Uniform Mitigation Verification Inspection Form

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

| Inspection Date: 09/15/202                                                                                                                                                                                                                                                                                                                                   | Inspection Date: 09/15/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                  |                                                 |                                              |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-------------------------------------------------|----------------------------------------------|--|--|--|
| Owner Information                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  |                                                 |                                              |  |  |  |
| Owner Name: Quartz at S                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contact Person: Rigo Roig (PM) |                                  |                                                 |                                              |  |  |  |
| Address: 680 Luisa Lane                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  | Home Phone:                                     |                                              |  |  |  |
| City: Naples                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip:                           | 34104                            | Work Phone:                                     |                                              |  |  |  |
| County: COLL                                                                                                                                                                                                                                                                                                                                                 | .IER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                  | Cell Phone: 239-642-54                          | 166                                          |  |  |  |
| Insurance Company:                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  | Policy #:                                       |                                              |  |  |  |
| Year of Home: 2002                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | # of Stories: 2                |                                  | Email: rroig@resortgro                          | oupinc.com                                   |  |  |  |
| 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  |                                                 |                                              |  |  |  |
| the HVHZ (Miami-Dad  A. Built in complia a date after 3/1/200  B. For the HVHZ ( provide a permit ap                                                                                                                                                                                                                                                         | <ul> <li>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)?</li> <li>A. Built in compliance with the FBC: Year Built 2002 For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) 08/ 27 / 2001</li> <li>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)</li> <li>✓ C. Unknown or does not meet the requirements of Answer "A" or "B"</li> </ul> |                                |                                  |                                                 |                                              |  |  |  |
| 2. <b>Roof Covering:</b> Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval num OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each room covering identified.                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  |                                                 |                                              |  |  |  |
| 2.1 Roof Covering Type:                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Application<br>late            | FBC or MDC<br>Product Approval # | Year of Original Installation or<br>Replacement | No Information<br>Provided for<br>Compliance |  |  |  |
| 1. Asphalt/Fiberglass Sh                                                                                                                                                                                                                                                                                                                                     | ingle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                  |                                                 |                                              |  |  |  |
| 2. Concrete/Clay Tile                                                                                                                                                                                                                                                                                                                                        | 4/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7/2021                         | PRBD2021-0419291                 |                                                 |                                              |  |  |  |
| 3. Metal                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  |                                                 |                                              |  |  |  |
| 4. Built Up                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  |                                                 |                                              |  |  |  |
| 5. Membrane                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  |                                                 | $\overline{\Box}$                            |  |  |  |
| 6. Other                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  |                                                 |                                              |  |  |  |
| <ul><li>✓ A. All roof covering installation OR have</li><li>✓ B. All roof covering</li></ul>                                                                                                                                                                                                                                                                 | 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 profing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.                                                                                                                                                                                                                                                                   |                                |                                  |                                                 |                                              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | ents of Answer "A" or "E         |                                                 | iei.                                         |  |  |  |
| _                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ements of Answer "             |                                  | , .                                             |                                              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  |                                                 |                                              |  |  |  |
| A. Plywood/Orient by staples or 6d na shinglesOR- Any                                                                                                                                                                                                                                                                                                        | f 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 fieldOR- Batten decking supporting wood shakes or wood shinglesOR- 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.                                                                                                                                                                                                                                         |                                |                                  |                                                 |                                              |  |  |  |
| 24"inches o.c.) by other deck fastenin a maximum of 12 i                                                                                                                                                                                                                                                                                                     | 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 fieldOR- 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.                                                                                                                                                                                                                                                                                  |                                |                                  |                                                 |                                              |  |  |  |
| 24"inches o.c.) by decking with a min                                                                                                                                                                                                                                                                                                                        | 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 fieldOR- 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-  ors Initials KPN Property Address 680 Luisa Lane  Naples                                                                                                                                                                                                                                                                                                                            |                                |                                  |                                                 |                                              |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                  |                                                 |                                              |  |  |  |
| *This verification form is                                                                                                                                                                                                                                                                                                                                   | valid for up to fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | va (5) vaare provid            | ad no material changes           | have been made to the st                        | ructura or                                   |  |  |  |

inaccuracies found on the form.

|     |                                                                                                                                                                                                                                                         | 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 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 ac                                                                                                                                                                                                                                                            | ccess.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    |  |  |  |  |
| 4.  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           | e or outside corner of the roof in determination of WE                                                                                                                                                                                                                                                                                      | ction? (Do not include attachment of hip/valley jacks within AKEST type)                                                                                           |  |  |  |  |
|     | ш                                                                                                                                                                                                                                                       | A. Toe Nails                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             | driven at an angle through the truss/rafter and attached to                                                                                                        |  |  |  |  |
|     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           | Metal connectors that do not meet the minimal condit                                                                                                                                                                                                                                                                                        | ions or requirements of B, C, or D                                                                                                                                 |  |  |  |  |
|     | Mir                                                                                                                                                                                                                                                     | nimal conditio                                                                                                                                                                                                                                                            | ons to qualify for categories B, C, or D. All visible m                                                                                                                                                                                                                                                                                     | etal connectors are:                                                                                                                                               |  |  |  |  |
|     |                                                                                                                                                                                                                                                         | $\boxtimes$                                                                                                                                                                                                                                                               | Secured to truss/rafter with a minimum of three (3) na                                                                                                                                                                                                                                                                                      | nils, and                                                                                                                                                          |  |  |  |  |
|     |                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                         | Attached to the wall top plate of the wall framing, or<br>the blocking or truss/rafter <b>and</b> blocked no more than<br>corrosion.                                                                                                                                                                                                        | embedded in the bond beam, with less than a $\frac{1}{2}$ " gap from 1.5" of the truss/rafter, <b>and</b> free of visible severe                                   |  |  |  |  |
|     |                                                                                                                                                                                                                                                         | B. Clips                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                    |  |  |  |  |
|     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           | Metal connectors that do not wrap over the top of the                                                                                                                                                                                                                                                                                       | truss/rafter, <b>or</b>                                                                                                                                            |  |  |  |  |
|     | _                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           | position requirements of C or D, but is secured with a                                                                                                                                                                                                                                                                                      | ps over the top of the truss/rafter and does not meet the nail minimum of 3 nails.                                                                                 |  |  |  |  |
|     | $\times$                                                                                                                                                                                                                                                | C. Single Wr                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             | 4 4 64 4 7 6 1: 1:4                                                                                                                                                |  |  |  |  |
|     | П                                                                                                                                                                                                                                                       | D. Daukla W                                                                                                                                                                                                                                                               | minimum of 2 nails on the front side and a minimum                                                                                                                                                                                                                                                                                          | raps over the top of the truss/rafter and is secured with a of 1 nail on the opposing side.                                                                        |  |  |  |  |
|     | Ш                                                                                                                                                                                                                                                       | D. Double W                                                                                                                                                                                                                                                               | Metal Connectors consisting of 2 separate straps that                                                                                                                                                                                                                                                                                       | are attached to the wall frame, or embedded in the bond ap wraps over the top of the truss/rafter and is secured with um of 1 nail on the opposing side, <b>or</b> |  |  |  |  |
|     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             | ps over the top of the truss/rafter, is secured to the wall on                                                                                                     |  |  |  |  |
|     |                                                                                                                                                                                                                                                         | <ul><li>E. Structural</li><li>F. Other:</li></ul>                                                                                                                                                                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                       | concrete roof.                                                                                                                                                     |  |  |  |  |
|     | H                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           | or unidentified                                                                                                                                                                                                                                                                                                                             | _                                                                                                                                                                  |  |  |  |  |
|     | Ħ                                                                                                                                                                                                                                                       | H. No attic ac                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                    |  |  |  |  |
| 5.  | Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fasci the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification. |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                    |  |  |  |  |
|     | X                                                                                                                                                                                                                                                       | A. Hip Roof                                                                                                                                                                                                                                                               | Hip roof with no other roof shapes greater than 1 Total length of non-hip features: feet; To                                                                                                                                                                                                                                                | 0% of the total roof system perimeter. tal roof system perimeter: feet                                                                                             |  |  |  |  |
|     |                                                                                                                                                                                                                                                         | B. Flat Roof                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             | least 90% of the main roof area has a roof slope of                                                                                                                |  |  |  |  |
|     |                                                                                                                                                                                                                                                         | C. Other Roo                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                    |  |  |  |  |
| 6   | Sec                                                                                                                                                                                                                                                     | ondary Water                                                                                                                                                                                                                                                              | r Resistance (SWR): (standard underlayments or hot-                                                                                                                                                                                                                                                                                         | monned felts do not qualify as an SWR)                                                                                                                             |  |  |  |  |
|     |                                                                                                                                                                                                                                                         | A. SWR (also sheathing                                                                                                                                                                                                                                                    | dary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)  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 |                                                                                                                                                                    |  |  |  |  |
|     | П                                                                                                                                                                                                                                                       | B. No SWR.                                                                                                                                                                                                                                                                | from water intrusion in the event of roof covering loss.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                    |  |  |  |  |
|     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           | or undetermined.                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                    |  |  |  |  |
| Ins | spec                                                                                                                                                                                                                                                    | tors Initials <u>K</u>                                                                                                                                                                                                                                                    | PN Property Address 680 Luisa Lane                                                                                                                                                                                                                                                                                                          | Naples                                                                                                                                                             |  |  |  |  |
|     |                                                                                                                                                                                                                                                         | verification for                                                                                                                                                                                                                                                          | rm is valid for up to five (5) years provided no mate                                                                                                                                                                                                                                                                                       | erial changes have been made to the structure or                                                                                                                   |  |  |  |  |

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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. Non-Glazed **Opening Protection Level Chart Glazed Openings** Openings Place an "X" in each row to identify all forms of protection in use for each Windows opening type. Check only one answer below (A thru X), based on the weakest Glass Entry Garage Garage or Entry Skylights form of protection (lowest row) for any of the Glazed openings and indicate **Doors Block** Doors Doors **Doors** the weakest form of protection (lowest row) for Non-Glazed openings. Not Applicable- there are no openings of this type on the structure Α 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) Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007 Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E D 330, 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 Ν Other protective coverings that cannot be identified as A, B, or C 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 Inspectors Initials KPN Property Address 680 Luisa Lane **Naples** 

<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.

| protective co                                                                                                                                                                                                                                                                    | Opening Protection (unverified shutter so<br>overings not meeting the requirements of Au<br>imentation of compliance (Level N in the ta                                                                                                                                                                                                                                                                                                                                                                                                                                     | nswer "A", "B", or C" or systems to                              | All Glazed openings are protected with that appear to meet Answer "A" or "B" |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|--|
| N.2 One or                                                                                                                                                                                                                                                                       | n-Glazed openings classified as Level A, B, C, o<br>More Non-Glazed openings classified as Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | • •                                                                          |  |  |  |
| table above  N.3 One or                                                                                                                                                                                                                                                          | More Non-Glazed openings is classified as Leve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | el X in the table above                                          |                                                                              |  |  |  |
| X. None or                                                                                                                                                                                                                                                                       | Some Glazed Openings One or more Glaze                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ed openings classified and Level X                               | in the table above.                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                  | MITIGATION INSPECTIONS MUST B<br>Section 627.711(2), Florida Statutes, prov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ides a listing of individuals who m                              |                                                                              |  |  |  |
| Qualified Inspector Name:                                                                                                                                                                                                                                                        | Kevin P. Noack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | License Type: Home Inspector                                     | License or Certificate #: HI 9868                                            |  |  |  |
| Inspection Company:                                                                                                                                                                                                                                                              | orida Property Inspectors, Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone:                                                           | 239-209-2366                                                                 |  |  |  |
| Qualified Inspe                                                                                                                                                                                                                                                                  | ector – I hold an active license as a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | : (check one)                                                    |                                                                              |  |  |  |
| Home inspector training approve Building code ir General, buildin Professional eng Professional arc Any other indiv                                                                                                                                                              | 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. |                                                                  |                                                                              |  |  |  |
| Licensees under s. experience to cone I, Kevin P. Noack (print n                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cuctures personally and not throect employee who possesses the r | nspection or (licensed                                                       |  |  |  |
| and I agree to be                                                                                                                                                                                                                                                                | responsible for his/her work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | (1001)                                                                       |  |  |  |
| Qualified Inspecto                                                                                                                                                                                                                                                               | or Signature: Reven Phack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date: 09/15/2021                                                 |                                                                              |  |  |  |
|                                                                                                                                                                                                                                                                                  | entity who knowingly or through gross ne<br>ation by the Florida Division of Insuranc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                              |  |  |  |
|                                                                                                                                                                                                                                                                                  | ing agency or to criminal prosecution. (S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                              |  |  |  |
| certifies this form performed the ins                                                                                                                                                                                                                                            | shall be directly liable for the misconduc pection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | t of employees as if the authorize                               | ed mitigation inspector personally                                           |  |  |  |
| 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: 09/15/2021 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                              |  |  |  |
| Signature.                                                                                                                                                                                                                                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                              |  |  |  |
| obtain or receive a                                                                                                                                                                                                                                                              | entity who knowingly provides or utters and discount on an insurance premium to we (Section 627.711(7), Florida Statutes)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                              |  |  |  |
|                                                                                                                                                                                                                                                                                  | this form are for inspection purposes on tion from hurricanes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ly and cannot be used to certify a                               | any product or construction feature                                          |  |  |  |
| Inspectors Initials                                                                                                                                                                                                                                                              | KPN Property Address 680 Luisa Lane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e N                                                              | aples                                                                        |  |  |  |
| *This verification inaccuracies found                                                                                                                                                                                                                                            | form is valid for up to five (5) years prov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ided no material changes have b                                  | een made to the structure or                                                 |  |  |  |

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