Uniform Mitigation Verification Inspection Form

Maintain a copy of this form 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:

1. **Original Building Permit Application Date or Year of Construction:** Was the structure built to the 2001 Florida Building Code (FBC) effective for permit applications on March 1, 2002 or later, or in Broward or Miami-Dade counties (also known as the High-Velocity Hurricane Zone or HVHZ), to the 1994 South Florida Building Code (SFBC), effective for permit applications on September 1, 1994 or later?

   A. Building permit application data (MM/DD/YYYY): _____/_____/_____ or ☐ Not available

   B. Year built (YYYY): _____ or ☐ Not available or ☐ Not required if permit application date is known
   Source of year built:
   - ☐ B.1. Tax records
   - ☐ B.2. Insurer
   - ☐ B.3. Other: _____

   C. Final classification:
   ☐ C.1. FBC/SFBC ☐ C.2. Non-FBC/SFBC ☐ C.3. Unknown or undetermined

2. **Predominant Roof Covering:**

   A. Roof Cover Permit Application Date (MM/DD/YYYY): _____/_____/_____ or ☐ Not available

   B. Year of Installation (YYYY): _____ or ☐ Not available or ☐ Not required if permit application date is known

   C. Roof Cover Type:
   - ☐ C.1. Tile (clay or concrete)
   - ☐ C.2. Shingle
   - ☐ C.3. Metal
   - ☐ C.4. Built-up
   - ☐ C.5. Membrane
   - ☐ C.6. Other: _____

   D. Final classification:
   - ☐ D.1. At a minimum meets the 2001 Florida Building Code or the 1994 South Florida Building Code and has a Miami-Dade NOA or FBC 2001 Product Approval listing demonstrating compliance with ASTM D 3161 (enhanced for 110MPH) OR ASTM D 7158 (F, G or H), OR FBC TAS 100-95 and TAS 107-95.
   - ☐ D.2. Any roof that meets the 2001 Florida Building Code or the 1994 South Florida Building Code and has a Miami-Dade NOA or FBC 2001 Product Approval listing that was current at the time of installation, but does not meet the specific testing requirements listed in Option D.1 above.
   - ☐ D.3. Does not meet the above minimum requirements listed in Option D.2 above.
   - ☐ D.4. Unknown or undetermined.

Inspectors Initials _____ Property Address_____

***This verification form is valid up to five (5) years provided no material changes have been made to the structure.**

NOTE: At least one photo documenting the existence of each visible and accessible construction or mitigation attribute marked in Sections 3 through 9 must accompany this form.

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" 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 resistance of 55 psf.
- ☐ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 8d common nails (10d if plywood is placed over batten decking) spaced 6" along the edge and 12" in the field.**-OR-** Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 103 psf.
- ☐ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 8d common nails (10d if plywood is placed over batten decking) spaced 6" along the edge and 6" in the field. **-OR-** Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board. **-OR-** Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance of 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?

- ☐ A. Toe Nails — Rafter/truss anchored to top plate of wall using nails driven at an angle through the rafter/truss and attached to the top plate of the wall.
- ☐ B. Clips — Metal attachments on every rafter/truss that are nailed to one side (or both sides in the case of a diamond type clip) of the rafter/truss with a minimum of 3 nails and attached to the top plate of the wall frame or embedded in the bond beam.
- ☐ C. Single Wraps — Metal Straps must be secured to every rafter/truss with a minimum of 2 nails on the front side, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. The Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place.
- ☐ D. Double Wraps — Both Metal Straps must be secured to every rafter/truss with a minimum of 2 nails on the front side, wrapping over and securing to the opposite side of the rafter/truss with a minimum of 1 nail. Each Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place.
- ☐ 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(s)? (Porches or carports that are attached only to the fascia or wall of the host structure and not structurally connected to the main roof system are not considered in the roof geometry determination.)

- ☐ A. Hip Roof — Hip roof with no other roof shapes greater than 10% of the total building perimeter.
- ☐ B. Non-Hip Roof — Any other roof shape or combination of roof shapes including hip, gable, gambrel, mansard, flat, and other roof shapes.

6. Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts are not SWR)

- ☐ A. SWR — Self-adhering polymer modified bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed on insulation) applied as a secondary means to protect the dwelling from water intrusion.
- ☐ B. No SWR
- ☐ C. Unknown or undetermined.

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7. **Opening Protection:** Report the **weakest** form of wind borne debris protection installed on the structure in each of the six opening categories identified by the column heading. There must be exactly one check mark or "X" in each column. The lowest check mark present on the table below sets the overall rating for the structure.

		Glazed Openings				Non-Glazed Openings	
Opening Protection Level		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 rated (9 lb for windows/doors; 4.5 lb for skylights)						
B	Verified cyclic pressure & large missile rated (2, 4, 4.5, or 8 lb)						
C	Verified cyclic pressure & large missile rated (2 gram)						
D	Verified wood structural panels meeting 2004 FBC with 2006 supplements						
E	Non-glazed door meeting FBC wind pressure requirements						
F	Unverified, but materials and fasteners are typical of large missile (9 lb) rated devices						
N	Any other opening protection device that cannot be identified as A, B, C, D, E, or F						
X	No windborne debris protection						

Group A includes any of the following:

- Miami-Dade County Notice of Acceptance (NOA) 201, 202 **and** 203. (Large Missile - 9 lb.)
- Florida Building Code Testing Application Standard (TAS) 201, 202 **and** 203. (Large Missile – 9 lb.)
- American Society for Testing and Materials (ASTM) E 1886 **and** ASTM E 1996. (Large Missile – 9 lb.)
- Southern Standards Technical Document (SSTD) 12. (Large Missile – 9 lb.)
- For Skylights Only: ASTM E 1886/E 1996. (Large Missile - 4.5 lb.)
- For Garage Doors Only: ANSI/DASMA 115. (Large Missile – 9 lb.)

Note: For the HVHZ, systems must have either a Miami-Dade NOA or FBC Approval marked *"For Use in the HVHZ"*.

Group B includes any of the following:

- ASTM E 1886 and ASTM E 1996. (Large Missile – 4.5 lb.)
- SSTD 12. (Large Missile – 4 lb. to 8 lb.)
- ASTM E 1886/E 1996. (Large Missile - 2 to 4.5 lb.)

Group C includes any of the following:

- Miami-Dade County NOA 201, 202 **and** 203. (Small Missile – 2grams)
- Florida Building Code TAS 201, 202 **and** 203. (Small Missile – 2 grams)
- ASTM E 1886 **and** ASTM E 1996. (Small Missile – 2 grams)
- SSTD 12. (Small Missile – 2 grams)

Group D includes openings covered with plywood/OSB meeting the requirements of Section 1609 and Table 1609.1.4 of the 2004 FBC (with 2006 supplements).

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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 #:
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 at least 3 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 Section 471.015 or Section 489.111, Florida Statutes 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*
(print name)
***contractors and professional engineers only*) I had my employee (_____) perform the inspection**
(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.

Note: for underwriting purposes, your insurer may ask additional questions regarding your mitigated feature/s.
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