address Inspected: 3180 N.W. 95 TER. MIAMI FL

Actual Year Built: 1958 Date Inspected: 12/1/2015

Minimum Photo Requirements:

- [x] Front elevation [x] Rear elevation
- [x] Main electrical service panel with interior door label
- [x] Electrical box with panel off, if hazards noted (e.g., aluminum branch wiring, double taps)
- [x] HVAC heating systems equipment (with dated manufacturer's plate)
- [x] **All** hazards or deficiencies noted in this report

A Florida-licensed inspector must complete, sign and date this form.

Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Main Panel:

Panel Age: HALLWAY 1842
Year Last Updated:
Amps:
Less than 60A Fuse ☐
60A Fuse ☐
100A Fuse ☐
100A CB ☐
200A CB: ☒
Other (specify):

Panel #2 (if present):

Year Panel #2 added: _____
Purpose of Panel 2: _____
Amps:
Less than 60A Fuse ☐
60A Fuse ☐
100A Fuse ☐
100A CB ☐
200A CB: ☐
Other (specify):

Total System Amps:

Wiring Type

Copper Wiring: ☒
NM, BX or Conduit ☐
Active Knob and Tube ☐
Cloth wiring ☐
Condition of cloth wiring: _____
Aluminum Wiring* ☐
* If present, describe the usage of all aluminum wiring:

Other (specify):

Hazards Present

Blowing Fuses ☐
Tripping Breakers ☐
Empty Breakers ☐
Empty Sockets ☐
Loose Wiring ☐
Improper Grounding ☐
Over-fusing ☐
Double Taps ☐
Exposed Wiring ☐
Unsafe Wiring ☐
Electrical Panel Brand/Model _____
Other (explain)

* If single strand (aluminum branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*

Entire home rewired with copper cable ☐
Connections repaired with COPALUM crimp ☐
Connections repaired with AlumiConn ☐

Is the electrical system in good working order? ☒ Yes ☐ No (explain)

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc.

4-Point Inspection Form
Personal Lines

Heating System

Age of System: 12YR

Year Last Updated: 2005

Central HVAC ☒ Yes ☐ No

If not central, indicate **primary** heat source and fuel type: _____

Are the heating, ventilation and air conditioning systems in good working order?

☒ Yes ☐ No (explain)

Hazards Present

Wood-burning stove or central gas fireplace not professionally installed? ☐ Yes ☒ No

Space heater used as primary heat source? ☐ Yes ☒ No

Is the source portable? ☐ Yes ☒ No

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc.

PLUMBING SYSTEM

Age of System: 4 DAY

Year Last Updated: 2015

Deficiencies (check all that apply):

Type of Pipes

Copper: ☒

PVC: ☒

Galvanized: ☐

Polybutylene: ☐

Other (specify): _____

Is the plumbing system in good working order?

☒ Yes ☐ No

Active leak ☐

Indication of prior leak(s) ☐

Connections/Hoses leaking or cracked ☐

Water heater (explain) ☐

Other (explain) ☐

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc.

ROOF (With 2 roof photos, this section can take the place of the *Roof Condition Certification Form.*)

	Predominant Roof	Secondary Roof
Covering Material:	SHINGLES	ROLL PAPER
Roof Age (years):	5YR	5YR
Remaining Useful Life:	5YR	1YR
Date of Last Roofing Permit:	N/A	N/A
Date of Last Update:	2010	N/A
If updated *(check one)*:		
Full Replacement	☒	☒
Partial Replacement	☐	☐
% of Replacement	_____	_____
Overall Condition of Roof:		
Satisfactory	☒	☐
Unsatisfactory (provide explanation below)	☐	☒

See PICTURES

Any visible signs of damage / deterioration? (Describe curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)

Predominant Roof ☐ Yes ☒ No

Secondary Roof ☐ Yes ☒ No

Any visible signs of leaks?

Predominant Roof ☐ Yes ☒ No

Secondary Roof ☐ Yes ☒ No

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc. for all roof coverings.

4-Point Inspection Form
Personal Lines

Additional Comments/Observations (use additional pages as needed):

All 4-Point inspection Forms *must be completed and signed by a verifiable Florida-licensed Inspector.*
I certify that the above statements are true and correct.

Inspector Signature	Title	License Number	Date
	MASTER HOME INSPECTOR	Jose J. Echavarria FL Lic. HI3981	12/1/2015

A 4-point inspection is required for all homeowner, dwelling and mobile home applications for properties more than 30 years old.

Special Instructions: The *4-Point Inspection Form* includes the minimum data needed for underwriting to properly evaluate a property application. While this specific form is not required, any other inspection submitted for consideration must include at least this level of detail to be acceptable.

PHOTO REQUIREMENTS

Photos must accompany each *4-Point Inspection Form.* The *minimum* photo requirements for a 4-Point inspection include:

- Front and rear elevations
- Open main electrical panel and interior door
- Electrical box with the panel off when hazards are noted (e.g., aluminum branch wiring, double taps)
- HVAC heating system (with dated manufacturer's plate)
- *All* noted hazards or deficiencies

ROOF REQUIREMENTS

The *4-Point Inspection Form* may be accepted in lieu of the *Roof Condition Certification Form* if at least two photos of the roof are provided.

INSPECTOR REQUIREMENTS

To be accepted, all inspection forms must be completed, signed and dated by a Florida-licensed professional.

Note: Trade-specific, licensed professionals may sign off only on the *4-Point Inspection Form* section for their trade; e.g., a roofing inspector may sign off only on the roofing section of the form. Examples:

- A general, residential, or building contractor
- A building code inspector
- A registered architect
- A home inspector
- A professional engineer
- A building code official who is authorized by the state of Florida to verify building code compliance

4-Point Inspection Form
Personal Lines

Certifying the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details and descriptions if *any* of the following are noted in the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined *not* to be in good working order

Note to All Agents

The writing agent must review in advance each *4-Point Inspection Form* submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Properties with electrical, heating or plumbing systems not in good working order *or* with existing hazards/deficiencies cannot be submitted.