

Janice Flournory

To: Cindy Walden
Subject: RE: recommendations 1802

From: Tom Tillman [<mailto:tomtill@aol.com>]
Sent: Monday, September 12, 2011 10:33 AM
To: Cindy Walden
Subject: Re: notice

Ms. Walden,

Per your suggestion I have attache to this email as small modification to the proposed Form 1802 that will be discussed on September 20th. I have shown the modification, that is located toward the top of the 1st page, in red so that it is easy to see.

I fully understand that these reports need to be accurate. However, lately a lot of the re-inspectors have been creating problems and telling homeowners that we do not know what we are doing because we did not provide pictures for item that do not yield discounts. There is no good reason for this kind of slander on the part of these re-inspectors.

I have not had one inspection corrected by a re-inspector that either yielded more or less discount than was originally indicated. For an example, an insurance agent said the he was told that he would disallow any discounts if I did not provide pictures of toe nailed trusses as I had indicated on the Form 1802. I complied but this should never have been asked since no insurance company gives discounts for toe nailed trusses.

Some of the questions and requests that we get are either from re-inspector on a power trip, they do not know what they are doing or they are being told to find ways ti disallow the discounts by the insurance companies. This is a growing sentiment with insurance agents also.

One other thing, I started doing these inspection prior to the current Form 1802 went into use. Those forms indicated that they were good for five years. As the policies renew or homeowners have changed insurance companies, either involuntarily or voluntarily, new insurers are refusing to accept the older Form 1802 and are requiring the homeowners to have a new inspection. Some of the re-inspector are requiring the same thing.

I as an inspector cannot re-inspect every house when the form changes and I do not feel that it s right for the insurer to require the homeowner to have to pay for something that, according to State law, is good for 5 years.

These issues also need to be addressed.

Thank you,

Thomas M. Tillman, Sr.
Brine Development Services, LLC
6625 Dolphin Cove Drive
Apollo Beach, Florida 33572
Phone: (813) 230-2111
CGC1516754

-----Original Message-----

From: Cindy Walden <cindy.walden@floir.com>
Sent: Tue, Sep 6, 2011 8:48 am
Subject: FW: notice

Attached is a DRAFT 1802 form that will be discussed at the September 20th hearing. If you would, please make any changes that you feel are applicable to the respective forms and be prepared to discuss at the hearing.

Cindy Walden
Government Analyst I
Office of Insurance Regulation
Property & Casualty Product Review
(850) 413-2616 (Phone)
(850) 922-3865 (Fax)
Cindy.Walden@flor.com

From: Cindy Walden
Sent: Thursday, August 25, 2011 9:15 AM
Subject: FW: notice

Attached is a copy of the Notice of Proposed Rule Development regarding 69O-170.0155 that was submitted for publication in the FAW. A copy of the proposed form will be forthcoming.

DATE and TIME : September 20, 2011 commencing at 9:30 a.m.

PLACE : Room 116, Larson Building, 200 East Gaines Street, Tallahassee, FL

Cindy Walden
Government Analyst I
Office of Insurance Regulation
Property & Casualty Product Review
(850) 413-2616 (Phone)
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Uniform Mitigation Verification Inspection Form

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: _____

DRAFT

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute for which discounts are being requested must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7 for which discounts are being requested. 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
<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".

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 by staples or 6d nails **-OR-** Batten decking supporting wood shakes/shingles.
- 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.
- 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 attached to the roof truss/rafter (spaced a maximum of 24" o.c.) with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 5" in width).
- D. Reinforced Concrete Roof Deck.
- E. Other: _____

Inspectors Initials _____ Property Address _____

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- 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 1/2" 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 SRD 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.

7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? Use the chart to determine the weakest form of protection for each category of opening. Check only one answer below ("A" thru "F") based upon the lowest form of opening protection for all glazed openings, unless both glazed and non-glazed openings have an equal weakest form of protection.

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Windborne Debris Protection Level Chart Place only one "X" in each column to identify the weakest form of protection for each opening type.		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 1609.1.4 of the FBC 2007						
D	Non Glazed Entry Doors and Garage Doors that are FBC windload-rated						
E	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						
F	No Windborne Debris Protection						

A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)

- A.1 All Exterior Openings
- A.2 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":

- 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

B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)

- B.1 All Exterior Openings
- B.2 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":

- 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.)

C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2004 with 2006 supplements

- C.1 All Exterior Openings
- C.2 All Glazed Openings

Are covered with plywood/OSB meeting the requirements of Table 1609.1.4 of the FBC 2007

D. Non Glazed Entry Doors and Garage Doors that are FBC windload-rated

- D.1 All non-glazed garage doors
- D.2 All other non-glazed exterior doors

Meet the requirements for wind pressure under any of Florida Building Code TAS 202, Miami-Dade PA 202, ASTM E 330, or ANSI/DASMA 108.

E. Exterior Opening Protection (unverified shutter systems with no documentation)

- E.1 All Exterior Openings
- E.2 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.

F. None or Some Glazed Openings

- F.1 At least one glazed exterior opening does not have wind-borne debris protection.

Inspectors Initials _____ Property Address _____

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- F.2 No glazed exterior openings have wind-borne debris protection.

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*
(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.

Inspectors Initials _____ Property Address _____

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