## Uniform Mitigation Verification Inspection Form Maintain a copy of this form with insurance policy

Inspection Date:							
Owner Information							
Ow	ner Name:		Contact Person:				
Ado	dress:		Home Phone:				
City	y:	Zip:	Work Phone:				
Cou	inty:		Cell Phone:				
Insu	urance Company:		Policy #:				
Year of Home:		# of Stories:	Email:				
1.	Roof Covering: Date of Installation:  At a minimum meets the 2001 Florida Building Code or the 1994 South Florida Building Code.  Does not meet the above minimum requirements.  Unknown or Undetermined.						
2.							
	Plywood/OSB along the edge screws, nails, a of 55 psf.  Plywood/OSB 24" o.c.) by 86 deck fastening  Plywood/OSB 24" o.c.) by 86 with a minimu truss/rafter spa  Reinforced Co	OSB roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" o.c.) by 6d nails spaced at 6" edge and 12" in the field. <b>-OR-</b> Batten decking supporting wood shakes or wood shingles. <b>-OR-</b> Any system of ails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift resistance					
3.	B. Roof to Wall Attachment: What is the weakest roof to wall connection?						
	☐ Toe Nail						
	Clips		re nailed to one side (or both sides in the case of a diamond the top plate of the wall frame or embedded in the bond				
	☐ Single Wraps ☐ Double Wraps	securing to the opposite side of the rafter/truss with a minimum of 1 nail. The Strap must be top plate of the wall frame or embedded in the bond beam in at least one place.  Both Metal Straps must be secured to <b>every</b> rafter/truss with a minimum of 3 nails, we securing to the opposite side of the rafter/truss with a minimum of 1 nail. Each Strap must be secured to <b>every</b> rafter/truss with a minimum of 1 nail.					
	Structural Unknown	the top plate of the wall frame or embedded in Anchor bolts, structurally connected or reinfor Unknown, unidentified or no attic access.	<u> •</u>				
4.		nat is the roof shape(s)? (Porches or carports that considered in the roof geometry determination). Hip roof with no other roof shapes greater that					
		Sier is outer root shapes greater tha					

	Other	Any other roof shape or combinate other roof shapes.	tion of roof shapes including	ng hip, gable, flat, gambrel, mansard and				
5.	Gable End Bracing: For roof structures that contain gables, please check the weakest that apply:  Gable End(s) are NOT braced.  Gable End(s) are braced at a minimum in accordance with the 2001 Florida Building Code.  Not applicable, unknown or unidentified.							
6.	☐ Wood Frame ☐ Reinforced Ma	rpe: Check all wall construction types% sonry%		structure and percentages for each: d Masonry% ete%				
7.	Secondary Water Resistance (SWR): (standard underlayments or hot mopped felts are not SWR)  SWR Self adhering polymer modified bitumen roofing underlayment <i>applied directly to the sheathing</i> or foam SWR Barrier (not foamed on insulation) applied as a secondary means to protect the dwelling from water intrusion.  No SWR							
8.	<u>Opening Protection:</u> What is the <u>weakest</u> form of wind borne debris protection installed on the structure? ( <u>Exterior openings</u> include, but are not limited to: windows, doors, garage doors, skylights, etc. Product approval may be required for opening protection devices without proper rating identification)							
	Hurricane	All exterior openings are fully p	azing that meets the require 2 and 203 and 203	th impact resistant coverings, impact resistant rements of one of the following for "Large				
	Basic		protected at a minimum wi	th impact resistant coverings, impact resistant nents for "Small Missile Impact".				
	Only glazed openings are covered with; impact resistant coverings/products -OR- shutter protection devices manufactured before 1994 that cannot be identified as Miami/Dade or FBC product approved This rating also applies to wood structural panels that do not meet the requirements of Section 1609 and Table 1609.1.4 of the 2004 FBC (2006 supplement).							
	☐ Wood Panels							
	None	= = :	re not covered with wind be	orne debris protection. This rating also applies				
		ON INSPECTIONS MUST BE lividuals and/or Companies m		OUALIFIED INSPECTOR. ons contact your Insurance Agent.				
Iı	n my professional opinior	, based on my knowledge, information	on and belief, I certify that the	ne above listed statements are true and correct.				
Inspector Name: License Type				License #:				
Insp	pection Company:			Phone:				
Insp	pector Signature:			Date:				
Homeowner/Applicant Signature:				Date:				