Uniform Mitigation Verification Inspection Form
Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: 09/15/2021									
Owner Information									
Owner l	Name: Quartz at Sapphire Lake	Contact Person: Rigo Roig (PM)							
Address: 695 Luisa Lane				Home Phone:					
City: N	·	Zip:	34104 Work Phone:						
County:				Cell Phone: 239-642-5466					
	ce 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 I	Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)? A. Built in compliance with the FBC: Year Built 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) 8 / 27 /2001 B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 19 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYYY) C. Unknown or does not meet the requirements of Answer "A" or "B"									
2. Roo OR	 Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval numb OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified. 								
	Per 2.1 Roof Covering Type:	rmit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance				
	1. Asphalt/Fiberglass Shingle								
	2. Concrete/Clay Tile	4/27/2021	PRBD2021-0419295						
	3. Metal				П				
	4. Built Up				$\overline{\Box}$				
	5. Membrane								
	6. Other								
_	_								
	A. All roof coverings listed abov installation OR have a roofing pe								
	B. All roof coverings have a Mia roofing permit application after 9								
	C. One or more roof coverings do	•		3".					
	D. No roof coverings meet the re	quirements of Answer "	'A" or "B".						
3. Roo	f Deck Attachment: What is the	weakest form of roof d	eck 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.								
	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.								
	C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common n decking with a minimum of 2 na ors Initials KPN Property Add	<mark>ails spaced a maximum</mark> ils per board (or 1 nail _l	of 6" inches in the field	-OR- Dimensional lumber	er/Tongue & Groove				
*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or									
*This v	erification form is valid for up	to tīve (5) vears provid	ted no material changes	have been made to the st	tructure or				

inaccuracies found on the form.

		182 psf. D. Reinforced Concrete Roof Deck.							
	H		E. Other: F. Unknown or unidentified.						
			G. No attic access.						
4.		of to Wall Att	achment: What is the <u>WEAKEST</u> roof to wall connection or outside corner of the roof in determination of WEAK						
	A. Toe Nails								
			Truss/rafter anchored to top plate of wall using nails dr the top plate of the wall, or	iven at an angle through the truss/rafter and attached to					
			Metal connectors that do not meet the minimal condition	s or requirements of B, C, or D					
	<u>Mir</u>		ns to qualify for categories B, C, or D. All visible meta						
			Secured to truss/rafter with a minimum of three (3) nails						
		X	Attached to the wall top plate of the wall framing, or em the blocking or truss/rafter and blocked no more than 1.5 corrosion.						
		B. Clips							
			Metal connectors that do not wrap over the top of the tru						
			Metal connectors with a minimum of 1 strap that wraps position requirements of C or D, but is secured with a minimum of 1 strap that wraps						
	X	C. Single Wi		as over the top of the truss/rafter and is secured with a					
	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is s minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.								
		D. Double Wraps							
		Ц	Metal Connectors consisting of 2 separate straps that are beam, on either side of the truss/rafter where each strap va minimum of 2 nails on the front side, and a minimum	vraps over the top of the truss/rafter and is secured with					
			Metal connectors consisting of a single strap that wraps of both sides, and is secured to the top plate with a minimum						
		E. Structural	Anchor bolts structurally connected or reinforced co	ncrete roof.					
	님	F. Other:							
	片	H. No attic a	or unidentified						
5.	ப ம்			or corports that are attached only to the faccia or well of					
	the	of Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).							
	×	A. Hip Roof	Hip roof with no other roof shapes greater than 10% Total length of non-hip features: feet; Total	· · · · · · · · · · · · · · · · · · ·					
		B. Flat Roof	Roof on a building with 5 or more units where at least than 2:12. Roof area with slope less than 2:12						
		C. Other Roo							
6	Soo	ondory Wata	Pasistanaa (SWD): (standard undarlayments or hot mo	anned falts do not qualify as an SWP)					
	 Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss. 								
		B. No SWR.C. Unknown	or undetermined.						
Ins	 spec		PN Property Address 695 Luisa Lane	Naples					
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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 695 Luisa Lane **Naples**

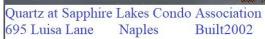
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	N. Exterior Opening Protection (unverified shutter's protective coverings not meeting the requirements of Au with no documentation of compliance (Level N in the ta	nswer "A", "B", or C" or system	on) All Glazed openings are protected with ms that appear to meet Answer "A" or "B"					
	N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the							
	table above N.3 One or More Non-Glazed openings is classified as Leve	el X in the table above						
\times	X. None or Some Glazed Openings One or more Glaze	ed openings classified and Leve	el X in the table above.					
MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR. Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.								
Qualifie	d Inspector Name: Kevin P. Noack	License Type: Home Inspector	License or Certificate #: HI 9868					
Inspecti	on Company: Florida Property Inspectors, Inc		one: 239-209-2366					
Oua	lified Inspector – I hold an active license as a	: (check one)						
tr B	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.							
Licen exper I, Ke	riduals other than licensed contractors licensed under resection 471.015, Florida Statues, must inspect the states under s.471.015 or s.489.111 may authorize a direience to conduct a mitigation verification inspection. vin P. Noack (print name) actors and professional engineers only) I had my employed.	ructures personally and not the ect employee who possesses the end I personally performed the	hrough employees or other persons. he requisite skill, knowledge, and he inspection or (licensed he perform the inspection					
and l	I agree to be responsible for his/her work.		•					
Qualified Inspector Signature: Date: 09/15/2021								
	dividual or entity who knowingly or through gross ne ect to investigation by the Florida Division of Insuranc							
	opriate licensing agency or to criminal prosecution. (S							
	ies this form shall be directly liable for the misconduc formed the inspection.	t of employees as if the autho	rized 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								
Sign								
obtai	dividual or entity who knowingly provides or utters a n or receive a discount on an insurance premium to w e first degree. (Section 627.711(7), Florida Statutes)							
	definitions on this form are for inspection purposes on Fering protection from hurricanes.	ly and cannot be used to certi	fy any product or construction feature					
Inspe	ectors Initials KPN Property Address 695 Luisa Land	9	Naples					
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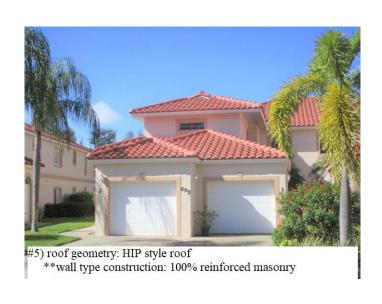




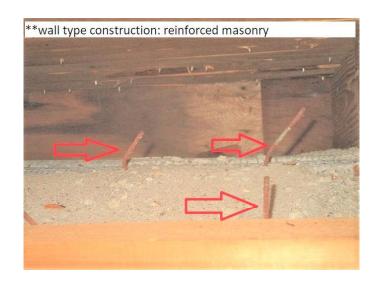


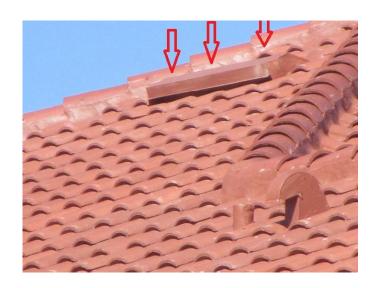






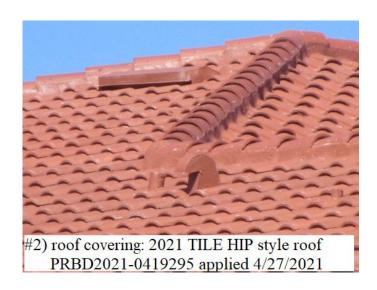








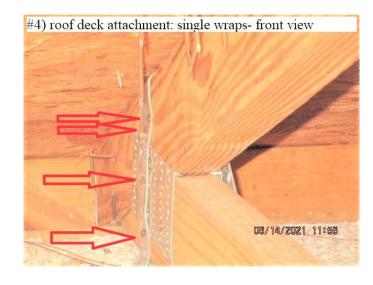


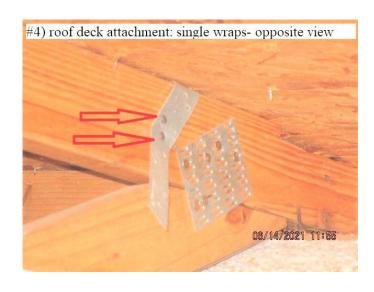














#7) opening protection: metal clad doors w/non impact sidelites & windows



#7) opening protection: non impact windows (some w/shutters)









