		of this form and any d	ocumentation pro	AIGGG WITH THE THEMISTIC	oc policy				
	tion Date: 5/9/22								
	Information			10					
	Name: Shipyard Condomin			Contact Person: 5/h-/;	ng Christian				
Addres		108			14				
City:	Key West	Zip: 33040		Work Phone: 3052	16 053 6				
County									
I w CO.									
Year of Home: 1991 # of Stories:   Email: Sterling & Cackw.com									
accom	: Any documentation used in pany this form. At least one part. The insurer may ask add	photograph must accomp	any this form to valid	late each attribute marke	d in questions 3				
the	ilding Code: Was the structure HVHZ (Miami-Dade or Brown	ard counties), South Florida	Building Code (SFB)	C-94)?					
	A. Built in compliance with the a date after 3/1/2002: Building	g Permit Application Date	MM/DD/YYYY)//	<u> </u>					
	B. For the HVHZ Only: Built provide a permit application v	in compliance with the SFI with a date after 9/1/1994: B	3C-94: Year Built Building Permit Applic	For homes built in 1 cation Date (MM/DD/YYYY)/	994, 1995, and 1996 /				
1	C. Unknown or does not meet	the requirements of Answer	er "A" or "B"						
OR	of Covering: Select all roof co. Year of Original Installation/Frering identified.	vering types in use. Provide Replacement OR indicate th	the permit applicatio at no information was	n date OR FBC/MDC Prod available to verify complia	uct Approval number unce for each roof				
	2.1 Roof Covering Type:	Percuit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance				
	1. Asphalt/Fiberglass Shingle	1 1							
	2. Concrete/Clay Tile								
	3. Metal			1991	•				
	4. Built Up								
	5. Membrane	<u></u>							
	☐ 6. Other		-						
	A. All roof coverings listed at installation OR have a roofing	g permit application date on	or after 3/1/02 OR th	e roof is original and built i	in 2004 or later.				
	B. All roof coverings have a roofing permit application after	er 9/1/1994 and before 3/1/	2002 OR the roof is o	riginal and built in 1997 or	later.				
	C. One or more roof covering			r "B".					
4	D. No roof coverings meet the	e requirements of Answer "	A" or "B".						
3. <u>Ro</u>	of Deck Attachment: What is								
<b>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</b>	B. Plywood/OSB roof sheath 24"inches o.c.) by 8d commo other deck fastening system maximum of 12 inches in the	n nails spaced a maximum or truss/rafter spacing that	of 12" inches in the fi is shown to have an	ieldOR- Any system of so equivalent or greater resist	rews, nails, adhesives,				
<u> </u>	C. Plywood/OSB roof sheath 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails,	on nails spaced a maximum 2 nails per board (or 1 nail j adhesives, other deck faste	of 6" inches in the fi- per board if each boar ning system or truss/i	eldOR- Dimensional lum d is equal to or less than 6	ber/Tongue & Groove inches in width)OR-				
Inspe	ctors Initials (50°) Property	Address bauthima	· JI. 4 100						
*This	verification form is valid for	up to five (5) years provid	led no material chan	ges have been made to the	e structure.				

			greater res 2 psf.	sistance than 8d common halfs spaced a maximum of 6 inches in the field of has a mean upifit resistance of at least			
	П		•	ed Concrete Roof Deck.			
				or unidentified.			
			No attic a				
		-		··········			
4.	5 fe	et	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le or outside corner of the roof in determination of WEAKEST type)			
		A.	Toe Nails				
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or			
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D			
	Mir	<u>nim</u>	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:			
				Secured to truss/rafter with a minimum of three (3) nails, and			
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.			
		В.	Clips				
				Metal connectors that do not wrap over the top of the truss/rafter, or			
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.			
		C.	Single W	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.			
		D.	Double V	•••			
		_,		Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or			
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.			
			Structural	Anchor bolts structurally connected or reinforced concrete roof.			
				or unidentified			
			No attic a				
	_		110 4140 4				
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).			
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet			
		В.	Flat Roof				
		C.	Other Ro				
6.	<ul> <li>Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)</li> <li>A. 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 dwelling from water intrusion in the event of roof covering loss.</li> <li>B. No SWR.</li> </ul>						
				or undetermined.			
In	spec	tor	s Initials	Property Address 620 Thomas St. #108			
				orm is valid for up to five (5) years provided no material changes have been made to the structure or			

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.

	ening Protection Level Chart		Glazed O	penings			Glazed enings
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)					National Property of the Prope	
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				200		
N	Opening Protection products that appear to be A or B but are not verified						
IN	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X				X	

- 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
  - 3.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - ☐ ○.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials To Property Address 620 Thomas 5H # 108

<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.

N. Exterior Opening Protection (unverified shutter	systems with no document	bation) All Glazed openings are protected with				
protective coverings not meeting the requirements of A with no documentation of compliance (Level N in the	Answer "A", "B", or C" or sy	ystems that appear to meet Answer "A" or "B"				
<ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C,</li> </ul>	or N in the table above, or no h	Non-Glazed openings exist				
N.2 One or More Non-Glazed openings classified as Level table above						
N.3 One or More Non-Glazed openings is classified as Le	vel X in the table above					
X. None or Some Glazed Openings One or more Glazed	zed openings classified and l	Level X in the table above.				
MITIGATION INSPECTIONS MUST	BE CERTIFIED BY A QUA	LIFIED INSPECTOR.				
Section 627.711(2), Florida Statutes, pro	License Type:	License or Certificate #:				
Inspection Company:	CEC	1530350				
Surblack & T.le Inc		Phone: 3058492126				
Qualified Inspector - I hold an active license as a	a: (check one)					
Home inspector licensed under Section 468.8314, Florida Statutraining approved by the Construction Industry Licensing Board	tes who has completed the statudard and completion of a proficient	ntory number of hours of hurricane mitigation cy exam.				
Building code inspector certified under Section 468.607, Florid	a Statutes.					
General, building or residential contractor licensed under Section	on 489.111, Florida Statutes.					
Professional engineer licensed under Section 471.015, Florida S						
Professional architect licensed under Section 481.213, Florida S						
Any other individual or entity recognized by the insurer as poss verification form pursuant to Section 627.711(2), Florida Statut	essing the necessary qualifications.	ons to properly complete a uniform mitigation				
Individuals other than licensed contractors licensed under	Section 489.111, Florida S	Statutes, or professional engineer licensed				
under Section 471.015, Florida Statutes, must inspect the s	tructures personally and r	not through employees or other persons.				
Licensees under s.471.015 or s.489.111 may authorize a disexperience to conduct a mitigation verification inspection.	rect employee who possess	es the requisite skill, knowledge, and				
I, Joob Goop Fort am a qualified inspector	and I personally performe	d the inspection or ( <i>licensed</i>				
(print name)  contractors and professional engineers only) I had my empl		perform the inspection				
and I agree to be responsible for his/her work.	(print name	of inspector)				
Qualified Inspector Signature:	Date:	11/22				
An individual or entity who knowingly or through gross no	egligence nyovides a felse o	or fraudulant mitigation varification form is				
subject to investigation by the Florida Division of Insurance	ce Fraud and may be subje	ect to administrative action by the				
appropriate licensing agency or to criminal prosecution. (S	Section 627.711(4)-(7), Flor	ida Statutes) The Qualified Inspector who				
certifies this form shall be directly liable for the misconduce performed the inspection.	ct of employees as if the au	thorized mitigation inspector personally				
Homeowner to complete: I certify that the named Qualifie	ed Inspector or his or her em	plovee did perform an inspection of the				
residence identified on this form and that proof of identification	on was provided to me or my	Authorized Representative.				
Signature: Kelle Imphis, C.A.M.	Date: 5/19/22	2				
The state of the s		<del></del>				
An individual or entity who knowingly provides or utters a	a false or fraudulent mitiga	ation verification form with the intent to				
obtain or receive a discount on an insurance premium to work of the first degree. (Section 627.711(7), Florida Statutes)	hich the individual or enti	ity is not entitled commits a misdemeanor				
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	lly and cannot be used to c	ertify any product or construction feature				
Inspectors Initials TTF Property Address 620 Thum.	15 St. # 108					
*This verification form is valid for up to five (5) years provinaccuracies found on the form.	vided no material changes	have been made to the structure or				
maccuractes found on the form.						

Applicant/Insured Name	:		Application	n/Policy#:			
Location Address Inspec		620 Thomas St		er Inspected:	#108		
Date of Inspection:	,						
without the dated signatur  Licensed ro	e of one of the follo pofing contractor eneral contractor	owing appropriately lice	y a Florida-license nsed inspectors:	ed professional. The	e form will not be accepted		
ROOF (Clear photos sh	owing the entire	roof's surface and co	andition must be	a submitted with	this form		
Primary Roof:	and chime	roor o surrace and co	marcion mast b	a submitted with	i diis ioiiii.j		
Covering material:	Metal	If updated (check one	e):	Overall Condition	on of Roof:		
Roof age (years):	28	-		Excellent	A		
Remaining useful life:	25	Full replacement		Good			
Date of last update:		Partial replacement		Fair (explain)			
Roofing Permit Verified:	□ *Yes 🔞 No	% of replacement		Poor (explain)			
*Permit Application Date:							
Visible damage: (describe; e.g. curling/lift missing shingles or tiles, o blistering, drainage issue gravel, or coating degrade of asphalt, etc.)	or punctures, s, or bare spots in	Any visible damage / Primary roof  Yes No Secondary Roof Yes No	deterioration?	Any visible sign Primary roof  Yes Secondary Roof Yes	No		
Secondary Roof:							
Covering material:	**************************************	If updated (check one	e):	Overall Condition	on of Roof:		
Roof age (years):				Excellent			
Remaining useful life:		Full replacement		Good			
Date of last update:		Partial replacement		Fair (explain)			
Roofing Permit Verified:	□ *Yes □ No	% of replacement		Poor (explain)			
*Permit Application Date:							
Comments: (Additional Comments Required if Primary or Secondary Roof Condition is denoted as Fair or Poor):							
exist at the Location Address provided should not be relie make a health or safety certi undersigned or on any entity or entity.	listed above and for d upon, or treated as, fication or warranty, to which the undersi	no other purpose. It is not as substitute for specific express or implied, of any gned is affiliated any liabi	t intended to consti advice relevant to p kind, and nothing i lity or obligation of	tute legal or profess particular circumstan In this Form shall be any nature to the na	amed insured or to any other person		
All Roof Condition Inspecti I certify that the above sta	tements are true ar		y a Florida-license	d roofing or gener	al contractor.		
Jacob Geoptert Inspector Name (printed)		305 8492126					
Inspector Name (printed)		Telephone Number		1530360			
yor The		CGC	/	530350	5/11/22		
Signature of Inspector		License Type		ense Number	Date		
"Any person who knowing containing any false, inco	gly and with intent	to injure, defraud, or o	deceive any insur	er files a statemen	nt of claim or an application		
Jonanning any laise, incl	mpiece, or misiead	g mormation is guir	Ly or a relony of t	are uma degree. F	.0. 011.234		

Maintain a copy of the	us form and any do	cumentation provide	ded with the insurance	e policy					
	Inspection Date: 5/9 22								
Owner Information									
Owner Name: Shipyard Coulominic		c.	Contact Person: 576-	ing Christian					
Address: 620 Thomas st. #	51-251		Home Phone:						
City: Key West	Zip: 33040		Work Phone: 3052	96-0556					
County: Mouroe	County: Mouroe Cell Phone: 305-923-1210								
Insurance Company:			Policy #:						
Year of Home: 1991	# of Stories: 2		Email: Sterling @	cackw.com					
NOTE: Any documentation used in valid	ating the compliance	or existence of each c	onstruction or mitigation	on attribute must					
accompany this form. At least one photogothough 7. The insurer may ask additiona	graph must accompan	y this form to validat	e each attribute marke	d in questions 3					
1. Building Code: Was the structure built the HVHZ (Miami-Dade or Broward cou	in compliance with the mties), South Florida E	Florida Building Code	e (FBC 2001 or later) OF 94)?	t for homes located in					
<ul> <li>A. Built in compliance with the FBC a date after 3/1/2002: Building Perm</li> </ul>	: Year Built	For homes built in		mit application with					
B. For the HVHZ Only: Built in con provide a permit application with a									
C. Unknown or does not meet the re			on 2 die (m. 222 / 1 1 1 )	<del></del>					
2. Roof Covering: Select all roof covering	•		ate OR FBC/MDC Prod	uct Approval number					
OR Year of Original Installation/Replace	ement OR indicate that	no information was av	ailable to verify complia	nce for each roof					
covering identified.				No Information					
	Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	Provided for Compliance					
1. Asphalt/Fiberglass Shingle									
2. Concrete/Clay Tile	_/								
			1971						
4. Built Up									
<u> </u>				_					
6. Other									
A. All roof coverings listed above m installation OR have a roofing permi									
B. All roof coverings have a Miami- roofing permit application after 9/1/									
C. One or more roof coverings do no	ot meet the requirement	s of Answer "A" or "B	".						
D. No roof coverings meet the requi	rements of Answer "A"	or "B".							
3. Roof Deck Attachment: What is the we	akest form of roof decl	attachment?							
A. Plywood/Oriented strand board (			/rafter (spaced a maxim	ım of 24" inches o.c.)					
by staples or 6d nails spaced at 6" a	along the edge and 12"	in the fieldOR- Bat	ten decking supporting	wood shakes or wood					
shinglesOR- Any system of screw			n or truss/rafter spacing	that has an equivalent					
mean uplift less than that required fo	•								
B. Plywood/OSB roof sheathing wire 24"inches o.c.) by 8d common nails									
other deck fastening system or truss									
maximum of 12 inches in the field o				•					
☐ C. Plywood/OSB roof sheathing wi									
24"inches o.c.) by 8d common nails									
decking with a minimum of 2 nails part of screws, nails, adhesive									
Inspectors Initial Property Addres		s 5t. #151 - 2	5						
*This verification form is valid for up to f	ive (5) years provided	no material changes	have been made to the	structure.					

	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.									
			Other:							
		F.	Unknown	n or unidentified.						
		☐ G. No attic access.								
4.				tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within de or outside corner of the roof in determination of WEAKEST type)						
		A.	Toe Nail	S						
			0	Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or						
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D						
	<u>Mir</u>	nim	al conditi	ons to qualify for categories B, C, or D. All visible metal connectors are:						
				(-),						
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.						
	14	B.	Clips							
				Metal connectors that do not wrap over the top of the truss/rafter, or						
	_	_	<u> </u>	Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.						
		C.	Single W	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a						
				minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.						
		D.	Double V	Vraps						
			0	Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or						
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.						
			Structural Other:	•						
		G.	Unknown	or unidentified						
		H.	No attic a	access						
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).						
		A.	Hip Roof							
		В.	Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet  Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft						
	7	C.	Other Ro							
5.	Sec	onc	darv Wate	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)						
			SWR (als	so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the gor foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.						
	_		No SWR							
				or undetermined.						
[n:	pec	tors	s Initials	Property Address 620 Thomas St. #151-251						
۲	his v	veri	ification fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or						

<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.

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.

Opening Protection Level Chart  Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Glazed Openings				
			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007		6.5			8	
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 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		MARKE 181			12	134
N	Other protective coverings that cannot be identified as A, B, or C				3		1 43%
X	No Windborne Debris Protection	X		T. 7	· 8	×	er A

- 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
  - □ 2.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - ☐ 3.3 One or More Non-Glazed | penings is classified as Level N or X in the table above

Inspectors Initials (500) Property Address 620 Thomas St. # 151 -251

<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.

i	N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).							
	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 Lev	vel X in the table above						
ı	X. None or Some Glazed Openings One or more Glaze	zed openings classified and Le	vel X in the table above.					
	MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro	vides a listing of individuals w						
Qua	lified Inspector Name: Jacob Geopfent	License Type:	License or Certificate #: /53 0350					
Insp	ection Company.  Subslock & T.L IM.		Phone: 305849 2126					
Qı	ıalified Inspector – I hold an active license as a	a: (check one)						
	Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	tes who has completed the statuto l and completion of a proficiency	ry number of hours of hurricane mitigation exam.					
	Building code inspector certified under Section 468.607, Florida	a Statutes.						
	General, building or residential contractor licensed under Section	on 489.111, Florida Statutes.						
	Professional engineer licensed under Section 471.015, Florida S	Statutes.						
	Professional architect licensed under Section 481.213, Florida S							
	Any other individual or entity recognized by the insurer as poss- verification form pursuant to Section 627.711(2), Florida Statute		s to properly complete a uniform mitigation					
une Lic	lividuals other than licensed contractors licensed under der Section 471.015, Florida Statutes, must inspect the s ensees under s.471.015 or s.489.111 may authorize a dis perience to conduct a mitigation verification inspection.	tructures personally and no	t through employees or other persons.					
I, Theob Geophert am a qualified inspector and I personally performed the inspection or (licensed								
(print name)  contractors and professional engineers only) I had my employee () perform the inspection								
_	(print name)	oyee (	) perform the inspection					
con	(print name) ntractors and professional engineers only) I had my empl	loyee ((print name of	) perform the inspection f inspector)					
con	(print name)	oyee (	) perform the inspection f inspector)					
con an Qu	(print name) stractors and professional engineers only) I had my empl d I agree to be responsible for his/her/work./	oyee (	perform the inspection finspector)					
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ું અનુ માં મુક્ત માર્કીએ, પણ ભાગમું અને તેમ છો. મેં આ માટુ માટુ માર્ચિક માટું કે આ ગામ માટે માટું કે
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প্রক্রেপ্তর্ভাবিত এই বিজ্ঞানিক করে করে প্রক্রিপ করিছে করে। এই করিছে বিজ্ঞানিক করে করে করে করে করে করে করে করে বিজ্ঞানিক করে বিজ্ঞানিক করে করে করে করে করে করে করে করে করে কর
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কুলেও বিভাগ কৰা বিভাগ কৰা স্থানিক কৰিছে। এই সাধাৰিক কৰিছে কৰিছে কৰিছে সাধাৰিক কৰিছে কৰিছে স্থানিক কৰিছে কৰা বি কৰিছে এই এই এই বিভাগ কৰিছে। এই সাধাৰিক কৰিছে সাধাৰিক কৰিছে এই সাধাৰিক কৰিছে কৰিছে বিভাগ কৰিছে সাধাৰিক কৰিছে কৰ এই সুধাৰক সাংখ্যাৰ স্থানিক বিভাগ বিভাগ নামৰ সময়ে ইউটাৰ এই এই সাধাৰিক সিমানিক বিভাগ সাধাৰিক সাধাৰিক সাধাৰিক সুক
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्रम् विकास स्वरूप <b>ामिक्ता हिन्दा हो समित्र है । इस स्वरूप</b> हो है <mark>से सम्मा</mark> ति हो। जिल्ला है जिल्ला हो है जिल्ला हो है जिल्ला है जिला है जिल्ला है जिल्ला है जिल्ला है जिल्ला है जिल्ला है जिल्ला है
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் நடித்த கொண்ணுக்கு ஒரு இது பிருக்கிய கொண்ணுக்கு இணுக்கு இன்ற இரிந்த இது இருக்கு இருக்கு இருக்கு இருக்கு இருக்க இது இருக்கு இர
ুক্ত ১৯ জন কৰিবলৈ প্ৰকৃতি কৰিবলৈ প্ৰকৃতি কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবলৈ প্ৰকৃতি কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবল প্ৰকৃতি কৰিবলৈ ইন্টেইটাৰ সমূহত ইন্টিলিইটাৰ কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিবলৈ কৰিব
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Applicant/Insured Name			Applicati	on/Policy#:	.1
ocation Address Inspe		10 Thomas St.		ber Inspected:	#151-251
Date of Inspection:	5/9/22				
thout the dated signatu Licensed r	re of one of the folloofing contractor eneral contractor	owing appropriately lice	y a Florida-licens ensed inspectors:	ed professional. Th	ne form will not be accepted
ROOF (Clear photos sh			ondition must b	e submitted wit	h this form )
Primary Roof:			mast s	e sublimited wit	ii diis ioiii.)
Covering material:	Motal	If updated (check one	e):	Overall Condit	ion of Roof-
Roof age (years):	28		•	Excellent	Ø.
Remaining useful life:	25	Full replacement		Good	
Date of last update:	-	Partial replacement		Fair (explain)	
coofing Permit Verified: Permit Application Date	□ *Yes 📓 No			Poor (explain)	
isible damage:					
describe; e.g. curling/ lif		Any visible damage /	deterioration?	Any visible sign	ns of leaks?
nissing shingles or tiles, listering, drainage issue		Primary roof		Primary roof	
ravel, or coating degrad	A CONTRACTOR OF THE PARTY OF TH	☐ Yes ☑ No		☐ Yes ☒	No
f asphalt, etc.)	or crocking	Secondary Roof		Secondary Roo	
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oofing Permit Verified:	□ *Yes No	% of replacement		Poor (explain)	
Permit Application Date:	Carried Carried Co.	or reprocement		· con (capitalit)	J
omments: Additional Comments Re	quired if Primary o	r Secondary Roof Cond	ition is denoted a	as Fair or Poor):	
ust at the Location Address rovided should not be relier lake a health or safety certi ndersigned or on any entity r entity.	listed above and for it is a listed as, fication or warranty, it to which the undersi	no other purpose. It is not as substitute for specific a express or implied, of any gned is affiliated any liabil	intended to consti dvice relevant to p kind, and nothing i ity or obligation of	itute legal or profess particular circumstan in this Form shall be any nature to the na	structural or physical characteristicional advice. The information ices. The undersigned does not construed to impose on the amed insured or to any other person
I Roof Condition Inspecti certify that the above sta	on Forms must be si tements are true ar	igned and completed by nd correct.	a Florida-license	ed roofing or gener	ral contractor.
Jacob Goopfer	t	205 8492126			
Jacob Goopfer spector Name (printed)	t	305 8492126 Telephone Number			
Jacob Goop fee spector Name (printed)	t		<del></del>	1530350	5/11/22

T		of this form and any	documentation prov	vided with the insurance	e poncy					
Inspection Date: $5/9/22$										
Owner Information  Contact Persons of the second of the se										
Owner	Name: Shipyard Condomi	NIUM ASSOC. INC.		Contact Person: 5/6/1.  Home Phone:	ng Christian					
0 a 0 / homas 3/. 4. 730										
City:	Kry West	Zip: 33040		Cell Phone: 305 92.						
County				Policy #:	3 1210					
	I CO.									
Year of Home: 1991 # of Stories: 2 Email: 5+or/. wg@ cackw.com										
accom though	: Any documentation used in pany this form. At least one p 17. The insurer may ask add	photograph must accom itional questions regard	pany this form to valid ling the mitigated featu	late each attribute marke are(s) verified on this forn	d in questions 3 1.					
	ilding Code: Was the structure HVHZ (Miami-Dade or Browa	ard counties), South Flori	da Building Code (SFB)	C-94)?						
	A. Built in compliance with the a date after 3/1/2002: Building	g Permit Application Date	(MM/DD/YYYY)//	· 						
	B. For the HVHZ Only: Built provide a permit application w	in compliance with the S vith a date after 9/1/1994:	FBC-94: Year Built Building Permit Applic	For homes built in 1 cation Date (MM/DD/YYYY)/	994, 1995, and 1996					
2	C. Unknown or does not meet	the requirements of Ans	wer "A" or "B"							
OR	of Covering: Select all roof co Year of Original Installation/R vering identified.	vering types in use. Provi Replacement OR indicate	de the permit application that no information was	n date OR FBC/MDC Prod available to verify complia	uct Approval number unce for each roof					
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance					
	1. Asphalt/Fiberglass Shingle	1 1								
	2. Concrete/Clay Tile									
	3. Metal			1991						
	4. Built Up									
	5. Membrane				0					
	6. Other									
	A. All roof coverings listed at installation OR have a roofing	permit application date	on or after 3/1/02 OR the	e roof is original and built i	in 2004 or later.					
	B. All roof coverings have a N roofing permit application after	er 9/1/1994 and before 3/	1/2002 OR the roof is or	riginal and built in 1997 or	the HVHZ only) a later.					
	C. One or more roof covering			· "B".						
Ä.	D. No roof coverings meet the	e requirements of Answer	r "A" or "B".							
3. <u>Ro</u>	of Deck Attachment: What is									
<b>B</b>										
	C. Plywood/OSB roof sheath 24"inches o.c.) by 8d commo decking with a minimum of 2 Any system of screws, nails.	aing with a minimum thic on nails spaced a maximu c nails per board (or 1 nai adhesives, other deck fas	kness of 7/16"inch attac im of 6" inches in the ficil il per board if each boar stening system or truss/r	hed to the roof truss/rafter eldOR- Dimensional lum d is equal to or less than 6 rafter spacing that is shown	ber/Tongue & Groove inches in width)OR-					
Inspe	ctors Initials Property	Address 620 1 home	77. # 156 - 43							
*This	verification form is valid for	up to five (5) years prov	rided no material chan	ges have been made to the	structure.					

	or greater resistance than 8d common halfs spaced a maximum of 6 inches in the field or has a mean upilit resistance of at least 182 psf.								
D. Reinforced Concrete Roof Deck.									
				or unidentified.					
		G. No at							
4									
4.				<u>schment</u> : What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within or outside corner of the roof in determination of WEAKEST type)					
		A. Toe l		of outside corner of the roof in determination of with the roof					
	_	71. 1001		Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or					
			_	Metal connectors that do not meet the minimal conditions or requirements of B, C, or D					
	M:	nimal can	_	ns to qualify for categories B, C, or D. All visible metal connectors are:					
	TATEL	iiiiai con		Secured to truss/rafter with a minimum of three (3) nails, and					
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from					
				the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.					
		B. Clips							
		•		Metal connectors that do not wrap over the top of the truss/rafter, or					
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.					
		C. Singl	e Wra	aps					
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.					
		D. Doub	ole W	raps					
Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or									
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.					
		E. Struc		Anchor bolts structurally connected or reinforced concrete roof.					
		F. Other	:	· · · · · · · · · · · · · · · · · · ·					
		G. Unkr	nown	or unidentified					
		H. No at	ttic ac	00086					
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).					
		A. Hip I	Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet					
		B. Flat I		Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft					
	ñ	C. Other	r Root	f Any roof that does not qualify as either (A) or (B) above.					
6.		A. SWR sheat	(also	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the rom water intrusion in the event of roof covering loss.					
		B. No S							
				or undetermined.					
In	spec	tors Initia	als	Property Address 620 Thumas St. # 156-258					
				rm is valid for up to five (5) years provided no material changes have been made to the structure or in the form.					

7. Opening Protection: What is the <u>weakest</u> 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.

Opening Protection Level Chart			Glazed Openings				Non-Glazed Openings	
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors	
N/A	Not Applicable- there are no openings of this type on the structure							
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)						1	
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007							
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 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							
N	Other protective coverings that cannot be identified as A, B, or C							
Х	No Windborne Debris Protection	X				X		

- 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 <u>and</u> 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 2.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials FCF Property Address 620 Thomas St. # 156-258

<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 coverings not meeting the req	uirements of Answer "A", "B", or C" or	entation) All Glazed openings are protected with systems that appear to meet Answer "A" or "B"					
	with no documentation of compliance (I	•						
	<ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist</li> <li>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</li> </ul>							
	table above  N.3 One or More Non-Glazed openings is	elegation on I amal V in the table about						
	_							
	X. None or Some Glazed Openings On	ne or more Glazed openings classified and	d Level X in the table above.					
		TIONS MUST BE CERTIFIED BY A QU a Statutes, provides a listing of individua						
Qual	lified Inspector Name:  Javob Geoptert	License Type:	License or Certificate #:					
Inspe	Taub Geopfort  ection Company:  Sunblock & Tik Im.		Phone: 3058492126					
	ıalified Inspector – I hold an active	e license as a: (check one)						
	Home inspector licensed under Section 468.831 training approved by the Construction Industry	14, Florida Statutes who has completed the sta	atutory number of hours of hurricane mitigation ency exam.					
	Building code inspector certified under Section	468.607, Florida Statutes.						
	General, building or residential contractor licen	sed under Section 489.111, Florida Statutes.						
	Professional engineer licensed under Section 47	71.015, Florida Statutes.						
	Professional architect licensed under Section 48	31.213, Florida Statutes.						
	Any other individual or entity recognized by the verification form pursuant to Section 627.711(2)		ations to properly complete a uniform mitigation					
			Statutes, or professional engineer licensed					
			not through employees or other persons.					
	censees under s.471.015 or s.489.111 may a		sses the requisite skill, knowledge, and					
	experience to conduct a mitigation verification inspection.  I,am a qualified inspector and I personally performed the inspection or (licensed)							
(print name)  contractors and professional engineers only) I had my employee (								
con	(print name)		perform the inspection					
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and Qua <u>An</u> sub	(print name)  ntractors and professional engineers only) l  d I agree to be responsible for his/her won alified Inspector Signature:  individual or entity who knowingly or the bject to investigation by the Florida Division	(print nan  Date:  Date:  rough gross negligence provides a false on of Insurance Fraud and may be sul	perform the inspection ne of inspector)  /// /2_ e or fraudulent mitigation verification form is object to administrative action by the					
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ुष्का प्रभाव अवश्रेष्ठ प्रदेशक हैं है।

Date of Inspection: 6/10/32  This Roof Condition Inspection Form must be completed and signed by a Florida-licensed professional. The form will not be accepted without the dated signature of one of the following appropriately licensed inspectors:  Licensed roofing contractor  Note: This form does not verify windstorm loss mitigation features.  ROOF (Clear photos showing the entire roof's surface and condition must be submitted with this form.)  Primary Roof:  Covering material:  Rending eyears:  Li updated (check one):  Verall Condition of Roof:  Renaining useful life:  2.5 Full replacement   Good   Roofing Permit Verified:  Permit Application Date:  Visible damage:  Visible damage:  Visible damage:  Any visible damage / Jeterioritor?  Primary roof  Primary roof  Gescondary Roof:  Secondary Roof:  Secondary Roof:  Secondary Roof:  Secondary Roof:  Covering material:  If updated (check one):  Primary roof  Primary	Applicant/Insured Name Location Address Inspec	Shippard Con	dominium Assoc =	Applicati	on/Policy#:	+ 151-258		
**Licensed rofing contractor**  **Licensed rofing contractor*  **Licensed rofing contractor*  **Note: This form does not verify windstorm loss mitigation features.  **ROOF (Clear photos showing the entire roof's surface and condition must be submitted with this form.)  **Primary Roof:**  **Covering material:**  **Note of last update:**  **Partial replacement   Good   Fair (explain)    **Permit Application Date:**  **Permit Application Titled (losse/missing shingles or tiles, or pumctures, blistering, drainage issues, or bare spots in gravel, or coating degradation, or cracking application of spanlar, etc.)  **Secondary Roof:**  **Secondary Roof:**  **Covering material:**  **Roof age (years):**  **Fermit Application Date:**  **If updated (check one):**  **Overall Condition of Roof:**  **Secondary Roof:**  **Seco				Building Num	ber Inspected:	4 106-238		
Primary Roof: Covering material: Remaining useful life: 25	<ul> <li>without the dated signature</li> <li>Licensed number</li> <li>Licensed g</li> </ul>	re of one of the folk oofing contractor eneral contractor	owing appropriately lice	y a Florida-licens ensed inspectors:	ed professional. Th	ne form will not be accepted		
Primary Roof: Covering material: Remaining useful life: 25	ROOF (Clear photos sh	owing the entire	roof's surface and co	ondition must b	e submitted wit	h this form.)		
Remaining useful life: 25   Full replacement   Good   Good   Partial replacement   Fair (explain)   Poor (explain)   Primary roof   Primary roof								
Remaining useful life: 25   Full replacement   Good   Good	Covering material:	Metal	If updated (check one	e):	Overall Conditi	ion of Roof:		
Date of last update:	Roof age (years):	28			Excellent	ET.		
Roofing Permit Verified:	Remaining useful life:	25	Full replacement		Good			
*Permit Application Date:  Visible damage:  (describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, or punctures, blistering, drainage issues, or bare spots in gravel, or coating degradation, or cracking of asphalt, etc.]  Primary roof  Primar	Date of last update:		Partial replacement		Fair (explain)			
describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, or punctures, bilistering, drainage issues, or bare spots in gravel, or coating degradation, or cracking of asphalt, etc.)   Secondary Roof   Yes   No   Yes   No   Yes   No   Yes   Yes   No   Yes			% of replacement		Poor (explain)			
gravel, or coating degradation, or cracking of asphalt, etc.)  Secondary Roof Secondary Roof Yes No Yes No Secondary Roof No Secondary Roof Secondary Roof Yes No Yes No No Secondary Roof No No No Secondary Roof No	(describe; e.g. curling/lif missing shingles or tiles,	or punctures,		deterioration?				
Secondary Roof:  Covering material:	gravel, or coating degrad		Secondary Roof		Secondary Roof			
Covering material:    If updated (check one):   Overall Condition of Roof:   Roof age (years):   Excellent	Secondary Roof		L res L NO		□ Yes □	No		
Remaining useful life:	Covering material:		If updated (check one	<u>:</u> ):		_		
Date of last update: Partial replacement Fair (explain) Roofing Permit Verified: *Yes No for replacement Poor (explain) This Inspection Date:  Comments: (Additional Comments Required if Primary or Secondary Roof Condition is denoted as Fair or Poor):  This Inspection Form and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical character exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other per or entity.  All Roof Condition Inspection Forms must be signed and completed by a Florida-licensed roofing or general contractor. It certify that the above statements are true and correct.  Too by Gooper Too Sylvalus Telephone Number  CGC 1530360 Sylvalus  Telephone Number  CGC 1530360 Sylvalus  Telephone Number  License Number Date  "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or a particular form."			· .			<u> </u>		
Roofing Permit Verified: *Yes No % of replacement Poor (explain) *Permit Application Date:  *Comments:  (Additional Comments Required if Primary or Secondary Roof Condition is denoted as Fair or Poor):  This Inspection Form and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical character exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other per centity.  All Roof Condition Inspection Forms must be signed and completed by a Florida-licensed roofing or general contractor.  I certify that the above statements are true and correct.  **Job Google Formation Forms**  **Job 8492/26**  Telephone Number  **C G C  **Job Google Formation Forms**  **Job 8492/26**  Telephone Number  **C G C  **Job Google Formation Format				-				
Comments:  (Additional Comments Required if Primary or Secondary Roof Condition is denoted as Fair or Poor):  This Inspection Form and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical character exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other per or entity.  All Roof Condition Inspection Forms must be signed and completed by a Florida-licensed roofing or general contractor.  I certify that the above statements are true and correct.  Jacob Goopfort  Telephone Number  CGC  JSOSFO  S/11/22  Signature of Inspector  License Type  License Number  Date  Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application.	Roofing Permit Verified:							
exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other per or entity.  All Roof Condition Inspection Forms must be signed and completed by a Florida-licensed roofing or general contractor.  I certify that the above statements are true and correct.  Josephare Telephone Number  CGC  License Type  License Number  Date  Taken Presson who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application.	Comments:		r Secondary Roof Cond	ition is denoted	as Fair or Poor):			
Certify that the above statements are true and correct.    Joe 6 Geopher	exist at the Location Address provided should not be relier make a health or safety certi undersigned or on any entity	listed above and for a d upon, or treated as, fication or warranty, o	no other purpose. It is not as substitute for specific a express or implied, of any	intended to const advice relevant to kind, and nothing	itute legal or profess particular circumstan in this Form shall be	ional advice. The information ces. The undersigned does not construed to impose on the		
Inspector Name (printed)  CGC  153 0 3 5 0  Signature of Inspector  License Type  License Number  Date  "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application	All Roof Condition Inspecti I certify that the above sta	on Forms must be si tements are true an	igned and completed by nd correct.	y a Florida-licens	ed roofing or gener	ral contractor.		
Inspector Name (printed)  CGC  153 0 3 5 0  Signature of Inspector  License Type  License Number  Date  "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application	Jacob Geopfer	+	306849212	6				
"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application		1	Telephone Number		F2 - 2 F2	=1.1/2-		
"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application	Signature of Inspector					Date		
CONTAINING any talse, incomplete or misleading information to quilty of a falance for the contract of the cont	"Any person who knowin	gly and with intent	to injure, defraud, or d	eceive any insu	rer files a statemen	nt of claim or an application		

Uniform Mitigation Verification Inspection Form

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

-		or mis torm and ar	iy documentation prov	Juca with the moutant	- Ponty			
Inspection Date: 5/7/22								
Owner Information  Owner Name: 5h.pyard Condominium Assoc. Inc.  Contact Person: 5terling Christian								
	JA POLIC CONGO	ninium Assoc. INC.		Home Phone:	ing Christian			
Addres	1701105 JI	749 - 250 Zip: 33040			396 0556			
	Key west	Zip: 33040	<u>'                                    </u>	000	296 0556			
County	County: Monroe Cell Phone: 305 923 /210  Insurance Company: Policy #:							
		Lu of Chamian						
	Year of Home: 1991 # of Stories: 2 Email: Sterling @ cackwicom							
accom thoug	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	ilding Code: Was the structure HVHZ (Miami-Dade or Browa	ard counties), South Flo	orida Building Code (SFBC	C-94)?				
	A. Built in compliance with the a date after 3/1/2002: Building			in 2002/2003 provide a pe	rmit application with			
	B. For the HVHZ Only: Built	· • •		. For homes built in 1	994, 1995, and 1996			
_	provide a permit application v	vith a date after 9/1/199	94: Building Permit Applic	ation Date (MM/DD/YYYY)	' <u>'</u>			
	C. Unknown or does not meet	the requirements of Ar	nswer "A" or "B"					
OR	of Covering: Select all roof co X Year of Original Installation/Rering identified.	vering types in use. Pro Replacement OR indicat	ovide the permit application te that no information was	n date OR FBC/MDC Proc available to verify compli-	luct Approval number ance for each roof			
	2.1 Roof Covering Type:	Permit 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							
	3. Metal			1991	F.)			
	4. Built Up							
	5. Membrane				0			
	6. Other							
_	, , , , , , , , , , , , , , , , , , , ,							
0	A. All roof coverings listed ab installation OR have a roofing B. All roof coverings have a N roofing permit application afte C. One or more roof covering	, permit application dat Miami-Dade Product A er 9/1/1994 and before	e on or after 3/1/02 OR the pproval listing current at ti 3/1/2002 OR the roof is or	e roof is original and built me of installation OR (for iginal and built in 1997 or	in 2004 or later. the HVHZ only) a			
	D. No roof coverings meet the							
3. <b>R</b> a	of Deck Attachment: What is	the weakest form of ro	of deck attachment?					
17	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 8d common other deck fastening system of maximum of 12 inches in the	n nails spaced a maxim or truss/rafter spacing t field or has a mean up	num of 12" inches in the fich that is shown to have an e lift resistance of at least 10	eldOR- Any system of so quivalent or greater resist 13 psf.	rews, nails, adhesives, ance 8d nails spaced a			
0	C. Plywood/OSB roof sheath 24"inches o.c.) by 8d commo decking with a minimum of 2 Any system of screws, nails,	n nails spaced a maxin nails per board (or 1 n adhesives, other deck f	num of 6" inches in the fie nail per board if each board fastening system or truss/ra	eldOR- Dimensional lum I is equal to or less than 6 after spacing that is shown	iber/Tongue & Groove inches in width)OR-			
Inspe	ctors Initials JG Property	Address 620 T	homes st. #149-25	0				
*This	verification form is valid for	up to five (5) years pr	ovided no material chang	es have been made to the	structure.			

			greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at leas
			-	ed Concrete Roof Deck.
				or unidentified.
			No attic a	
1	_	-		achment: What is the <b>WEAKEST</b> roof to wall connection? (Do not include attachment of hip/valley jacks within
4.				e or outside corner of the roof in determination of WEAKEST type)
			Toe Nails	•• •
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mir	im	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
	5.	B.	Clips	
				Metal connectors that do not wrap over the top of the truss/rafter, or
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nai position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single W	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D.	Double V	•••
	_			Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.
		F.	Other:	
		G.	Unknown	or unidentified
		H.	No attic a	ccess .
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	
		B.	Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet  Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft
		C.	Other Ro	
6	Sec	ond	arv Wate	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
0.			SWR (als	o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
		B.	No SWR.	
	2			or undetermined.
In	spec	tors	Initials <b></b>	Property Address 620 Thomas 54. # 149 - 250
				orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.

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.

Opening Protection Level Chart			Glazed Openings				Non-Glazed Openings	
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors	
N/A	Not Applicable- there are no openings of this type on the structure		4-3					
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)							
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007							
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				25 2-1/2			
N	Opening Protection products that appear to be A or B but are not verified							
IN	Other protective coverings that cannot be identified as A, B, or C						4	
х	No Windborne Debris Protection	X		-		X	, .	

- 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 1.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials (FG) Property Address 620 Thomas St. #149 - 250

\*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.

N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A	Answer "A", "B",	documentation) All or C" or systems tha	Glazed openings are protected with tappear to meet Answer "A" or "B"
with no documentation of compliance (Level N in the	•		
<ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C,</li> <li>N.2 One or More Non-Glazed openings classified as Leve</li> </ul>			
table above			openings classified as Level A in the
N.3 One or More Non-Glazed openings is classified as Le	vel X in the table ab	ove	
X. None or Some Glazed Openings One or more Gla	zed openings class	sified and Level X in	the table above.
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pro			
Qualified Inspector Name: Tacob Geoptert	License Type:		License or Certificate #: 1530350
Inspection Company: Sunblock +T.k Inc		Phone:	8492126
Qualified Inspector – I hold an active license as :	a: (check one)		
Home inspector licensed under Section 468.8314, Florida Statu training approved by the Construction Industry Licensing Board	tes who has comple	ted the statutory numbers a proficiency exam.	er of hours of hurricane mitigation
☐ Building code inspector certified under Section 468.607, Florid	-	•	
General, building or residential contractor licensed under Section	on 489.111, Florida	Statutes.	
☐ Professional engineer licensed under Section 471.015, Florida S	Statutes.		
☐ Professional architect licensed under Section 481.213, Florida S	Statutes.		
Any other individual or entity recognized by the insurer as poss verification form pursuant to Section 627.711(2), Florida Statut	sessing the necessary tes.	qualifications to prop	erly complete a uniform mitigation
Individuals other than licensed contractors licensed under	r Section 489.111.	Florida Statutes, o	r professional engineer licensed
under Section 471.015, Florida Statutes, must inspect the s	structures person	ally and not throug	h employees or other persons.
Licensees under s.471.015 or s.489.111 may authorize a di experience to conduct a mitigation verification inspection.	rect employee wh	o possesses the req	<u>uisite skill, knowledge, and</u>
I, <u>Jacob Grap fort</u> am a qualified inspector (print name)	-	performed the insp	ection or ( <i>licensed</i>
(print name)  contractors and professional engineers only) I had my empl		perint name of inspec	form the inspection
and I agree to be responsible for his/her work.	Ψ.	imt name of inspec	ioi <i>)</i>
Qualified Inspector Signature:	D	ate: 5/17/22	<del></del>
An individual or entity who knowingly or through gross n	egligence provide	s a false or fraudul	ent mitigation verification form is
<u>subject to investigation by the Florida Division of Insuran</u>	ce Fraud and ma	y be subject to adm	inistrative action by the
appropriate licensing agency or to criminal prosecution.	Section 627.711(4	)-(7), Florida Statu	tes) The Qualified Inspector who
certifies this form shall be directly liable for the miscondu- performed the inspection.	ct of employees a	s ii the authorized i	mugation inspector personally
Homeowner to complete: I certify that the named Qualific	ed Inspector or his	or her employee did	nerform an inspection of the
residence identified an this form and that proof of identification	on was provided to	me or my Authoriz	ed Representative.
Signature: KREE Sompking CAM.	Date: 5//9		•
- A Recorded to the second sec	Date:		
An individual or entity who knowingly provides or utters :	a false or fraudul	ent mitigation verif	ication form with the intent to
obtain or receive a discount on an insurance premium to v of the first degree. (Section 627.711(7), Florida Statutes)	which the individu	ual or entity is not e	entitled commits a misdemeanor
or and and and increase of the training statutes)			
The definitions on this form are for inspection purposes or as offering protection from hurricanes.	nly and cannot be	used to certify any	product or construction feature
Inspectors Initials Fe Property Address 620 The	Mas 5t. #14	19-250	
*This verification form is valid for up to five (5) years pro	vided no materia	l changes have been	made to the structure or
inaccuracies found on the form.			·

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Location Address Inspe	cted: 600 Thomas		Application/Policy#: ng Number Inspected:	# 149-350		
Date of Inspection:		Duildi	ng Number inspected	# 11 1 - 230		
his Roof Condition Inspec	tion Form must be o	ompleted and signed by a Flori	da-licensed professional. Th	on form will not be accepted		
ithout the dated signatu	re of one of the follo	owing appropriately licensed ins	pectors:	ie form will not be accepted		
<ul> <li>Licensed r</li> </ul>	oofing contractor					
<ul> <li>Licensed g</li> </ul>	general contractor					
ote: This form does not	verify windstorm los	s mitigation features				
Primary Roof:	lowing the entire	roof's surface and condition	must be submitted wit	h this form.)		
Covering material:	Metal	If updated (check one):	Overall Condit	ion of Doofs		
Roof age (years):	28 44245		Excellent	Ø		
Remaining useful life:	25	Full replacement	Good			
Date of last update:	- 23	Partial replacement				
Roofing Permit Verified:	□ *Yes ■ No		Fair (explain)			
Permit Application Date		% of replacement	Poor (explain)			
/isible damage:						
describe; e.g. curling/ lif		Any visible damage /deterior	ation? Any visible sign	ns of leaks?		
nissing shingles or tiles, distering, drainage issue		Primary roof	Primary roof			
ravel, or coating degrad		☐ Yes ☑ No	☐ Yes 🏖	No		
of asphalt, etc.)	, o. arouning	Secondary Roof		Secondary Roof		
		☐ Yes ☐ No	☐ Yes ☐	No		
econdary Roof:						
overing material:		If updated (check one):	Overall Conditi	ion of Roof:		
loof age (years):			Excellent			
emaining useful life:		Full replacement	Good			
ate of last update:		Partial replacement	Fair (explain)			
oofing Permit Verified:	□ *Yes □ No	% of replacement	Poor (explain)			
Permit Application Date:						
omments: Additional Comments Re	equired if Primary or	Secondary Roof Condition is d	lenoted as Fair or Poor):			
his Inspection Form and the	information set forth	in it are provided solely for the pu	rpose of verifying that certain	Structural or physical characteries		
xist at the Location Address	listed above and for r	o other purpose. It is not intended	to constitute legal or profess	ional advice. The information		
rovided should not be relie	d upon, or treated as,	as substitute for specific advice rel express or implied, of any kind, and	evant to particular circumstan	ices. The undersigned does not		
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ndersigned or on any entity r entity.	tements are true an	d correct.	(\$303.50	ral contractor.		

	nis form and any do	cumentation provide	ded with the insurance	<u>e horreà</u>					
Inspection Date: $5/\omega/2$									
Owner Information									
Owner Name: Shippard Condominium A	box. INC.		Contact Person: Sterling	Christian					
Address: #159-369 620 Thomas			Home Phone:						
City: Key West	Zip: 33040		Work Phone: 305 2966						
County: Monroe			Cell Phone: 305 923	1210					
Insurance Company:									
Year of Home: 1991 # of Stories: 2 Email: 57ex1.mg @ Cackw.com									
NOTE: Any documentation used in value accompany this form. At least one phot though 7. The insurer may ask addition	idating the compliance ograph must accompa al questions regarding	ny this form to valida ; the mitigated feature	te each attribute marked e(s) verified on this form	l in questions 3					
Building Code: Was the structure bui the HVHZ (Miami-Dade or Broward or	ounties), South Florida	Building Code (SFBC-	94)?						
A. Built in compliance with the FE a date after 3/1/2002: Building Per	mit Application Date (M	M/DD/YYYY)//							
B. For the HVHZ Only: Built in co	ompliance with the SFB a date after 9/1/1994: Bu	C-94: Year Built uilding Permit Applicat	For homes built in 19 ion Date (MM/DD/YYYY)/	94, 1995, and 1996 /					
C. Unknown or does not meet the									
<ol> <li>Roof Covering: Select all roof covering OR Year of Original Installation/Replacements identified.</li> </ol>	ng types in use. Provide cement OR indicate that	the permit application of the information was a	date OR FBC/MDC Produvailable to verify complia	nce for each roof					
Pers 2.1 Roof Covering Type:	nit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance					
1. Asphalt/Fiberglass Shingle	1 1								
2. Concrete/Clay Tile	! <u></u>								
	-		APT 1991	<b>3</b>					
	<u> </u>								
4. Built Up	!								
	! <u></u> /			<del></del>					
6. Other	! <u></u>								
<ul> <li>installation OR have a roofing per</li> <li>B. All roof coverings have a Mian roofing permit application after 9/</li> <li>C. One or more roof coverings do</li> </ul>	installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.  B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.  C. One or more roof coverings do not meet the requirements of Answer "A" or "B".								
<ul> <li>Roof Deck Attachment: What is the weakest form of roof deck attachment?</li> <li>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.</li> <li>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 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.</li> <li>C. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of</li> </ul>									
C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common na decking with a minimum of 2 nail. Any system of screws, nails, adherman and the common of the	ils spaced a maximum of its per board (or 1 nail possives, other deck fasten	of 6" inches in the field er board if each board i ing system or truss/raf	lOR- Dimensional luml is equal to or less than 6 i	per/Tongue & Groove nches in width)OR-					
*This verification form is valid for up t			s have been made to the	structure.					
" i his vermearion form is vanu for ud t	n 1146 (2) Acgre hinaini	~ no material change	o mate been made in the	ner errer en					

			greater res 2 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least								
			D. Reinforced Concrete Roof Deck.									
				ad Control Root Deva.								
				or unidentified.								
			No attic a									
_		-										
4.		et c	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)								
		A.										
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or								
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D								
	<u>Mi</u>	im		ons to qualify for categories B, C, or D. All visible metal connectors are:								
				Secured to truss/rafter with a minimum of three (3) nails, and								
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.								
	2	В.	Clips _									
			_	Metal connectors that do not wrap over the top of the truss/rafter, or								
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.								
		C.	Single W	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.								
		D.	Double V									
	_	٠.		Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or								
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.								
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.								
		F.	Other:									
		G.	Unknown	n or unidentified								
		H.	No attic a	access .								
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).								
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet								
		В.	Flat Roof									
	<b>*</b> :	C.	Other Ro									
6	Sac	on.	lory Wota	ar Dasistance (SWD). (ctandard underlayments or hot-monned felts do not qualify as an SWD)								
0.	<ol> <li>Secondary Water Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)</li> <li>A. 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 dwelling from water intrusion in the event of roof covering loss.</li> </ol>											
			No SWR.	a or undetermined.								
In				Property Address 620 Thomas St. # 159-262								
				orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.								

7. Opening Protection: What is the <u>weakest</u> 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.

-	ening Protection Level Chart		Non-Glazed Openings				
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X	,			X	١

- 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 <u>and</u> 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
  - ☐ 2.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 1.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials TG Property Address 620 Thomas St. # 159 - 262

<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.

N. Exterior Opening Protection (unverified shutter s			
protective coverings not meeting the requirements of Ai with no documentation of compliance (Level N in the ta		or C" or systems tha	it appear to meet Answer "A" or "B"
N.1 All Non-Glazed openings classified as Level A, B, C, o	•	ove, or no Non-Glazed	l openings exist
N.2 One or More Non-Glazed openings classified as Level table above	D in the table above	ve, and no Non-Glazed	openings classified as Level X in the
N.3 One or More Non-Glazed openings is classified as Leve	el X in the table al	ove	
X. None or Some Glazed Openings One or more Glaze			the table above.
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov		_	
Qualified Inspector Name:  Jacob Gesptort	License Type:		License or Certificate #: /530350
Inspection Company:  SUNS lock & T.K. IM.		Phone:	849 2126
Qualified Inspector – I hold an active license as a	· (check one)		07. 5.00
Home inspector licensed under Section 468.8314, Florida Statute		ted the statutory numb	or of hours of hurrisons mitigation
training approved by the Construction Industry Licensing Board	and completion of	a proficiency exam.	er or nours or nurreance minigation
<ul> <li>Building code inspector certified under Section 468.607, Florida</li> </ul>	Statutes.		
General, building or residential contractor licensed under Section	a 489.111, Florida	Statutes.	
Professional engineer licensed under Section 471.015, Florida St	latutes.		
Professional architect licensed under Section 481.213, Florida St			
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute	ssing the necessarys.	y qualifications to prop	erly complete a uniform mitigation
Individuals other than licensed contractors licensed under	Section 489.111	, Florida Statutes, o	or professional engineer licensed
under Section 471.015, Florida Statutes, must inspect the st			
<u>Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection.</u>	ect employee wi	to possesses the req	uisite skill, knowledge, and
- 16 ()	. 17 11		
I, <u>Jacob জেচুকার্ন</u> am a qualified inspector a (print name)	ınd i personally	performed the msp	ection or ( <i>licensed</i>
contractors and professional engineers only) I had my emplo		) per rint name of inspec	form the inspection
and I agree to be responsible for his/her work	· ·	rine name or mapee	
Qualified Inspector Signature:	D	ate: <u>5/10/22</u>	<del></del>
An individual or entity who knowingly or through gross ne	gligence provid	es a false or fraudu	lent mitigation verification form is
subject to investigation by the Florida Division of Insuranc	e Fraud and ma	y be subject to adn	ninistrative action by the
appropriate licensing agency or to criminal prosecution. (Secretifies this form shall be directly liable for the misconduc			
performed the inspection.	t or employees a	is it the authorized	mitigation inspector personally
Homeowner to complete: I certify that the named Qualified	d Inspector or his	or har amplayed die	I norform on increasion of the
residence identified on this form and that proof of identification			
Signature: Brice Impkino, C.A.M. I	S/16	2/m	to proposition vo.
Signature: Type Stropent, CAPC	Jale:	164	
An individual or entity who knowingly provides or utters a	false or fraudu	ant mitigation vari	fication form with the intent to
obtain or receive a discount on an insurance premium to w	hich the individ	ual or entity is not	entitled commits a misdemeanor
of the first degree. (Section 627.711(7), Florida Statutes)			
The definitions on this form are for inspection purposes onl	ly and cannot be	e used to certify any	product or construction feature
as offering protection from hurricanes.	,		
Inspectors Initials Froperty Address 620 Thoma	s 5t. #15°	7-262	
*This verification form is valid for up to five (5) years prov	ided no materia	l changes have been	n made to the structure or
inaccuracies found on the form.			

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्र पुरु क्षार्यक्रमान्यकुर वर्षः । स्थे सर्वेत्रको क्षार्यक्षेत्रं क्षार्यक वर्षात्रको वर्षात्रको वर्षात्रको व	अन्तर्वस्ति पुरस्के का काम प्रकार विकित्तं के सारा हो से लेखन के निवास स्वीति है।
	ાં કરવાના કર ત્રાંત્રિક કરવાના ક

Applicant/Insured Name:	: Shipyard Condon	inium Assoc. INC	Application	on/Policy#:	
Location Address Inspec	ted: # 159-25	8 620 Thomas St.	Building Numb	per Inspected:	#159-262
Date of Inspection: 5				or moposios.	
without the dated signatur  Licensed ro	e of one of the folk pofing contractor eneral contractor	owing appropriately lice	y a Florida-license ensed inspectors:	ed professional. Th	e form will not be accepted
ROOF (Clear photos she			andition must h	a submitted with	this form
Primary Roof:	and chime	roor 5 surface and co	must b	e sublimitieu witi	i uiis ioiii.)
Covering material:	metal	If updated (check one	e):	Overall Conditi	on of Roof:
Roof age (years):	28	· p. seminario conse		Excellent	⊠
Remaining useful life:	25	Full replacement		Good	
Date of last update:		Partial replacement		Fair (explain)	
Roofing Permit Verified:	□ *Yes ■ No	% of replacement		Poor (explain)	
*Permit Application Date:					
Visible damage: (describe; e.g. curling/ lift missing shingles or tiles, o blistering, drainage issues gravel, or coating degrada of asphalt, etc.)	or punctures, s, or bare spots in	Any visible damage / Primary roof  Yes No Secondary Roof  Yes No	deterioration?	Secondary Roof	No
Secondary Roof:					
Covering material: Roof age (years):		If updated (check one	e):	Overall Condition	on of Roof:
Remaining useful life:		Full replacement		Good	
Date of last update:		Partial replacement		Fair (explain)	
Roofing Permit Verified: *Permit Application Date:	□ *Yes □ No	% of replacement		Poor (explain)	
Comments:					
(Additional Comments Re	quired if Primary o	r Secondary Roof Cond	ition is denoted a	s Fair or Poor):	
exist at the Location Address provided should not be relied make a health or safety certifi	listed above and for r upon, or treated as, ication or warranty, e	no other purpose. It is not as substitute for specific a express or implied, of any	intended to consti advice relevant to p kind, and nothing i	tute legal or professi articular circumstan n this Form shall be o	ces. The undersigned does not
All Roof Condition Inspection  I certify that the above state	on Forms must be si tements are true an	igned and completed by ad correct.	y a Florida-license	d roofing or genera	al contractor.
Jacob Geonfer	<del>-</del>	305 849 2126			
Jacob Geopfer		Telephone Number			
W=M		Cec	,	530350	5/11/22
Signature of Inspector		License Type		ense Number	Date
"Any person who knowing	ly and with intent	to injure, defraud, or d	eceive any insur	er files a statemen	t of claim or an application
containing any false, incor	mplete, or misleadi	ing information is guilt	y of a felony of t	he third degree. F.	S. 817.234"

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

Inches		of this form and any d	ocumentation prov	ICCA WILLI MIC HISHIANC	- Poney						
Inspection Date: $5/9/22$ Owner Information											
	Owner Name: Shipyard Condominium. Assoc. Inc.   Contact Person: Sterling Christian										
Addre			·	Home Phone:							
	Key West	Zip: 33040		Work Phone: 305 296 0556							
Count		1 330.0	· · · · · · · · · · · · · · · · · · ·	Cell Phone: 305 923							
Insura	nce Company:	Policy #:									
Year o	Year of Home: 1991 # of Stories: 2 Email: storling @ cackw.com										
NOTE	NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must										
accom	pany this form. At least one phone is a second to the phone is a second	photograph must accompa	ny this form to valid	ate each attribute marke	d in questions 3						
	ilding Code: Was the structure HVHZ (Miami-Dade or Browa				t for homes located in						
	A. Built in compliance with the a date after 3/1/2002: Building	g Permit Application Date (N	(M/DD/YYYY)//_								
	B. For the HVHZ Only: Built provide a permit application w	vith a date after 9/1/1994: B	uilding Permit Applica								
	C. Unknown or does not meet	the requirements of Answe	r "A" or "B"								
OF	of Covering: Select all roof co Year of Original Installation/Revering identified.										
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance						
	1. Asphalt/Fiberglass Shingle										
	2. Concrete/Clay Tile										
	3. Metal			1991							
	4. Bailt Up										
	5. Membrane										
	6. Other			<del></del>							
_	<del></del>	<del></del>		1 11 11							
0	A. All roof coverings listed ab installation OR have a roofing B. All roof coverings have a M	g permit application date on Miami-Dade Product Appro	or after 3/1/02 OR the	roof is original and built incof installation OR (for	n 2004 or later. the HVHZ only) a						
	roofing permit application after C. One or more roof covering				iater.						
	D. No roof coverings meet the	_		υ.							
	_	-									
3. <u>Ro</u>	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.										
	other deck fastening system of maximum of 12 inches in the	or truss/rafter spacing that i field or has a mean uplift re	s shown to have an ecesistance of at least 103	quivalent or greater resista 3 psf.	nce 8d nails spaced a						
Inena	C. Plywood/OSB roof sheath 24"inches o.c.) by 8d commo decking with a minimum of 2 Any system of screws, nails, actors Initials (Table Property A	n nails spaced a maximum nails per board (or 1 nail p adhesives, other deck faster	of 6" inches in the fiel er board if each board ning system or truss/ra	ldOR- Dimensional lum is equal to or less than 6 in fer spacing that is shown	ber/Tongue & Groove inches in width)OR-						
ruspe	ctors initials Property A	Audress 640 1 Nom B	- 01, - 163 -	<i>≠</i> 0∨							
*This	verification form is valid for	up to five (5) years provide	ed no material change	es have been made to the	structure.						

	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.								
			•	ed Concrete Roof Deck.					
				a Constitution Dook.					
				or unidentified.					
			No attic a						
4.	5 fe	et c	of the insid	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)					
	П	A.	Toe Nails						
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or					
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D					
	Mi	nim		ons to qualify for categories B, C, or D. All visible metal connectors are:					
				Secured to truss/rafter with a minimum of three (3) nails, and					
	_			Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.					
	2	В.	Clips						
			í v	Metal connectors that do not wrap over the top of the truss/rafter, or					
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.					
		C.	Single Wi	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.					
		ח	Double W						
	_	υ.		Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or					
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.					
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.					
		F.	Other:						
		G.	Unknown	or unidentified					
		H.	No attic a	CCCSS .					
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).					
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet					
		В.	Flat Roof	· · · · · · · · · · · · · · · · · · ·					
	<b>V</b>	C.	Other Roo						
_	e		W.44	w Designation of (CVVD) (color dead and dealerments on hot mount of the design of qualifying on CVVD)					
о.			SWR (als sheathing	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) or called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the					
	_	т.		from water intrusion in the event of roof covering loss.					
			No SWR. Unknown	or undetermined.					
In	_			Property Address 620 Thomas St. # 163-265					
*T	his '	veri	fication fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.					

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.

	ening Protection Level Chart	To Markey	Non-Glazed Openings				
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				25		
NI.	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	X				X	

- 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - ☐ □.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials 506 Property Address 620 Thomas St. # 163-265

<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.

N. Exterior Opening Protection (unverified shutter protective coverings not meeting the requirements of A	nswer "A", "B", or C						
with no documentation of compliance (Level N in the t	•	N. Charles to a to					
<ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C,</li> <li>N.2 One or More Non-Glazed openings classified as Level</li> </ul>							
table above N.3 One or More Non-Glazed openings is classified as Lev	vel X in the table above						
		1 17 1 V : 4b 4-bbb					
X. None or Some Glazed Openings One or more Glaz	ed openings classifie	a and Level X in the table above.					
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov							
Qualified Inspector Name: Tacob Geopfult	License Type:	License or Certificate #: /530350					
Jacob Geopfirt  Inspection Company:  5 unblock + T. le Inc.		Phone: 305 849 2126					
Qualified Inspector – I hold an active license as a	ı: (check one)						
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board							
☐ Building code inspector certified under Section 468.607, Florida	a Statutes.						
General, building or residential contractor licensed under Sectio	n 489.111, Florida Stat	utes.					
Professional engineer licensed under Section 471.015, Florida S	tatutes.						
Professional architect licensed under Section 481.213, Florida S	tatutes.						
Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute		alifications to properly complete a uniform mitigation					
Individuals other than licensed contractors licensed under							
under Section 471.015, Florida Statutes, must inspect the s							
Licensees under s.471.015 or s.489.111 may authorize a direxperience to conduct a mitigation verification inspection.	rect employee who p	ossesses the requisite skill, knowledge, and					
	and I personally per	formed the inspection or (licensed					
(print name)  contractors and professional engineers only) I had my empl		perform the inspection name of inspector)					
and I agree to be responsible for his/her work.	Фіші	name of inspector)					
Qualified Inspector Signature:	Date:	= 5/17/22					
An individual or entity who knowingly or through gross ne	egligence provides a	false or fraudulent mitigation verification form is					
subject to investigation by the Florida Division of Insurance	ce Fraud and may b	e subject to administrative action by the					
appropriate licensing agency or to criminal prosecution. (S							
certifies this form shall be directly liable for the misconduc performed the inspection.	t of employees as if	the authorized mitigation inspector personally					
Homeowner to complete: I certify that the named Qualifie	ed Inspector or his or	her employee did perform an inspection of the					
residence identified on this form and that proof of identification	on was provided to me	e or my Authorized Representative.					
Signature: Kineë Ampkino, CAM, 1	Date: 5/19/2	2					
14 Mary 15 Mar	<u> </u>						
An individual or entity who knowingly provides or utters a	false or fraudulent	mitigation verification form with the intent to					
obtain or receive a discount on an insurance premium to w							
of the first degree. (Section 627.711(7), Florida Statutes)							
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	dy and cannot be us	ed to certify any product or construction feature					
Inspectors Initials TGP Property Address 620 Thom	w st. # 163-2	265					
*This modification forms is well 1 for the first (D)							
*This verification form is valid for up to five (5) years prov inaccuracies found on the form.	/ided no material ch	anges have been made to the structure or					
naccuracies found on the form.							

andre service de la compacta de la facilitação de la compacta de la facilitação de la compacta de la compacta de la compacta de la compacta de la That I A the War of the course of the first that the feeting and the se a in jir i beri ji si ingresi papapanjing 6 13 างเกียวกลู ซึ่งได้เรียว ตัว จำรับ <mark>หลัง อณะสัญกาก</mark> เรื่องเพื่อสิทธิ์ เลื่องสิทธิ์ indernamen en en tradit despisaren gerrazioneri en rettadiat ist eritarretan bertelet egirir en endet belagt dei 1980. an a Maril or sidenta kan da san dikir ka kandarin dan ayar paka anagilinda belar da ki di tabuk sebih a a daji o a contra tradição do caledada dos espadados en o máis casta que e espektering in di Karagi Tape (1818) aprapaisente engli bandape eti jektigat generalija et an anjarjinak · 通信的复数 的复数医动物 医皮肤 医二甲基酚 化二甲基酚 医二甲基酚 医克拉斯氏病 计自己的 计多数 医电影 anger der an gert her film film and a sammer and a second and a second and a second and a second and The state of the s स्थान के के अनुसार है <u>के पर्वेद कर कर</u> के लिए हैं ना स्थान के सामग्री के างเกี่ยวเมื่อสร้างเกี่ยวและเมื่อ ตั้งของกับที่เดียว การการการให้การสร้างการที่สารที่สารที่สารที่สารที่สารที่สา and probability of the transfer of the same of the first the grant of the same to be a section of o velikaken i kolikolika, en elektrolik erektroligen en elektroligische and finding gradest lightly effected for all complementations, black in the forest first financial and the state of the . ในปี แล้ว เป็นได้เลื่อง (ก. 15) ใช้ ใช้ ใช้ ใช้เกิดเลื่อง โดย เป็นสารา สา**เล**ะ ค. เการา ละเลย ค.ศ. and the graph of the first of the factor of the factor of the factor of the first of the factor of t Decree of the transfer of the second of the transfer randia da mangangan kangan da kadi di kangan da kangan da kangan kana da da kangan kangan da kangan da da kang lako dilindri addilindi in toka dilake da sidilindri da si Armonia in a contra per habitati de la como per la como de la como ्रवेशीय प्रकृति संबद्धी अस्त्राहीच्या है। स्वारीसाम्बद्धीयम् स्वारीसाम्बद्धीयम् स्वारीसाम्बद्धीयम् । The production for the field of the production o િલ્લાનું જેની હતું હતાં હતાં જાતાવાનું તુલા હતાં કે કરી લગાઇક ને નિયા SEA fred Landing Company of the Sea of ero a legico della d O violenti della della della dispositioni della and the extension of the control of the existing of the existing of the control of the existing of the existin on industrial of the day for the control of the day of the day of the day of the control of the This wind the machine court of reaction of the english of the property of the property of the contract of the contract of the contract of the er generalen stadensom til generalen fraktig en til har geligge halde i er britar og fande krek far, er for i stade hælde er britar er care do da la carectera de la c

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		wdominium Assoc. I	MC- Application/	Policy#:	
ocation Address Inspe	,	620 Thomas St. B	Building Number	Inspected:	163-265
Date of Inspection:	5/10/22				
vithout the dated signatu Licensed r	re of one of the folk oofing contractor general contractor	owing appropriately license	Florida-licensed ped inspectors:	orofessional. Th	e form will not be accepted
		roof's surface and cond	lition must be s	uhmitted wit	h this form )
Primary Roof:				acomicica with	ii uiis ioiiii.j
Covering material:	Metal	If updated (check one):		Overall Conditi	ion of Roof
loof age (years):	28			Excellent	
emaining useful life:	25	Full replacement	_	Good	
ate of last update:		Partial replacement		Fair (explain)	
oofing Permit Verified:	□ *Yes 🚇 No			Poor (explain)	
Permit Application Date	:				
fisible damage: describe; e.g. curling/ lif nissing shingles or tiles, listering, drainage issue ravel, or coating degrad f asphalt, etc.)	or punctures, s, or bare spots in	Any visible damage /det Primary roof  Yes Mo Secondary Roof Yes No		Any visible sign Primary roof  Yes Secondary Roof	No F
econdary Roof:		L les L No		res	No
overing material: oof age (years):		If updated (check one):		Overall Condition	on of Roof:
emaining useful life:		Full replacement	] (	Good	
ate of last update:		Partial replacement	] ,	Fair (explain)	
oofing Permit Verified: Permit Application Date:	□ *Yes □ No	% of replacement		Poor (explain)	
omments: Additional Comments Re	equired if Primary o	r Secondary Roof Conditio	n is denoted as F	air or Poor):	
ust at the Location Address ovided should not be relien ake a health or safety certing idersigned or on any entity entity.	isted above and for i d upon, or treated as, fication or warranty, o to which the undersi	no other purpose. It is not into as substitute for specific advi express or implied, of any kino gned is affiliated any liability o	ended to constitute ce relevant to parti d, and nothing in th or obligation of any	e legal or professi icular circumstan is Form shall be o nature to the na	amed insured or to any other person
ertify that the above sta	tements are true an	igned and completed by a F ad correct.	Florida-licensed re	oofing or gener	al contractor.
Jacob Goop feat		3058492126			
pector Name (printed)		Telephone Number	- I I		11
And he		CGC	153	0350	5/11/22
mature of Inspector		License Type		e Number	

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

Inspect	tion Date: $\frac{\sqrt{9/22}}{\sqrt{122}}$	avain this they to	- Partie						
Owner Information									
	Owner Name: Shipyard Condominium Assoc. INC. Contact Person: Sterling Christian								
Addres		6-275		Home Phone:					
City:	Key West	Zip: 33040		Work Phone: 305 2	16-0556				
County			Cell Phone: 305 923	1210					
Insurar	nce Company:			Policy #:					
Year o	Year of Home: 1991 # of Stories: 2 Email: sterling@cackw.com								
accom though	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.								
	ilding Code: Was the structure bui HVHZ (Miami-Dade or Broward or				for homes located in				
	A. Built in compliance with the Fl	• •	•		mit application with				
	a date after 3/1/2002: Building Pe	mit Application Date (MA	M/DD/YYYY)//						
	B. For the HVHZ Only: Built in c provide a permit application with	ompliance with the SFB0 a date after 9/1/1994: Bu	C-94: Year Built	For homes built in 19 on Date (MM/DD/YYYY)/	94, 1995, and 1996				
	C. Unknown or does not meet the	requirements of Answer	"A" or "B"						
OR	of Covering: Select all roof covering. Year of Original Installation/Replayering identified.								
	•	nit Application Date	FBC or MDC Product Approval#	Year of Original Installation or Replacement	No Information Provided for Compliance				
	1. Asphalt/Fiberglass Shingle								
		<u></u>							
				1991	<b>13</b>				
	4. Built Up	<u></u>							
	_	· · ·							
		· <del></del>							
	A. All roof coverings listed above installation OR have a roofing per	meet the FBC with a FB mit application date on o	or after 3/1/02 OR the ro	of is original and built in	n 2004 or later.				
U	B. All roof coverings have a Mian roofing permit application after 9/	1/1994 and before 3/1/20	102 OR the roof is origin	nal and built in 1997 or l	ater.				
	C. One or more roof coverings do			•••					
	D. No roof coverings meet the req	uirements of Answer "A	" or "B".						
3. <u>Ro</u>	of Deck Attachment: What is the	veakest form of roof dec	k attachment?						
_									
<b>3</b>	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, adhesive other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced 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 na decking with a minimum of 2 nai Any system of screws, nails, adherenced to the common of the c	ils spaced a maximum o s per board (or 1 nail pe sives, other deck fasteni	f 6" inches in the field. r board if each board is ing system or truss/rafte	-OR- Dimensional lumb equal to or less than 6 is	per/Tongue & Groove nches in width)OR-				
Inspec	tors Initials (506) Property Add	ress 620 Thomes	5+.4166-275						
*This	verification form is valid for up t	o five (5) years provide	d no material changes	have been made to the	structure.				

OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155 Page 1 of 4

		•	greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			•	ed Concrete Roof Deck.
				a control floor book.
				or unidentified.
			No attic a	
_		•	110 00000	
4.	5 fe	et o	f the insid	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
	П	A.	Toe Nails	
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mi	im		ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
	_			Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
	٠,	В.	Clips	
			<b>3</b>	Metal connectors that do not wrap over the top of the truss/rafter, or
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single W	
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D.	Double W	Vraps
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.
		F.	Other:	
		G.	Unknown	or unidentified
		Н.	No attic a	eccess .
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet
		B.	Flat Roof	
	1	C.	Other Roo	
6	Sec	ond	larv Wate	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
Ο.			SWR (als	o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the
				from water intrusion in the event of roof covering loss.
			No SWR.	
				or undetermined.
In	spec	tors	Initials	166-275 Property Address 620 Thomas 5t. # 166-275
*T	his '	veri	fication fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.

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.

	ening Protection Level Chart		Glazed O	penings			Glazed enings
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				> 1		
N	Opening Protection products that appear to be A or B but are not verified						
IN	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	X		1 -		X	

- 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 1.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials (TCG) Property Address_	(22 1) + 166-275	
rroperty Address_	Bau Thomas 31 100 273	

<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.

☐ N. Exterior Opening Protection (unverified shutt	ter systems with no do	ocumentation) All	Glazed openings are protected with
protective coverings not meeting the requirements of	of Answer "A", "B", or	C" or systems that	appear to meet Answer "A" or "B'
with no documentation of compliance (Level N in the	he table above).	•	
<ul> <li>N.1 All Non-Glazed openings classified as Level A, B,</li> </ul>	, C, or N in the table abov	e, or no Non-Glazed	openings exist
N.2 One or More Non-Glazed openings classified as Le table above	evel D in the table above,	, and no Non-Glazed o	ppenings classified as Level X in the
N.3 One or More Non-Glazed openings is classified as	Level X in the table abov	ve	
X. None or Some Glazed Openings One or more C	Glazed openings classif	fied and Level X in	the table above.
MITIGATION INSPECTIONS MUS	ST BE CERTIFIED B	YA QUALIFIED II	NSPECTOR.
Section 627.711(2), Florida Statutes, p		dividuals who may	
Qualified Inspector Name:	License Type:		License or Certificate #: /530350
Jacob Geopfert Inspection Company:  Sunblack + T. k Inc.		Phone:	492126
Sunblack & lik I		303 8	772126
<u> Oualified Inspector – I hold an active license a</u>	as a: (check one)		
Home inspector licensed under Section 468.8314, Florida St			r of hours of hurricane mitigation
training approved by the Construction Industry Licensing Bo	•	proficiency exam.	
Building code inspector certified under Section 468.607, Flo	orida Statutes.		
General, building or residential contractor licensed under Se	•	tatutes.	
Professional engineer licensed under Section 471.015, Florid	da Statutes.		
Professional architect licensed under Section 481.213, Florid	da Statutes.		
Any other individual or entity recognized by the insurer as p verification form pursuant to Section 627.711(2), Florida Sta		qualifications to prope	rly complete a uniform mitigation
Individuals other than licensed contractors licensed un	der Section 489.111, J	Florida Statutes, o	r professional engineer licensed
under Section 471.015, Florida Statutes, must inspect the			
Licensees under s.471.015 or s.489.111 may authorize a		possesses the requ	<u>iisite skill, knowledge, and</u>
experience to conduct a mitigation verification inspection	<u>on.</u>		
I, <u>Jawb Geogler</u> am a qualified inspect (print name)	tor and I personally p	erformed the inspe	ection or ( <i>licensed</i>
(print name) contractors and professional engineers only) I had my en	mnlovaa (	) norf	orm the inspection
com actors and projessional engineers only) I had my cl		nt name of inspect	
and I agree to be responsible for his/her work	4		
Qualified Inspector Signature:	Dat	te: 5/17/22	
An individual or entity who knowingly or through gros	s negligence provides	a false or fraudule	ent mitigation verification form is
subject to investigation by the Florida Division of Insur appropriate licensing agency or to criminal prosecution	ance Fraud and may	be subject to admi	inistrative action by the
certifies this form shall be directly liable for the miscon	duct of employees as	if the authorized n	nitigation inspector personally
performed the inspection.			
Homeowner to complete: I certify that the named Qual	lified Increases on his c	n har amulaysa did	norform on inspection of the
residence identified on this form and that proof of identific	ation was provided to	me or my Authorize	ed Representative
Signature: Rinei Amphino, CAM,	- Eliah		a Roprosonan vo.
Signature: /x//Let Stripporto, CANG	_ Date: <u>9/19/2</u>	<u> </u>	<del></del>
	<u> </u>		
An individual or entity who knowingly provides or utte	rs a false or fraudule	nt mitigation verifi	ication form with the intent to
obtain or receive a discount on an insurance premium t of the first degree. (Section 627.711(7), Florida Statutes		al or entity is not e	ntitled commits a misdemeanor
or the most degree. (Section 027.711(7), Fibrida Statutes,	<u> </u>		
The definitions on this form are for inspection purposes	s only and cannot be	used to certify any	product or construction feature
as offering protection from hurricanes.	•	• •	•
Inspectors Initial (IB) Property Address 620 TA	10Mas # 166-2	27 <i>5</i>	
roperty Address			
*This verification form is valid for up to five (5) years p	provided no material (	changes have been	made to the structure or
inaccuracies found on the form.	· <b></b>		

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Applicant/Insured Name Location Address Inspen	cted: 166-275	620 Thomas St.	Building Num	on/Policy#: ber Inspected:	#166-275	
Date of Inspection:						
vithout the dated signature.  Licensed re	re of one of the folk oofing contractor eneral contractor	owing appropriately lice	y a Florida-licens ensed inspectors:	ed professional. Th	e form will not be accepted	
ROOF (Clear photos sh			ondition must b	e submitted wit	h this form.)	
Primary Roof: Covering material:	Metal 28	If updated (check on	e):	Overall Conditi	ion of Roof:	
Roof age (years):	28			Excellent	<b>A</b>	
Remaining useful life:	25	Full replacement		Good		
Date of last update:		Partial replacement		Fair (explain)		
toofing Permit Verified: Permit Application Date:	□ *Yes 🚇 No			Poor (explain)		
fisible damage: describe; e.g. curling/ lif nissing shingles or tiles, distering, drainage issue ravel, or coating degrad f asphalt, etc.)	or punctures, s, or bare spots in	Any visible damage /deterioration?  Primary roof  Yes No Secondary Roof Yes No		Any visible signs of leaks?  Primary roof  Yes No Secondary Roof  Yes No		
econdary Roof:				☐ Yes ☐	No	
overing material:		If updated (check one	<u>e</u> ):	Overall Condition	on of Roof:	
emaining useful life:		Full replacement		Good		
ate of last update:		Partial replacement		Fair (explain)		
oofing Permit Verified: Permit Application Date:	□ *Yes □ No	% of replacement		Poor (explain)		
omments: Additional Comments Re	quired if Primary o	r Secondary Roof Cond	ition is denoted a	as Fair or Poor):		
nist at the Location Address rovided should not be relied take a health or safety certii	listed above and for a d upon, or treated as, fication or warranty, a to which the undersign on Forms must be si	no other purpose. It is not as substitute for specific a express or implied, of any gned is affiliated any liabil gned and completed by	intended to consti advice relevant to p kind, and nothing i lity or obligation of	itute legal or professi particular circumstan in this Form shall be any nature to the na	structural or physical characterist ional advice. The information ces. The undersigned does not construed to impose on the amed insured or to any other persual contractor.	
Jacob Geopfent		3058492126	-			
		Telephone Number	000			
spector Name (printed)		respirate trainiber			) )	
		License Type	/	530350	5/11/22	

Uniform Mitigation Verification Inspection Form

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

Inspect	ion Date: $5/9/22$				
Owner	Information				-
	Name: Shipyard Condomi			Contact Person: 5terli	ng Christian
Addres	s: 620 Thomas St. # 178	-182		Home Phone:	
City:	Key West	Zip: 33040		Work Phone: 305 2	
County				Cell Phone: 305 923	1210
Insurar	ce Company:		·	Policy #:	
Year of	f Home: 1991	# of Stories: 2		Email: sterling @ Co	ekw.com
accom; though	: Any documentation used in pany this form. At least one part of the insurer may ask additional terms of the insurer may ask additional terms.	hotograph must accompa ional questions regardin	ny this form to validate g the mitigated feature(	e each attribute marked s) verified on this form	d in questions 3
	ilding Code: Was the structure				for homes located in
tne	HVHZ (Miami-Dade or Browar A. Built in compliance with the		<del></del>		mit application with
-	a date after 3/1/2002: Building	Permit Application Date (A	(M/DD/YYYY)//		
	B. For the HVHZ Only: Built is provide a permit application wi	th a date after 9/1/1994: B	uilding Permit Application	For homes built in 19 on Date (MM/DD/YYYY)/	994, 1995, and 1996 /
	C. Unknown or does not meet t	he requirements of Answe	r "A" or "B"		
OR	of Covering: Select all roof cov. Year of Original Installation/Revering identified.	ering types in use. Provide eplacement OR indicate the	the permit application date no information was available.	ate OR FBC/MDC Production at the state of th	uct Approval number nce for each roof
331	2.1 Roof Covering Type:	Permit 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				
	3. Metal			1991	
	4. Built Up	_!_!			
	5. Membrane	<del></del>			0
	6. Other				
_					
	A. All roof coverings listed about installation OR have a roofing B. All roof coverings have a M roofing permit application after C. One or more roof coverings D. No roof coverings meet the	permit application date on iami-Dade Product Appro 9/1/1994 and before 3/1/2 do not meet the requireme	or after 3/1/02 OR the roval listing current at time 2002 OR the roof is originate of Answer "A" or "B	of is original and built in of installation OR (for the part of th	n 2004 or later. he HVHZ only) a
3. <u>Ro</u>	of Deck Attachment: What is the	ne weakest form of roof de	ck attachment?		
	A. Plywood/Oriented strand bo by staples or 6d nails spaced a shinglesOR- Any system of s mean uplift less than that requi	ard (OSB) roof sheathing t 6" along the edge and 1" crews, nails, adhesives, ot red for Options B or C bel	attached to the roof truss 2" in the fieldOR- Bat her deck fastening syster ow.	ten decking supporting n or truss/rafter spacing	wood shakes or wood that has an equivalent
	B. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common other deck fastening system or maximum of 12 inches in the fi	nails spaced a maximum of truss/rafter spacing that i	of 12" inches in the field s shown to have an equi	OR- Any system of sci valent or greater resista	ews, nails, adhesives,
Inspec	C. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common decking with a minimum of 2 and Any system of screws, nails, a tors Initials The Property A	nails spaced a maximum nails per board (or 1 nail p dhesives, other deck faster	of 6" inches in the field. er board if each board is ning system or truss/rafte	-OR- Dimensional lumi equal to or less than 6 is er spacing that is shown	per/Tongue & Groove nches in width)OR-
шѕрес	tors minuals or Property A	unitas Deo I Noinei	J. 110-202		
*This	verification form is valid for u	p to five (5) years provide	ed no material changes	have been made to the	structure.

			greater res 2 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			-	ed Concrete Roof Deck.
			_	or unidentified.
			No attic a	
	_			
4.	5 fe	et	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le or outside corner of the roof in determination of WEAKEST type)
		A.	Toe Nails	
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mi	aim		ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
	<b>T</b>	_		Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
		В.	Clips	
				Metal connectors that do not wrap over the top of the truss/rafter, or
	_			Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single W	
	_			Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
	Ц	D.	Double V	•
			П	Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
		E.	Structura	Anchor bolts structurally connected or reinforced concrete roof.
		F.	Other: _	
		G.	Unknown	n or unidentified
		H.	No attic s	access .
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	
		B.	Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet  Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of
			Other Ro	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft
		Ο.	Outer Ro	Any root that does not qualify as clinici (A) of (D) above.
6.	Sec	one	iarv Wate	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
		A.	SWR (als	so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the g or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
		В	No SWR	
	Ţ.			n or undetermined.
In	spec	tor	s Initials	Property Address 620 Thomas 178-282
				orm is valid for up to five (5) years provided no material changes have been made to the structure or
íns	CCH	rac	tee found	on the form

7. Opening Protection: What is the <u>weakest</u> 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.

	ening Protection Level Chart		Glazed O	penings			Glazed enings
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				20 1		
	Opening Protection products that appear to be A or B but are not verified		7.57				
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X				X	

- 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 3.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials 160 Property Address 620 Thomas St. # 178-282

<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.

☐ N. Exterior Opening Protection (unverified shutter	r systems with no doc	umentation) Al	l Glazed openings are protected with
protective coverings not meeting the requirements of	Answer "A", "B", or C	or systems that	at appear to meet Answer "A" or "E
with no documentation of compliance (Level N in the  N.1 All Non-Glazed openings classified as Level A, B, C	•	or no Non-Glazeo	Lanenings evist
N.1 Art Non-Glazed openings classified as Level A, B, C  N.2 One or More Non-Glazed openings classified as Lev			=
table above	177 .1 . 11 1		
N.3 One or More Non-Glazed openings is classified as L			
X. None or Some Glazed Openings One or more Gla	azed openings classifie	d and Level X ii	the table above.
MITIGATION INSPECTIONS MUST Section 627.711(2), Florida Statutes, pr		~	
Qualified Inspector Name:  Jacob Geopfert	License Type:		License or Certificate #: /530350
Inspection Company:  Sunblock Stik Inc.		Phone:	8492126
		305	8492166
<u>Qualified Inspector – I hold an active license as</u> –	_ ` ′		
Home inspector licensed under Section 468.8314, Florida Stat training approved by the Construction Industry Licensing Boa			er of hours of hurricane mitigation
Building code inspector certified under Section 468.607, Flori	da Statutes.		
General, building or residential contractor licensed under Sect	ion 489.111, Florida Stati	utes.	
Professional engineer licensed under Section 471.015, Florida			
Professional architect licensed under Section 481.213, Florida			
Any other individual or entity recognized by the insurer as pos- verification form pursuant to Section 627.711(2), Florida State		alifications to prop	perly complete a uniform mitigation
Individuals other than licensed contractors licensed unde			
under Section 471.015, Florida Statutes, must inspect the			
<u>Licensees under s.471.015 or s.489.111 may authorize a dexperience to conduct a mitigation verification inspection</u>		ossesses the rec	uisite skui, knowledge, and
I, Jacob Geopfert am a qualified inspector	_	farmed the inc	poetion or (licensed
(print name)	and a personany per	iorineu the msj	pection of (ucensea
contractors and professional engineers only) I had my em		per	form the inspection
and I agree to be responsible for his/her work.	•		,
Qualified Inspector Signature:	Date:	8/17/22	
An individual or entity who knowingly or through gross	negligence provides a	false or fraudu	lent mitigation verification form
<u>subject to investigation by the Florida Division of Insura</u>	nce Fraud and may be	e subject to adn	ninistrative action by the
appropriate licensing agency or to criminal prosecution. certifies this form shall be directly liable for the miscond	(Section 627.711(4)-(7	), Florida Statu	ttes) The Qualified Inspector who
performed the inspection.	uct of employees as it	me aumorizeu	mugation inspector personally
Unmanument to complete I satisfy that the manual Counties	2. J.T.,	L	1 6 6.1
Homeowner to complete: I certify that the named Qualif residence identified on this form and that proof of identificat			
Signature: Pynet Sompkins, C.A.M.			aca representativo.
Signature: / S/NU NIMBERD, CAM	_Date:		
An individual or entity who knowingly provides or utters	a false or fraudulent	mitigation veri	fication form with the intent to
obtain or receive a discount on an insurance premium to of the first degree. (Section 627.711(7), Florida Statutes)	which the individual	or entity is not	enutied commits a misgemeanor
The definitions on this form are for inspection purposes of	only and cannot be use	ed to certify an	y product or construction feature
as offering protection from hurricanes.	, .4.		
Inspectors Initials TG Property Address 620 Thos	nas St. 4178-2	82	
*This verification form is valid for up to five (5) years pro	ovided no material ch	anges have bee	n made to the structure or
inaccuracies found on the form.	_	-	
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Location Address Inspection:	5/9/22	- 000	o historian Ot.	_ Building Numi	per Inspected:	1180485	
Date of Inspection.	7/12		4				
vithout the dated signatur Licensed re	e of one of the contract of th	e follo ctor ctor	owing appropriately lice	y a Florida-licens nsed inspectors:	ed professional. Th	e form will not be accepted	
ROOF (Clear photos sh	owing the e	ntire	roof's surface and co	ndition must b	e submitted wit	h this form.)	
Primary Roof:							
Covering material:	Metal		If updated (check one	e):	Overall Conditi	ion of Roof:	
Roof age (years):	28				Excellent		
Remaining useful life:	25		Full replacement		Good		
Date of last update:			Partial replacement		Fair (explain)		
Roofing Permit Verified:	□ *Yes [	■ No	% of replacement		Poor (explain)		
Permit Application Date:			No. 2 page 10 page 11 page 12				
Visible damage: (describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, or punctures, blistering, drainage issues, or bare spots in gravel, or coating degradation, or cracking of asphalt, etc.)			Any visible damage /deterioration?  Primary roof  Yes No Secondary Roof  Yes No		Any visible signs of leaks?  Primary roof  ☐ Yes ☑ No  Secondary Roof  ☐ Yes ☐ No		
econdary Roof:						No	
Covering material: Roof age (years):			If updated (check one	):	Overall Conditi Excellent	on of Roof:	
Remaining useful life:			Full replacement		Good		
Date of last update:			Partial replacement		Fair (explain)		
Roofing Permit Verified: Permit Application Date:	□ *Yes □	□ No	% of replacement		Poor (explain)		
exist at the Location Address	information so	et forth	in it are provided solely to	or the purpose of	verifying that certain	structural or physical characteristic	
rovided should not be relien nake a health or safety certi	I upon, or treatication or want to which the upon Forms must	ted as, ranty, e indersi	as substitute for specific a express or implied, of any gned is affiliated any liabil igned and completed by	ndvice relevant to p kind, and nothing lity or obligation of	particular circumstan in this Form shall be f any nature to the n	nces. The undersigned does not construed to impose on the amed insured or to any other perso	
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### **Uniform Mitigation Verification Inspection Form**

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

Inspec	tion Date: $\frac{5/9}{22}$	or with form and any	<u> </u>					
Owner Information								
Owner Name: Shipyard Condominium Assoc. Inc. Contact Person: Sterling Christian								
Addres				Home Phone:				
City:	Key West	Zip: 33040	· · · · · · · · · · · · · · · · · · ·	Work Phone: 3052				
County	County: Mante Cell Phone: 305 923 12/0							
Insurar	Insurance Company: Policy #:							
Year o	f Home: 1991	# of Stories: 2		Email: Sterling @	cackw.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.								
1. Bu	ilding Code: Was the structure HVHZ (Miami-Dade or Browar	built in compliance with a counties), South Florid	the Florida Building Cod a Building Code (SFBC-	ie (FBC 2001 or later) Ol .94)?	R for homes located in			
	A. Built in compliance with the a date after 3/1/2002: Building			1 2002/2003 provide a pe	rmit application with			
	B. For the HVHZ Only: Built is provide a permit application with	n compliance with the SF ith a date after 9/1/1994: 1	BC-94: Year Built Building Permit Applica	For homes built in 1 tion Date (MM/DD/YYYY)	994, 1995, and 1996			
4	C. Unknown or does not meet							
OR	of Covering: Select all roof cov. Year of Original Installation/Revering identified.	ering types in use. Provid eplacement OR indicate the	e the permit application nat no information was a	date OR FBC/MDC Proc vailable to verify compli-	luct Approval number ance for each roof			
001	2.1 Roof Covering Type:	Permit 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							
	3. Metal			1991	<b>9</b> 3			
	4. Built Up							
	5. Membrane			<del></del>	_			
	6. Other				_			
					<del></del>			
	<ul> <li>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.</li> <li>B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.</li> </ul>							
:.	C. One or more roof coverings				iater.			
	D. No roof coverings meet the			Б.				
3. <u>Ko</u>	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 8d common other deck fastening system of maximum of 12 inches in the f	nails spaced a maximum r truss/rafter spacing that ield or has a mean uplift	of 12" inches in the fiel is shown to have an eq resistance of at least 103	dOR- Any system of so uivalent or greater resist psf.	rews, nails, adhesives, ance 8d nails spaced a			
	C. Plywood/OSB roof sheathi 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails, a ctors Initials	n nails spaced a maximum nails per board (or 1 nail adhesives, other deck fast	n of 6" inches in the field per board if each board ening system or truss/rat	dOR- Dimensional lun is equal to or less than 6	ber/Tongue & Groove inches in width)OR-			
_				<del></del>				
*This	verification form is valid for u	p to five (5) years provi	ded no material change	s have been made to the	e structure.			

		•	greater resi 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			-	d Concrete Roof Deck.
				d Constitution Deca.
				or unidentified.
			No attic a	
,				
4.	5 fe	et o	f the inside	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
		A.	Toe Nails	
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mir	nima	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
		В.	Clips	
				Metal connectors that do not wrap over the top of the truss/rafter, or
	_			Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single Wr	aps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D.	Double W	/raps
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
			Structural	Anchor bolts structurally connected or reinforced concrete roof.
			Other:	
		G.	Unknown	or unidentified
		H.	No attic a	CCCSS .
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet
		B.	Flat Roof	
	H	C.	Other Roo	
6	Sec	hno	arv Water	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
0.		A.	SWR (also sheathing dwelling f	o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
			No SWR.	or undetermined.
In	spec	tors	Initials(J	Property Address 620 Thomas St. # 176-277
				rm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.

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.

Opening Protection Level Chart			Glazed Openings				
openi form	an "X" in each row to identify all forms of protection in use for each ing type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
Α	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)						- 31
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)		1				CM III
С.	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007		453				
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				en v	- HE	
	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X				X	

- 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
  - 3.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - ☐ ○.3 One or More Non-Glazed | ⊅enings is classified as Level N or X in the table above

Inspectors Initials 50 Property Address 620 Thomas 5t. # 176-277

<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.

	N. Exterior Opening Protection (unverified shutter s	ystems with no document	ation) All Glazed	openings are protected with
	protective coverings not meeting the requirements of Ar	nswer "A", "B", or C" or sy	stems that appear	to meet Answer "A" or "B"
	with no documentation of compliance (Level N in the ta	ble above).		
. 1	N.1 All Non-Glazed openings classified as Level A, B, C, o	or N in the table above, or no N	on-Glazed openings	exist
I	<ul> <li>N.2 One or More Non-Glazed openings classified as Level I table above</li> </ul>	D in the table above, and no No	on-Glazed openings	classified as Level X in the
	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 L	evel X in the table	e above.
	MITIGATION INSPECTIONS MUST B	RE CERTIFIED RY A OUA)	JEIED INSPEC	TOR.
	Section 627.711(2), Florida Statutes, provi			
Qualifi	-11	License Type:	License or	Certificate #:
	Jacob Geoptet	Cec 1530350		0350
Inspect	ion Company: SUNSlock & Tile INC.		Phone: 305 849 2	126
Qua	<u> alified Inspector – I hold an active license as a</u>	: (check one)		
	Home inspector licensed under Section 468.8314, Florida Statute			s of hurricane mitigation
1	training approved by the Construction Industry Licensing Board	and completion of a proficience	y exam.	
	Building code inspector certified under Section 468.607, Florida			
	General, building or residential contractor licensed under Section	n 489.111, Florida Statutes.		
	Professional engineer licensed under Section 471.015, Florida St	tatutes.		
	Professional architect licensed under Section 481.213, Florida St			
	Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		ons to properly comp	olete a uniform mitigation
Indi	viduals other than licensed contractors licensed under	Section 489.111, Florida S	tatutes, or profes	sional engineer licensed
unde	er Section 471.015, Florida Statutes, must inspect the st	tructures personally and n	ot through emplo	ovees or other persons.
	nsees under s.471.015 or s.489.111 may authorize a dir	ect employee who possesse	es the requisite sk	<u>ill, knowledge, and</u>
	rience to conduct a mitigation verification inspection.			
ي _ ,I	Talob Geopher — am a qualified inspector a	and I personally performe	d the inspection o	r (licensed
	(print name)		\	• 4•
cont	ractors and professional engineers only) I had my emplo		) perform the of inspector)	: inspection
and	I agree to be responsible for hts/her work	фине наше	or inspector,	
	lified Inspector Signature:	Date:	117/12	
Qua	imed inspector signature: (74 / 5 × 1/2	Date	, , , , , , ,	
<u>An i</u>	<u>ndividual or entity who knowingly or through gross ne</u>	gligence provides a false o	r fraudulent miti	gation verification form is
<u>subj</u>	ect to investigation by the Florida Division of Insuranc	e Fraud and may be subje	ct to administrat	ive action by the
	copriate licensing agency or to criminal prosecution. (S) ifies this form shall be directly liable for the misconduc			
	ormed the inspection.	t of embioyees as if the au	morizeu mungau	on inspector personany
<u>Hon</u>	neowner to complete: I certify that the named Qualifie	d Inspector or his or her em	ployee did perform	n an inspection of the
resid	ence identified on this form and that proof of identification	n was provided to me or my	Authorized Repr	esentative.
Sign	nature: <u>Koncé Imphino, C.A.M.</u> 1	Date: <u>5/19/22</u>		
	• 1	/ /		
An i	ndividual or entity who knowingly provides or utters a	false or fraudulent mitiga	tion verification	form with the intent to
	in or receive a discount on an insurance premium to w			
of th	e first degree. (Section 627.711(7), Florida Statutes)			
	definitions on this form are for inspection purposes on	ly and cannot be used to c	ertify any produc	et or construction feature
	ffering protection from hurricanes.	1 11.1-2 3-9		
Insp	ectors Initials TG_Property Address_620 Th	mas St. # 176-277		
			hava haan mad-	to the atmosphere or
	is verification form is valid for up to five (5) years prov curacies found on the form.	vided no material changes	nave been made t	to the structure or
andu ~~~	culacies ivunu vii the IVI iII.			

Barra province and a record of the lastes of most for eller to be building to be to see that the last of the c THE HOTE THE HE SHARE IN THE REPORT OF THE SECOND es las ethikedeskip ses lyskas saksii liikakadelik kirakis รับที่พระพาณฑา โดย 5 **พละได้**แก้และเปลี่ยวและ คลิสาสาร์ โด๊สาสาร์ เกิดและ เกละ และ และ และ เดิมสาร์เดิมสายในที่ โด้ ranne Trans il pat liber del plilace de latte cide a francisco i complicada de la republica de la complicación र संस्थित है। हो है है जिस्से के स्थाप के कार्य के लिए के सार्थ कर है है। जो के के कि के कि के के कि कर के कि The property of the contraction องเรียกให้เกาะ เกี่ยว เมื่อ เหมือนใหม่ในเมื่อให้เกาะ โดย สุดให้เกาะ โดย เพลียก ได้เกาะ เมื่อได้เกาะ ได้ เป็น เ for a marking the 2 has a real and a contract of the con ar fra artificial to the commence of the same of the same of the first of the commence of the same of the commence of the same of the commence with Erricality and a land and read with the first the graden of the - 1888 British Alberta and British and the state of the control of the control of the control of the control of . The wife of the Bill 1274 Bill Belgical was not been a seeing to be a confiner The tradition of the Fig. 12 to the constant of the constant o and angele service of the property of the experimental and the property of the property of the property of the contract of the property of the o katuliza ja den mara taksin kuris katuli yedi salituk kuris kateliningan kateliningan kateliningan katelinin and Telegraphy and the properties that the commence of the state of the commence of the commen l dikiring dipakan dibabah kalanda di kalanda di salah bawai. has more the relative to expect the lateral flavor in the classific flavor three least by the complete two autor periodos procesos ( pur se especial comercial especial con contractor de la con-Jacob ja koji sa siljeta i jega di kon trjedine imberika je koji se koji se imbe. જુ ભેતું હું તા, તે લોક પ્રાપ્ય કરે **પ્લેક** વસ્તુ છે. જો કર્યું હતું છે કે તારે હોય છે હતું છે કે માને છે જ <u>ได้ ที่สำคัญเลืองพร</u>ะแบบ ค. ส่งใหญ่แบบ on Bondarding giveton bedar pikalo dan kelangan peringgilandah dan peringgan besar peringgilan per och a mad schligte over hag belage getter och och och och segente blikkinget blom obniv stationer at beeling go mit gene be ાન કેલાઇ માત્ર માત્ર માત્ર કેલા પ્રાથમ કરવા છે. જેલા કેલાક સામાના કેલા કેલા માત્ર કેલા કોલા કેલા કાલા કેલા કેલા માત્ર કેલા માત્ર કેલા કેલા કેલા કેલા કેલા કેલા bet in I happy find you my was a state of the state of the ka ngaga ligit di pangalah dan kalang pangga palangga kangga kangga pangga pangga pangga pangga pangga pangga Tangga pangga ్లు కార్యాలు అయిన మాట్లు అల్లు కార్యాలు కాటాలు ఉంది. మాట్లు కార్యాలు ఉంది. మాట్లు ఆమాట్లు మాట్లు అంది ముద్ది క Contraction of the state of the Antille Fried Latter of Physics London (and a committee for the committee

का कर करों है इसके के भी भी करते. के से में इसके कर अधिकार का एकोर राजन, ता है हुई की कर से के सामित्र के की क

स्य प्रतिकृति वस्ति । जात्र वस्ति । अक्षाप्तिकृति वस्ति । जात्र वस्ति । जात्र वस्ति । जात्र वस्ति । जात्र वस्ति । अक्षाप्तिकृति । जन्म

Applicant/Insured Name	: Shipyard Condo	minium Assoc. INC.	Applicati	on/Policy#:	
Location Address Inspec	cted:/76-277, 63	10 Thomas St.		ber Inspected: #	176-277
Date of Inspection:	5/9/22			_	
without the dated signature  Licensed re	re of one of the folk pofing contractor eneral contractor	owing appropriately lice	y a Florida-licens ensed inspectors:	ed professional. Th	e form will not be accepted
ROOF (Clear photos sh			andition must b	الأرب لو مغانسات م	Labi-E
Primary Roof:	owing the chine	roor s surface and co	must b	e submitted witi	n this form.)
Covering material:	metal	If updated (check on	el:	Overall Conditi	ion of Poof
Roof age (years):	28			Excellent	⊠r Kuol:
Remaining useful life:	25	Full replacement		Good	
Date of last update:		Partial replacement	n	Fair (explain)	
Roofing Permit Verified:	□ *Yes 🗐 No	% of replacement		Poor (explain)	
*Permit Application Date:		70 Of replacement		Poor (explain)	П
Visible damage: (describe; e.g. curling/ lift missing shingles or tiles, o blistering, drainage issues gravel, or coating degrada of asphalt, etc.)	ted/ loose/ or punctures, s, or bare spots in	Any visible damage / Primary roof  Yes M No Secondary Roof  Yes No	deterioration?	Any visible sign Primary roof  Yes Secondary Roof Yes	No
Secondary Roof:				<u> </u>	NO
Covering material:		If updated (check one	.).	Occupii Can disi	
Roof age (years):		ii apaatea (Cieck Oile	·j.	Overall Condition  Excellent	оп от коот:
Remaining useful life:		Full replacement	П	Good	
Date of last update:		Partial replacement		Fair (explain)	
Roofing Permit Verified: *Permit Application Date:	□ *Yes □ No	% of replacement		Poor (explain)	
Comments: (Additional Comments Re	quired if Primary or	Secondary Roof Cond	ition is denoted a	as Fair or Poor):	
This Inspection Form and the	information set forth	in it are provided solely f	or the purpose of v	erifying that certain	structural or physical characteristics ional advice. The information
provided should not be relied make a health or safety certif undersigned or on any entity or entity. All Roof Condition Inspectio	upon, or treated as, a ication or warranty, e to which the undersign on Forms must be sign.	as substitute for specific a xpress or implied, of any med is affiliated any liabil gned and completed by	dvice relevant to p kind, and nothing i lity or obligation of	particular circumstan in this Form shall be of any nature to the na	ces. The undersigned does not construed to impose on the imed insured or to any other person
certify that the above stat	ements are true an	d correct.			
Jacob Geopter	b	305 849 212	6		
nspector Name (printed)		Telephone Number	,		_//
ignature of Inspector		CGC		530350	5/11/22
		License Type		ense Number	Date '
Any person who knowing ontaining any false, inco	ply and with intent t inplete, or misleadi	to injure, defraud, or d ng information is guilt	eceive any insur y of a felony of t	er files a statemen he third degree. F.	nt of claim or an application S. 817.234"

Uniform Mitigation Verification Inspection Form

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

Owner Information
Owner Name: 51. py Ard Condominium 1550c. Tex.  Address: 183 - 287
Address: 183 - 287 620 Thomas # Home Phone:  City: Key West
City: Key Wcht  County: Monte   Dip: 33040   Work Phone: 305 276 0556   County: Monte   Cell Phone: 305 276 0556   County: Monte   Policy #:  Year of Home: 1991   # of Stories: 2   Email: 5th   100 Cackw.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.  1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?  A. Built in compliance with the FBC: Year Built
County: Mowhoe  Insurance Company:  Year of Home: 1991 # of Stories: 2 Email: 5torlow@ Cockw.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.  1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (FBC-94)?  A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)//  B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)//  C. Unknown or does not meet the requirements of Answer "A" or "B"  2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.  Permit Application Product Approval # Product Approval # Provided for Compliance
Policy #:   Year of Home: 1991
Year of Home: 1991
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.  1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?  1. A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MMODDYYYY)/
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.  1. Building Code: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?    A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)/    B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)/  2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.  2.1 Roof Covering Type: Permit Application Date Product Approval # Year of Original Installation or Provided for Compliance On the Product Approval # Year of Original Installation Provided for Compliance On the Product Approval # Year of Original Installation Provided for Compliance On the Product Approval # Year of Original Installation Provided for Compliance On the Product Approval # Year of Original Installation Provided for Compliance On the Product Approval # Year of Original Installation Provided for Compliance On the Product Approval # Year of Original Installation Provided for Compliance On the Product Approval # Year of Original Installation Provided for Compliance On the Product Approval # Year of Original Installation Provided for Compliance On the Product Approval # Year of Original Installation Provided for Compliance On the Product Approval # Year of Origina
The HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?  A. Built in compliance with the FBC: Year Built For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)/  B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)//
a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY)/
provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY)///
C. Unknown or does not meet the requirements of Answer "A" or "B"  2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.  Permit Application Date  Permit Application Provided for Compliance  1. Asphalt/Fiberglass Shingle  1. Asphalt/Fiberglass Shingle  1. Asphalt/Fiberglass Shingle
2. Roof Covering: Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.  Permit Application Date  Permit Application Provided for Compliance  1. Asphalt/Fiberglass Shingle  1. Asphalt/Fiberglass Shingle  1. Asphalt/Fiberglass Shingle
Permit Application 2.1 Roof Covering Type:  Date  Permit Application FBC or MDC Product Approval # Replacement  No Information Provided for Compliance  1. Asphalt/Fiberglass Shingle  1. Asphalt/Fiberglass Shingle
I. Aspundence glass sample
3. Membrane
6. Other
<ul> <li>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.</li> <li>B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a</li> </ul>
roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
D. No roof coverings meet the requirements of Answer "A" or "B".
3. Roof Deck Attachment: What is the weakest form of roof deck attachment?
A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (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 woo 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, adhesive other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
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 & Groov 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)OF Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent
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 & Groov 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

			greater res 2 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least			
			-	ed Concrete Roof Deck.			
				or unidentified.			
	G. No attic access.						
	_	-					
4.	5 fe	et c	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)			
	П	Α.	Toe Nails				
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or			
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D			
	<u>Mi</u>	<u>nim</u>		ons to qualify for categories B, C, or D. All visible metal connectors are:			
			_	Secured to truss/rafter with a minimum of three (3) nails, and			
			0	Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.			
		В.	Clips _				
			<b>3</b>	Metal connectors that do not wrap over the top of the truss/rafter, or			
	_			Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.			
		C.	Single W				
	_			Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.			
		D.	Double V	•			
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or			
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.			
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.			
		F.	Other:				
		G.	Unknown	or unidentified			
		H.	No attic a	access			
_	_						
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).			
		A.	Hip Roof	Total length of non-hip features: feet; Total roof system perimeter: feet			
			Flat Roof	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft			
		C.	Other Ro	of Any roof that does not qualify as either (A) or (B) above.			
6.				r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)			
	Ц	Α.	sheathing	to called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the			
	_	ъ	_	from water intrusion in the event of roof covering loss.			
			No SWR. Unknown	or undetermined.			
In	spec	tors	s Initials	Property Address 620 Thomas St. # 183-287			
*T	his '	veri	ification fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.			

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.

Opening Protection Level Chart  Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Glazed Openings				
			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				25 12 52		
	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X			1	X	

- 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
  - 3.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 3.3 One or More Non-Glazed | benings is classified as Level N or X in the table above

Inspectors Initials (TG) Property Address 620 Thomas St. # 183-287

<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.

□ N.1	Exterior Opening Protection (unverified shutter s	systems with no documen	tation) All Glazed openings are protected with
	tective coverings not meeting the requirements of A		
with	h no documentation of compliance (Level N in the ta	able above).	, <del></del>
□ N	I.1 All Non-Glazed openings classified as Level A, B, C, o	or N in the table above, or no l	Non-Glazed openings exist
	I.2 One or More Non-Glazed openings classified as Levelable above	D in the table above, and no N	Non-Glazed openings classified as Level X in the
įl N	I.3 One or More Non-Glazed openings is classified as Lev	el X in the table above	
<b>X.</b> 1	None or Some Glazed Openings One or more Glaz	ed openings classified and	Level X in the table above.
	Maric Atton Burde Catonic Marietta	DE CEDEVERED ALL	Y YEARD THISDEONOD
	MITIGATION INSPECTIONS MUST 1 Section 627.711(2), Florida Statutes, prov		
Qualified Inspe	ector Name:	License Type:	License or Certificate #:
Inspection Con	6 Geopfert	Cec	1530350
<u> </u>	inblock otik INC.		Phone: 305 8492126
<b>Qualifie</b>	d Inspector – I hold an active license as a	: (check one)	
☐ Home	inspector licensed under Section 468.8314, Florida Statut	es who has completed the state	atory number of hours of hurricane mitigation
trainin	g approved by the Construction Industry Licensing Board	and completion of a proficien	cy exam.
_	ng code inspector certified under Section 468.607, Florida		
	al, building or residential contractor licensed under Section	n 489.111, Florida Statutes.	
	sional engineer licensed under Section 471.015, Florida St	tatutes.	
☐ Profess	sional architect licensed under Section 481.213, Florida Se	tatutes.	
Any ot verification	ther individual or entity recognized by the insurer as posse ation form pursuant to Section 627.711(2), Florida Statute	essing the necessary qualifications.	ons to properly complete a uniform mitigation
Individua	ls other than licensed contractors licensed under	Section 489.111. Florida S	Statutes, or professional engineer licensed
<u>under Sec</u>	tion 471.015, Florida Statutes, must inspect the st	tructures personally and	not through employees or other persons.
	under s.471.015 or s.489.111 may authorize a dir	ect employee who possess	es the requisite skill, knowledge, and
	e to conduct a mitigation verification inspection.		
I, Jacob	(print name) am a qualified inspector a	and I personally performe	d the inspection or (licensed
	s and professional engineers only) I had my emplo	oyee (	) perform the inspection
Y		(print name	of inspector)
	ee to be responsible for bis/her work.		1 1
Qualified	Inspector Signature:	Date:	117/22
An indicia	duel or entity who knowingly or through grees no	alizanos - manidos a falar .	
subject to	lual or entity who knowingly or through gross ne investigation by the Florida Division of Insuranc	e Frand and may be subje	or traudition mulgation verification form is ect to administrative action by the
appropria	te licensing agency or to criminal prosecution. (S	ection 627.711(4)-(7), Flor	rida Statutes) The Qualified Inspector who
<u>certifies th</u>	<u>pis form shall be directly liable for the misconduc</u>	t of employees as if the au	thorized mitigation inspector personally
performed	the inspection.		
Homeowi	ner to complete: I certify that the named Qualified	d Inspector or his or her em	ployee did perform an inspection of the
residence i	dentified on this form and that proof of identification	n was provided to me or my	y Authorized Representative.
Sionatur	e: Kener Sompkins, C.A.M. I	Data: 5/19/22	·
-6	TX TX TX TX TX TX TX	<u> </u>	
An individ	hal ar antitu mha knavningh provides ar there	Color on Constitution of the	4
obtain or i	lual or entity who knowingly provides or utters a receive a discount on an insurance premium to w	laise or iraudulent ming hich the individual or ent	HOON VETINGATION FORM WITH THE INTENT TO
of the first	t degree. (Section 627.711(7), Florida Statutes)	aren ene individual of che	ny is not chuicu commus a misuemeanor
The defini	tions on this form are for inspection purposes on	ly and cannot be used to c	ertify any product or construction feature
_	g protection from hurricanes.		~ ~
Inspectors	Initials Froperty Address 620 Thom	ns st # 183-2	8 /
	_		
	fication form is valid for up to five (5) years prov les found on the form.	ided no material changes	nave been made to the structure or
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्रभागिता । या देशक्षेत्राको सुबन्धा हार्ग सक्तिकेहा ું કુકાર્ક ફુલા એક સામાર્ક્સ <mark>માં માર્જના માર્જના માર્જના પાયત</mark>િક કરે છે. જો માર્જના માર્જના કાર્જના માર્જના का रहे । वेदार अर्थको न वे**ता**का भाषा के अर्थका महास्वाद के अवस्था है। विशेष अवस्थान के अपना के स्वीता के स र कि लिखारी नेकों के करेकी ते कहीं तर्रकेकी केकेन केले को ताला होते हैं है है है है है जो उन के किया के किया के कि किया है के निर्देश more my dans Lines in the or derail from Miller transplated the same to the same same as one of the same का के रहे हुन है। जिल्ला हुन कर किया कर के में मूर्व के एक हो। इसे किया के का मानुकार किया कर कर का का का का क The Chief of the State of the Chief of the C कर्म है। अभिने प्राप्तान अस्ति एक अस्ति है। eti esta antida a jatet endesi. Turin en en en entre la large antique trade en est el part a entre a la fille. Esta de la caractería វិយម្រាប់សម្រប់ប្រសិទ្ធា ប្រ TO \$ 17.64.5 ार् १९७७ के करण से अनुसूत्रको व तर वह दूर कर्मको क्षिको उत्तर जेन अने अनुस्कर के के क्षाबर अनुसर करते हैं। तर क 表示如此是是是否的的人的证据,但是不是有关的的的。 ি এটিলি বিনামি স্থাপিত প্ৰতি বিশ্ব কৰিছে। এটি স্থাপিত স্থাপিত কৰিছে। এই বিনামি স্থাপিত স্থাপিত স্থাপিত স্থাপিত এই সংগ্ৰহ আৰু সামাৰ্থিত সংগ্ৰহণ কৰিছে। সংগ্ৰহণ সংগ্ৰহণ সামাৰ্থিত সংগ্ৰহণ সংগ্ৰহণ কৰিছে। সামাৰ্থিত সামাৰ্থিত সংগ এই বিনামি সামাৰ্থিত সংগ্ৰহণ স ्या । राजनेतृत्वर राजनेत्र । राजनेत्र १९५६ (हिम्सूम सम्बेक्ती १५) इक्टा राजने बृतुत १९ राजनेत्र राजनेत्र रहकोत् स्थान सम्बेक्तिकार कार्योत्तर सिक्सिको बिक्सिको बन्धालील समाराजने the provides of motivated from the provides of the order of a most of ्या क्षेत्रकृताम् वर्षात्रकारम् । या १ मा १ मा १ क्षेत्रकृत्य व्यक्तिकृत्या हो। देव मुक्तावर्षाया । ्राहोत् हो । हा भारता हो जो को प्राप्तक माध्य महामाने के स्क्राहों की देखा के लेखा है है कि महिला है है है है है क्षित्रकृत्य रहेद को अमेर केन्द्र कर कीए के सिक्स के किया के <mark>की मुक्त के किस</mark> के कि न करते । एक एक क्षेत्र कर देवका नाक्षेत्र प्रमहे किन्दि किन्ति किन्द्र मोहर किन्द्र में प्रोतक रहार हो एकिन हा प्रारक्ति क्षा है। अबके कर नहीं के अनु महामार के अने के हुँ के भी महामून हुए में कुछ भी ने किया है। है अपने हुँ है अपने क and the second of the second The control of the second statement of the second statement of the second statement of the second second second nes en l'internation de la company de la La company de la company d ,其時後以後於於蘇門海門衛門衛衛衛衛衛 (bit or that they be seen about the see and it show that and a see for the properties of ા મું જુમાર્ગ મોલાઈ ભાગ કો ગુર્ગસ્થાઓ ફર્યો કે વાલ્યા કુલ્યામાં મુખ્ય તેમ કુલ્યાના છે. 

्रात्र प्रकार के द्वार र तकाम मनेत्र के में महिलाका र महाप्रदेशका की एक महिलाक के प्रकारिक महिलाक है के महिलाक विकार

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Applicant/Insured Name	5hippord Conde	minima Assoc INC.		on/Policy#:	
Location Address Inspe Date of Inspection:		20 thomas St	Building Num	per Inspected: _=	# 183-287
vithout the dated signatu Licensed r	re of one of the folk coofing contractor general contractor	owing appropriately licer	ra Florida-licens nsed inspectors:	ed professional. Th	e form will not be accepted
			1		
ROOF (Clear photos sh Primary Roof:	lowing the entire	roor's surrace and co	ndition must b	e submitted with	n this form.)
Covering material:	Metal	If updated (check one	١٠	Overall Conditi	ion of Doof
Roof age (years):	7,0.0	- " apasteu (aneen one	,	Excellent	
Remaining useful life:		Full replacement		Good	
Date of last update:		Partial replacement	П		
toofing Permit Verified:	□ *Yes No		U	Fair (explain)	
Permit Application Date		% of replacement		Poor (explain)	
isible damage:		-			
describe; e.g. curling/lit issing shingles or tiles,		Any visible damage /d	eterioration?	Any visible sign	s of leaks?
listering, drainage issue		Primary roof		Primary roof	
ravel, or coating degrad		🗆 Yes 🔼 No		☐ Yes 🕅	No
f asphalt, etc.)	40.4	Secondary Roof		Secondary Roof	
		☐ Yes ☐ No		☐ Yes ☐	No
econdary Roof:					
overing material:		If updated (check one)	:	Overall Condition	on of Roof:
oof age (years):		A THE PARTY OF THE		Excellent	
emaining useful life:		Full replacement		Good	
ate of last update:		Partial replacement		Fair (explain)	
oofing Permit Verified: Permit Application Date:	□ *Yes □ No	% of replacement		Poor (explain)	
omments:					
Additional Comments Re	equired if Primary o	r Secondary Roof Condit	ion is denoted a	s Fair or Poor):	
ust at the Location Address rovided should not be relied ake a health or safety certi ndersigned or on any entity	listed above and for i d upon, or treated as, lication or warranty, e	no other purpose. It is not it as substitute for specific ac express or implied, of any k	ntended to consti lvice relevant to p ind. and nothing i	tute legal or professi articular circumstan a this Form shall be	onal advice. The information
ust at the Location Address rovided should not be relier ake a health or safety certi- ndersigned or on any entity entity.  I Roof Condition Inspecti	I listed above and for it d upon, or treated as, fication or warranty, e to which the undersig on Forms must be si	no other purpose. It is not it as substitute for specific ac express or implied, of any kigned is affiliated any liability gned and completed by	ntended to consti lvice relevant to p ind, and nothing i ty or obligation of	tute legal or professi articular circumstan n this Form shall be o any nature to the na	onal advice. The information ces. The undersigned does not construed to impose on the imed insured or to any other person
ist at the Location Address lovided should not be reliet ake a health or safety certical idersigned or on any entity entity.  I Roof Condition Inspection ertify that the above sta	Isted above and for it dupon, or treated as, fication or warranty, et o which the undersign on Forms must be sitements are true and true a	no other purpose. It is not it as substitute for specific acceptess or implied, of any keeped is affiliated any liability gned and completed by addressed.	ntended to consti lvice relevant to p ind, and nothing i ty or obligation of	tute legal or professi articular circumstan n this Form shall be o any nature to the na	onal advice. The information ces. The undersigned does not construed to impose on the imed insured or to any other person
isst at the Location Address covided should not be relied ake a health or safety certinatersigned or on any entity entity.  I Roof Condition Inspection ertify that the above sta	Isted above and for it dupon, or treated as, fication or warranty, et o which the undersign on Forms must be sitements are true and true a	no other purpose. It is not it as substitute for specific acceptess or implied, of any king and its affiliated any liability and completed by its correct.	ntended to consti lvice relevant to p ind, and nothing i ty or obligation of	tute legal or professi articular circumstan n this Form shall be o any nature to the na	onal advice. The information ces. The undersigned does not construed to impose on the imed insured or to any other persor
rovided should not be relied take a health or safety certi	Isted above and for it dupon, or treated as, fication or warranty, et o which the undersign on Forms must be sitements are true and true a	no other purpose. It is not it as substitute for specific acceptess or implied, of any keeped is affiliated any liability gned and completed by addressed.	ntended to consti fvice relevant to p ind, and nothing i ty or obligation of a Florida-license	tute legal or professi articular circumstan n this Form shall be o any nature to the na	ces. The undersigned does not construed to impose on the imed insured or to any other person

# Uniform Mitigation Verification Inspection Form

		of this form and any uc	cumentation prov	aca with the methane	<del>o pono</del> y			
	Inspection Date: 5/9/22							
Owner Information								
Owner Name: Shippard Condominium Assoc. Inc. Contact Person: Storling Christian								
	s: #188-292 , 620 Thoma		<del></del>	Home Phone:				
City:	Key West	Zip: 33040		Work Phone: 305 296				
	County: Monro? Cell Phone: 305 923 1210							
	Insurance Company: Policy #:							
Year of Home: 1991 # of Stories: 2 Email: 5torling@ cackw.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	1. <u>Building Code</u> : 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 a date after 3/1/2002: Building	Permit Application Date (M	M/DD/YYYY)//					
	B. For the HVHZ Only: Built in provide a permit application wi	th a date after 9/1/1994: Bu	uilding Permit Applica	For homes built in 19 ation Date (MM/DD/YYYY)/	994, 1995, and 1996 /			
	C. Unknown or does not meet t	he requirements of Answer	"A" or "B"					
OR	of Covering: Select all roof cov Year of Original Installation/Re ering identified.	ering types in use. Provide eplacement OR indicate tha	the permit application t no information was	date OR FBC/MDC Production date of the dat	uct Approval number nce for each roof			
COV	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
	1. Asphalt/Fiberglass Shingle	1 1						
	2. Concrete/Clay Tile							
	3. Metal			1991				
	4. Built Up							
	_				_			
	5. Membrane				_			
	6. Other		<del></del>					
	A. All roof coverings listed aboundable installation OR have a roofing	permit application date on	or after 3/1/02 OR the	roof is original and built in	n 2004 or later.			
_	B. All roof coverings have a M roofing permit application after	9/1/1994 and before 3/1/2	002 OR the roof is ori	ginal and built in 1997 or l	he HVHZ only) a later.			
	C. One or more roof coverings			"B".				
	D. No roof coverings meet the	requirements of Answer "A	A" or "B".					
3. <u>Ro</u>	of Deck Attachment: What is the	ne weakest form of roof de	ck attachment?					
	Roof Deck Attachment: What is the weakest form of roof deck attachment?  A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" 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>74</b>	B. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common other deck fastening system or maximum of 12 inches in the f	nails spaced a maximum or truss/rafter spacing that is ield or has a mean uplift re	of 12" inches in the fie s shown to have an ex- sistance of at least 10	eldOR- Any system of scr quivalent or greater resista 3 psf.	rews, nails, adhesives, nce 8d nails spaced a			
Inspec	C. Plywood/OSB roof sheathir 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails, a stors Initials Property A	nails spaced a maximum on ails per board (or 1 nail podhesives, other deck faster	of 6" inches in the fiel er board if each board ing system or truss/ra	ldOR- Dimensional lumble is equal to or less than 6 in the spacing that is shown	ber/Tongue & Groove nches in width)OR-			
*This	verification form is valid for u	p to five (5) vears provide	ed no material change	es have been made to the	structure.			

			greater res 2 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least			
			-	ed Concrete Roof Deck.			
	F. Unknown or unidentified.						
			No attic a				
4.	5 fe	et o	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)			
	Ш	A.	Toe Nails				
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or			
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D			
	Min	<u>aim</u>		ons to qualify for categories B, C, or D. All visible metal connectors are:			
				Secured to truss/rafter with a minimum of three (3) nails, and			
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.			
	40	В.	Clips				
			_	Metal connectors that do not wrap over the top of the truss/rafter, or			
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.			
		C.	Single W				
	_			Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.			
	Ц	D.	Double W	•			
			П	Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or			
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.			
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.			
		F.	Other:				
		G.	Unknown	or unidentified			
		H.	No attic a	ccess			
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).			
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet			
		В.	Flat Roof				
		C.	Other Roo	of Any roof that does not qualify as either (A) or (B) above.			
6	Saa	000	lom: Woto	Pagintones (SWD): (standard underlayments on het mannel felte de met muliferes en CWD)			
υ.		<u>онс</u> А.	SWR (also	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o 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			
				from water intrusion in the event of roof covering loss.			
			No SWR.				
	<u></u>	C.	Unknown	or undetermined.			
Ins	pec	tors	Initials 1	Property Address 620 Thomas 5t # 188-292			
				orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.			

7. Opening Protection: What is the <u>weakest</u> 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.

Opening Protection Level Chart			Glazed Openings				
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
NI.	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C			14 15			
Х	No Windborne Debris Protection	X	T		7	X	

- 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 3.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials JCF Property Address 620 Thomas St, #188 -292

<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.

N. Exterior Opening Protection (unverified shutter :	systems with no d	ocumentation) A	Il Glazed openings are protected with
protective coverings not meeting the requirements of A	nswer "A", "B", o		
with no documentation of compliance (Level N in the ta	•		
N.1 All Non-Glazed openings classified as Level A, B, C,	or N in the table above	ve, or no Non-Glaze	d openings exist
N.2 One or More Non-Glazed openings classified as Level table above	D in the table above	, and no Non-Glazed	l openings classified as Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the table abo	ve	
X. None or Some Glazed Openings One or more Glaz	zed openings classi	fied and Level X is	n the table above.
MITIGATION INSPECTIONS MUST I	RE CERTIFIED R	Y A OUALIFIED	INSPECTOR
Section 627.711(2), Florida Statutes, prov			
Qualified Inspector Name:	License Type:		License or Certificate #:
Jacob Geoptert Inspection Company:	CGC	Phone	1530350
Sunblack of Tile Inc		303	5 848 2126
<u> Oualified Inspector – I hold an active license as a</u>	: (check one)		
☐ Home inspector licensed under Section 468.8314, Florida Statut			per of hours of hurricane mitigation
training approved by the Construction Industry Licensing Board	l and completion of a	proficiency exam.	-
<ul> <li>Building code inspector certified under Section 468.607, Florida</li> </ul>	a Statutes.		
General, building or residential contractor licensed under Section	n 489.111, Florida S	tatutes.	
Professional engineer licensed under Section 471.015, Florida S	tatutes.		
Professional architect licensed under Section 481.213, Florida S			
Any other individual or entity recognized by the insurer as possed verification form pursuant to Section 627.711(2), Florida Statute		qualifications to prop	perly complete a uniform mitigation
Individuals other than licensed contractors licensed under	Section 489.111.	Florida Statutes.	or professional engineer licensed
under Section 471.015, Florida Statutes, must inspect the s	tructures persona	lly and not throu	gh employees or other persons.
Licensees under s.471.015 or s.489.111 may authorize a dir	rect employee who	possesses the rec	<u>quisite skill, knowledge, and</u>
experience to conduct a mitigation verification inspection.			
I, <u>Tawb Gropfirt</u> am a qualified inspector a	and I personally p	erformed the ins	pection or ( <i>licensed</i>
(print name)			C 41
contractors and professional engineers only) I had my emplo		int name of inspec	rform the inspection
and I agree to be responsible for bis/her work.	•	<del>.</del>	•
Qualified Inspector Signature:	Do	te: 5/17/22	_
Qualified hispector Signature:	Dа	le:	
An individual or entity who knowingly or through gross ne	egligence provide:	a false or fraudu	<u>llent mitigation verification form is</u>
subject to investigation by the Florida Division of Insuranc	e Fraud and may	be subject to adu	ninistrative action by the
appropriate licensing agency or to criminal prosecution. (S			
<u>certifies this form shall be directly liable for the misconduc</u> performed the inspection.	et of employees as	II the authorized	muigation inspector personally
		-	
Homeowner to complete: I certify that the named Qualifie	d Inspector or his	or her employee di	d perform an inspection of the
residence identified on this form and that proof of identification			zed Representative.
Signature: <u>KNEE Smpkino ,CA,M,</u> 1	Date: <u>5//9</u>	/22	
•	/ /	•	
An individual or entity who knowingly provides or utters a	false or fraudule	nt mitigation veri	ification form with the intent to
obtain or receive a discount on an insurance premium to w	hich the individu	al or entity is not	entitled commits a misdemeanor
of the first degree. (Section 627.711(7), Florida Statutes)			
The definitions on this form one for inspection numbers			
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ny and cannot be	used to certury an	y product or construction feature
<b>~</b>	4	× 695	
Inspectors Initials The Property Address 600 The ma	5 Jt # 188	-374	
*This verification form is valid for up to five (5) years prov			n made to the structure or
inaccuracies found on the form.	race no material	changes have bee	n made to the structure of
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ocation Address Income	#102-192	ominium Assoc. Inc. 620 Thomas St	Applicati	on/Policy#:	ties 30-
Date of Inspection:	cted: 100 -12	sau Thomas 37	_ Building Num	ber Inspected:	185-292
Date of Inspection:	110/20				
vithout the dated signature Licensed re	re of one of the foll oofing contractor eneral contractor	owing appropriately lice	y a Florida-licens nsed inspectors:	ed professional. Th	e form will not be accepted
ROOF (Clear photos sh			ndition must h	e submitted with	h this form )
Primary Roof:			nation must b	e submitted with	ii tiiis ioiiii.)
Covering material:	metal	If updated (check one	e):	Overall Conditi	ion of Roofs
Roof age (years):	28			Excellent	[X]
Remaining useful life:	25	Full replacement	П	Good	
Date of last update:		Partial replacement		Fair (explain)	
Roofing Permit Verified:	□ *Yes 🚇 No		J		
Permit Application Date:		75 Of replacement		Poor (explain)	
/isible damage: describe; e.g. curling/ life nissing shingles or tiles, o listering, drainage issues ravel, or coating degrada f asphalt, etc.)	ted/ loose/ or punctures, s, or bare spots in	Any visible damage /o Primary roof  Yes X No Secondary Roof  Yes No	deterioration?	Any visible sign Primary roof Yes Secondary Roof Yes Yes	No
econdary Roof:					
Covering material:		If updated (check one	):	Overall Condition	on of Roof:
loof age (years):				Excellent	
emaining useful life:		Full replacement		Good	
ate of last update:		Partial replacement		Fair (explain)	
oofing Permit Verified: Permit Application Date:	□ *Yes □ No	% of replacement		Poor (explain)	
comments:					
Additional Comments Re	quired if Primary o	r Secondary Roof Condi	tion is denoted a	as Fair or Poor):	
nist at the Location Address rovided should not be relied take a health or safety certif	listed above and for I upon, or treated as, lication or warranty,	no other purpose. It is not as substitute for specific a express or implied, of any l	intended to consti dvice relevant to p tind, and nothing i	tute legal or professi varticular circumstan in this Form shall be	structural or physical characteristic ional advice. The information ces. The undersigned does not construed to impose on the amed insured or to any other perso
Roof Condition Inspection Certify that the above state	on Forms must be s tements are true a	igned and completed by nd correct.	a Florida-license	ed roofing or gener	al contractor.
Jasob Geonfort		305 849 2126			
Jasob Geopfort spector Name (printed)		Telephone Number			
		0.00	1.50		-//
gnature of Inspector		C G C License Type	/	530350	5/11/22

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

<del></del>		or mis torm and ally	nocumentation bros	lued with the mentance	~ poncy			
Inspection Date: $5/9/22$								
Owner Information								
	Name: Shipyard Condomini			Contact Person: 5+e+/.  Home Phone:	ng Christian			
	1. 176 2/1, 620 Morris 01							
	Key West	Zip: 33040		Cell Phone: 305 92				
County:	7-10/4/06		<del></del>	Policy #:	1210			
	ce Company:	I " CO			101.6 0 1			
Year of	Home: 1991	# of Stories: 2		Email: sterling @	cackw.com			
accomp	Any documentation used in pany this form. At least one p 7. The insurer may ask addit	hotograph must accomp	any this form to valid	ate each attribute marke	d in questions 3			
the l	lding Code: Was the structure HVHZ (Miami-Dade or Browar	d counties), South Florid	a Building Code (SFBC	C-94)?				
	A. Built in compliance with the a date after 3/1/2002: Building	Permit Application Date	(MM/DD/YYYY)//	<del></del>				
	B. For the HVHZ Only: Built is provide a permit application wi							
<b>15</b>	C. Unknown or does not meet t	he requirements of Answ	er "A" or "B"					
OR	of Covering: Select all roof cov Year of Original Installation/Receing identified.							
•	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
	1. Asphalt/Fiberglass Shingle	1 1						
	2. Concrete/Clay Tile							
	3. Metal			1991				
	4. Built Up							
	_				_			
	5. Membrane	_!_!			<del></del>			
	6. Other							
	A. All roof coverings listed aboundable installation OR have a roofing	permit application date or	n or after 3/1/02 OR the	roof is original and built i	n 2004 or later.			
L	B. All roof coverings have a M roofing permit application after	iami-Dado Product Appro - 9/1/1994 and hefore 3/1	oval listing current at the /2002 OR the roof is or	me of installation OR (for iginal and built in 1997 or	ine 11 v 112 only) a later.			
	C. One or more roof coverings			_				
	D. No roof coverings meet the							
	_	_						
	Roof Deck Attachment: What is the weakest form of roof deck attachment?  A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" 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>§</b>								
	C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails, a tors Initials Tox Property A	nails spaced a maximum nails per board (or 1 nail dhesives, other deck fast	of 6" inches in the fie per board if each board ening system or truss/ra	ldOR- Dimensional lum I is equal to or less than 6 after spacing that is shown	ber/Tongue & Groove inches in width)OR-			
*This v	verification form is valid for u	p to five (5) years provi	ded no material chang	es have been made to the	structure.			

			greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			-	d Concrete Roof Deck.
				or unidentified.
			No attic a	
4.	5 fe	et o	of the inside	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
		A.	Toe Nails	
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mir	im		ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
	_	_		Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
		В.	Clips	
			81	Metal connectors that do not wrap over the top of the truss/rafter, or
	_		П	Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single Wi	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		Ъ	Double W	
	Ц	D.		•
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.
		F.	Other:	
		G.	Unknown	or unidentified
		H.	No attic a	ccess
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet
		В.	Flat Roof	
		C.	Other Roo	· — · · · · · · · · · · · · · · · · · ·
_	_			
6.			SWR (als	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the
	_	_		from water intrusion in the event of roof covering loss.
			No SWR.	or undetermined.
In	spec	tors	Initials 1	Property Address 620 Thomas St. # 196-299
				orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.
			<del>-</del>	

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.

Opening Protection Level Chart			Glazed Openings				
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				213		
	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X				X	

- 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
  - 2.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - ☐ 3.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials ICE Property Address 620 Thomas St. # 196-299

<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.

0	N. Exterior Opening Protection (unverified shutter	systems with no d	locumentation) A	ll Glazed openings are protected with
	protective coverings not meeting the requirements of A	nswer "A", "B", o		
	with no documentation of compliance (Level N in the t	•		
1	N.1 All Non-Glazed openings classified as Level A, B, C,	or N in the table abo	ve, or no Non-Glaze	d openings exist
1	N.2 One or More Non-Glazed openings classified as Level table above	D in the table above	e, and no Non-Glazed	l openings classified as Level X in the
	N.3 One or More Non-Glazed openings is classified as Lev	el X in the table abo	ve	
	X. None or Some Glazed Openings One or more Glaz	zed openings classi	fied and Level X is	n the table above.
	MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov			
Qualifi	ed Increator Name	License Type:	iuiviuuus wiio iiu	License or Certificate #:
Inspect	Jacob Gwpfert	CGC	Phone:	1530350
	ion Company: Su N5 lock & Tile IAC.		303	58492126
Qua	<u>lified Inspector – I hold an active license as a</u>	: (check one)		
	Home inspector licensed under Section 468.8314, Florida Statut			per of hours of hurricane mitigation
_	raining approved by the Construction Industry Licensing Board	-	proficiency exam.	
_	Building code inspector certified under Section 468.607, Florida			
_	General, building or residential contractor licensed under Sectio	· ·	tatutes.	
	Professional engineer licensed under Section 471.015, Florida S			
	Professional architect licensed under Section 481.213, Florida S			
	Any other individual or entity recognized by the insurer as possorerification form pursuant to Section 627.711(2), Florida Statute		qualifications to pro	perly complete a uniform mitigation
Indiv	riduals other than licensed contractors licensed under	Section 489.111,	Florida Statutes,	or professional engineer licensed
	r Section 471.015, Florida Statutes, must inspect the s			
	<u>asees under s.471.015 or s.489.111 may authorize a dir</u> rience to conduct a mitigation verification inspection.	rect employee who	o possesses the rec	juisite skill, knowledge, and
	1 - 1 - 1			
I, <u>1</u>	acob Goop fort am a qualified inspector a	and I personally p	performed the ins	pection or ( <i>licensed</i>
conti	(print name) actors and professional engineers only) I had my empl			form the inspection
and	I agree to be responsible for his/hor work.	(pr	int name of inspe	etor)
	ified Inspector Signature:	Da	te: 5/17/22	
An ir	U adividual or entity who knowingly or through gross ne	ogligence provide	r a falca ar frands	lant mitigation varification form is
subje	ect to investigation by the Florida Division of Insurance	e Fraud and may	be subject to adr	ninistrative action by the
appr	opriate licensing agency or to criminal prosecution. (S	Section 627.711(4)	-(7), Florida Stati	ites) The Qualified Inspector who
	ies this form shall be directly liable for the misconduc	ct of employees as	if the authorized	mitigation inspector personally
perio	rmed the inspection.			
Hon	ecowner to complete: I certify that the named Qualifie	d Inspector or his	or her employee di	d perform an inspection of the
resido	ence identified on this form and that proof of identification	n was provided to	me or my Authori	zed Representative.
Sign	ature: Rinei Impkin, GA,M, 1	Date: 5/19	1/22	
			/	<del></del>
An ir	dividual or entity who knowingly provides or utters a	false or fraudule	nt mitigation var	ification form with the intent to
	n or receive a discount on an insurance premium to w			
of the	e first degree. (Section 627.711(7), Florida Statutes)			
		_		-
	lefinitions on this form are for inspection purposes on	ly and cannot be	used to certify an	y product or construction feature
	fering protection from hurricanes.	- 44 -		
Inspe	ectors Initials TG Property Address 620 Thom	05 St # 196	5-299	
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	s verification form is valid for up to five (5) years prov uracies found on the form.	ided no material	cnanges have bee	n made to the structure or

# Commercial Roof Condition Inspection Form Shipperd Condominum Assoc INC Application Police to

Location Address Inspe Date of Inspection:	5/9/12	Building	Number Inspected: _ #	776-211
without the dated signatu Licensed r	re of one of the folk coofing contractor general contractor	completed and signed by a Florida owing appropriately licensed inspensed in mitigation features.		e form will not be accepted
ROOF (Clear photos sh	nowing the entire	roof's surface and condition n	nust be submitted with	this form.)
Primary Roof: Covering material: Roof age (years):	Metal 28	If updated (check one):	Overall Condition	on of Roof:
Remaining useful life:	25	Full replacement	Excellent Good	<b>₩</b>
Date of last update:	20	Partial replacement	Fair (explain)	
Roofing Permit Verified:	□ *Yes ₩ No	% of replacement	Poor (explain)	
*Permit Application Date	A STATE OF THE STA	70 or replacement	Pool (explain)	ы
Visible damage: (describe; e.g. curling/ lif missing shingles or tiles,		Any visible damage /deteriorat		s of leaks?
blistering, drainage issue			Primary roof	
gravel, or coating degrad of asphalt, etc.)	lation, or cracking	☐ Yes      No Secondary Roof	1000	No
,		☐ Yes ☐ No	Secondary Roof  Yes	No
Secondary Roof:				
Covering material:		If updated (check one):	Overall Condition	on of Roof:
Roof age (years):		and the second second	Excellent	
Remaining useful life:		Full replacement	Good	
Date of last update:		Partial replacement	Fair (explain)	
Roofing Permit Verified: *Permit Application Date:	□ *Yes □ No	% of replacement	Poor (explain)	
Comments: (Additional Comments Ro	equired if Primary o	r Secondary Roof Condition is de	noted as Fair or Poor):	
exist at the Location Address provided should not be relie make a health or safety certi undersigned or on any entity or entity.	s listed above and for I d upon, or treated as, ification or warranty, e y to which the undersi	in it are provided solely for the purp no other purpose. It is not intended to as substitute for specific advice relev express or implied, of any kind, and n gned is affiliated any liability or obliga	o constitute legal or professi ant to particular circumstand othing in this Form shall be d ation of any nature to the na	onal advice. The information ces. The undersigned does not construed to impose on the med insured or to any other person
certify that the above sta	atements are true an	gned and completed by a Floridadic correct.	licensed roofing or genera	al contractor.
nspector Name (printed)	.+	3058492126		
nspector Name (printed)		Telephone Number		. )
years -		CGC	1530350	5/11/22

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#### **Uniform Mitigation Verification Inspection Form**

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

Inchart	ion Date: 5/9/22	of this form and any	accumontation pro-	17000 WINDER			
				· · · · · · · · · · · · · · · · · · ·			
Owner Information Owner Name: Shippard Condominium Assoc. Inc. Contact Person: Storling Christian							
Addres	,	Home Phone:	NY CHRISTIAN				
		Work Phone: 305 29	60556				
County	Key West	Cell Phone: 305 92,					
	ice Company:			Policy #:	, 1010		
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accom though	: Any documentation used in pany this form. At least one p 17. The insurer may ask addi	photograph must accomp itional questions regardi	pany this form to validing the mitigated featu	late each attribute marke re(s) verified on this forn	d in questions 3 1.		
the	ilding Code: Was the structure HVHZ (Miami-Dade or Browa	rd counties), South Florid	a Building Code (SFB)	C-94)?			
	A. Built in compliance with th a date after 3/1/2002: Building	Permit Application Date	(MM/DD/YYYY)//				
	B. For the HVHZ Only: Built provide a permit application w	in compliance with the SF rith a date after 9/1/1994:	BC-94: Year Built Building Permit Applic	For homes built in 1 cation Date (MM/DD/YYYY)/	994, 1995, and 1996		
(3)	C. Unknown or does not meet						
OR	of Covering: Select all roof covering: Select all roof covering of Original Installation/Rering identified.	vering types in use. Provide eplacement OR indicate t	le the permit application hat no information was	n date OR FBC/MDC Prod available to verify complia	uct Approval number ance for each roof		
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
	1. Asphalt/Fiberglass Shingle	1 1 -					
	2. Concrete/Clay Tile						
	3. Metal			1991	<b>G</b>		
	4. Built Up						
	5. Membrane			·			
					_		
	6. Other						
	A. All roof coverings listed ab installation OR have a roofing	ove meet the FBC with a permit application date o	FBC or Miami-Dade Panter 3/1/02 OR the	roduct Approval listing cur e roof is original and built	rent at time of in 2004 or later.		
	B. All roof coverings have a N roofing permit application after	4 Aiami-Dado Product Appr or 9/1/1994 and before 3/1	oval listing current at the coording of the coordinate o	ime of installation OR (for riginal and built in 1997 or	the HVHZ only) a later.		
	C. One or more roof coverings	s do not meet the requirem	nents of Answer "A" or	"B".			
Ti.	D. No roof coverings meet the	requirements of Answer	"A" or "B".				
3. Ro	of Deck Attachment: What is t	the weakest form of roof	leck attachment?				
	Roof Deck Attachment: What is the weakest form of roof deck attachment?  A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" 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>13</b>	B. Plywood/OSB roof sheath 24"inches o.c.) by 8d common other deck fastening system of maximum of 12 inches in the	n nails spaced a maximum or truss/rafter spacing that field or has a mean uplift	n of 12" inches in the fi is shown to have an e resistance of at least 10	eldOR- Any system of so equivalent or greater resist 33 psf.	rews, nails, adhesives, ance 8d nails spaced a		
	C. Plywood/OSB roof sheath 24"inches o.c.) by 8d commodecking with a minimum of 2 Any system of screws, nails, actors Initials (16) Property A	n nails spaced a maximum nails per board (or 1 nail adhesives, other deck fast	n of 6" inches in the fice per board if each board ening system or truss/r	eldOR- Dimensional lum d is equal to or less than 6 after spacing that is shown	ber/Tongue & Groove inches in width)OR-		
_	verification form is valid for				etructuro		
~ 1 D10	VERTICATION FORM IS VALID FOR I	un la nive lai vears drovi	ucu no materiai chans	es have dech made to the	su uclui c.		

	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.						
			-	or unidentified.			
			No attic a				
4.		et c	of the insid	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)			
		A.	Toe Nails				
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or			
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D			
	Mir	<u>nim</u>		ons to qualify for categories B, C, or D. All visible metal connectors are:			
				(,,,			
	_		0	Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.			
		В.	Clips				
			1	Metal connectors that do not wrap over the top of the truss/rafter, or			
	_			Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.			
		C.	Single Wi	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.			
		D.	Double W				
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or			
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.			
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.			
		F.	Other:				
		G.	Unknown	or unidentified			
		н.	No attic a	ccess			
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).			
		A.	Hip Roof	<u> </u>			
		г.	DL. D	Total length of non-hip features: feet; Total roof system perimeter: feet			
		B.	Flat Roof	<u> </u>			
		C.	Other Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft of Any roof that does not qualify as either (A) or (B) above.			
,	C		<b>XX</b> 74	The state of COMPAN (standard and add			
0.			SWR (als	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the			
	_		_	from water intrusion in the event of roof covering loss.			
			No SWR. Unknown	or undetermined.			
In				(b) Property Address 620 Thomas 5t. # 193-295			
*T	his v	veri	fication fo	rm is valid for up to five (5) years provided no material changes have been made to the structure or			
TELE	u	ac	—	on the form.			

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.

	ening Protection Level Chart		Glazed O	penings			Glazed enings
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				* 1 - 7		
N	Opening Protection products that appear to be A or B but are not verified						
IN	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	X				X	

- 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 3.3 One or More Non-Glazed | penings is classified as Level N or X in the table above

Inspectors Initials (500) Property Address 620 Thomas 5t. # 193-295

<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.

C	N. Exterior Opening Protection (unverified shutter: protective coverings not meeting the requirements of A	systems with no document	ation) All Glazed openings are protected with
	with no documentation of compliance (Level N in the t	able above).	stems that appear to meet Answer "A" of "B"
	N.1 All Non-Glazed openings classified as Level A, B, C,		on-Glazed openings exist
	N.2 One or More Non-Glazed openings classified as Level table above	D in the table above, and no N	on-Glazed openings classified as Level X in the
	N.3 One or More Non-Glazed openings is classified as Lev	rel X in the table above	
	X. None or Some Glazed Openings One or more Glaz		evel X in the table above.
	MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov		
Qual	ified Inspector Name:  Sacob Geoptert  setime Commons	License Type: C6-C	License or Certificate #:  /530350
lospe	Sunblack & Tile INC.	1 600	Phone:
			305 849 2126
	<u> 1alified Inspector – I hold an active license as a</u>		
	Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	es who has completed the statut and completion of a proficience	tory number of hours of hurricane mitigation
	Building code inspector certified under Section 468.607, Florida		y want.
	General, building or residential contractor licensed under Section		
	Professional engineer licensed under Section 471.015, Florida S	•	
	Professional architect licensed under Section 481.213, Florida Si		
	Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute	essing the necessary qualification	ons to properly complete a uniform mitigation
Ind	lividuals other than licensed contractors licensed under	Coefion 400 111 Thereids G	
unc	der Section 471.015, Florida Statutes, must inspect the s	Section 469.111, Fromus 5 fructures personally and n	ot through employees or other nersons.
<u>Lic</u>	<u>ensees under s.471.015 or s.489.111 may authorize a dir</u>	ect employee who possesse	s the requisite skill, knowledge, and
	erience to conduct a mitigation verification inspection.		
ĭ,_	Jacob Gupfer + am a qualified inspector a	and I personally performed	the inspection or (licensed
COM	(print name) stractors and professional engineers only) I had my emple	na (	) — and a man Alba Samura Alba
	a accordance projessional engineers only) I had my emph	(print name	) perform the inspection of inspector)
ane	d I agree to be responsible for his/her work.	<b>Q</b>	
Qu	alified Inspector Signature:	Date:	17/22
An	individual or entity who knowingly or through gross ne	gligence provides a false o	r fraudulent mitigation verification form is
sub	<u>ject to investigation by the Florida Division of Insuranc</u>	e Fraud and may be subje	ct to administrative action by the
app	ropriate licensing agency or to criminal prosecution. (S	ection 627.711(4)-(7), Flori	ida Statutes) The Qualified Inspector who
	tifies this form shall be directly liable for the misconduc formed the inspection.	t of employees as if the aut	horized mitigation inspector personally
Ho	meowner to complete: I certify that the named Qualified	d Inspector or his or her emp	ployee did perform an inspection of the
resi	dence identified on this form and that proof of identification	n was provided to me or my	Authorized Representative.
Sig	nature: <u>Kinel Ampkins, C.A.M.</u> I	Date: <u>5//9/22</u>	
		, ,	
An	individual or entity who knowingly provides or utters a	false or fraudulent mitiga	tion verification form with the intent to
obta	ain or receive a discount on an insurance premium to w	hich the individual or entit	y is not entitled commits a misdemeanor
OI C	he first degree. (Section 627.711(7), Florida Statutes)	<u> </u>	
The as o	definitions on this form are for inspection purposes on ferring protection from hurricanes.	ly and cannot be used to ce	ertify any product or construction feature
	pectors Initials To Property Address 620 Thom	as 5+ # 193-295	
nac	ois verification form is valid for up to five (5) years prov ccuracies found on the form.	ided no material changes h	nave been made to the structure or

Andre de la compresentación de la contratación de l Tally and Telling September 2015 and the second and the September 2015 and Tally and Tally and Tally and Tally े हैं के बीतियें केरे के अंक्रिक को अवस्थित है है जो के बीतियें के बीतियें के स्थान al a grading da not folds and a later a same of the Later has a scatterable edition of the Weight field. T างการกรุง และโดย เมื่อเกี่ยวการเกลด์ ครามีการกรุง และ และได้มาเก็บเลียง ครามีโดย ได้มีเหมือนแล้ว การกระบบ ใหม่ agrandes and lateral Material And recomplished in the granding of court is made and the court of the over in blood of the first filler in the regular columns to the result of the fill of the filler of the fill of De mariene of competition of the control of the control an and region property and another that is a contract and another policy and region and an anti-Africa and the Assembly that No design and the first the first section of the first sectio an goda chroning the aboth pale of granding. It decinerated paint while the last the expectation was a compact. 🗓 วงเกา เกิดเหมืองเมื่อวัง เกิดเหมืองการณ์ หลักที่ เหมืองเหมือง เวลา การเล่น เกิดที่เกล้า เกิดคุณ คิดหนาก และที่พ paration, where the time of property is the first of the compared of the contract of Computer thank it that pointed which propal from the constitution of the constitution Commence of the Ballotte region of while the many house of the sear full. anneal configuration and the transfigure of the second defines become for the the trade of the state of property of the modified was the state of There are the property of the contract of the argas sa Paraga ang kalandar ka Kabupatan ang kalandar ka Kabupatan Kabupat ng Kabupat ng Kabupat ng Kabupat n Kabupat sa Paraga ng Kabupat ng K ing **pali**ng in d**is**petition of the control of the and the state of t lengi, naherri istori kee filoo tekkole keelengi e त्रारामकार प्राप्त को हो। पुरुष कर्ष अस्त भिक्त भिक्त विकास विकास के कार्य के की स्थान के किया है। Commence of the contract of on the contract of the property of the property of the contract of the contrac त्रमञ्जून के कुरू कर्मा कर्मा कर्म कर है। सम्बद्धानी कर के किए के क The Mark States and States are as the states of the states A Production of the Control of the C itaren eran humberrako era iza eta hizialdaka eritariarrakan itariarrakan eta era bistariarrakan bistarrak iza ati ka kishinga da akang kita kagisa ana ana ang pipungki ising ang pipina ani na ana ita <u>pipina ang matika basi</u>s and the second of the structure of the second The hall will for the server of the and the property of the state o कर राज्य में देशकार एक एक अपने स्तित्व हैं है कि एक एक किया है जिसके हैं के उन्हें में कार के अपने कार के स्ति uni en la crea di en la compara Niversia de 1840. 

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Applicant/Insured Name	: Shipyard Condo	minium Assoc. INC.	Application	on/Policy#:		
Location Address Inspec	cted# 1937195	620 Thomas St.		per Inspected:	193-295	
Date of Inspection: 5	1		_ Dunum g rtum	oci mopeotea. 1		
	re of one of the folk oofing contractor eneral contractor	owing appropriately lice	y a Florida-license ensed inspectors:	ed professional. Th	e form will not be ac	cepted
ROOF (Clear photos sh	lowing the entire	roor's surrace and co	indition must b	e submitted with	this form.)	
Primary Roof: Covering material:	Metal	If updated (check one	a).	0		
Roof age (years):		- II oposteu (check on	= -	Overall Conditi		
Remaining useful life:	28 years	- Cull raplacement		Excellent	Ø	
Date of last update:	23	Full replacement		Good		
	Date.	Partial replacement		Fair (explain)		
Roofing Permit Verified:	□ *Yes ■ No	% of replacement		Poor (explain)		
*Permit Application Date:						
Visible damage: (describe; e.g. curling/ lift missing shingles or tiles, o blistering, drainage issue: gravel, or coating degrade of asphalt, etc.)	or punctures, s, or bare spots in	Any visible damage /	deterioration?	Any visible sign Primary roof ☐ Yes 🗹	No	
of asphalt, etc.)		Secondary Roof		Secondary Roof		
		☐ Yes ☐ No		☐ Yes ☐	No	
Secondary Roof:						
Covering material: Roof age (years):		If updated (check one	e):	Overall Condition  Excellent	on of Roof:	
Remaining useful life:	N	Full replacement		Good		
Date of last update:		Partial replacement		Fair (explain)		
Roofing Permit Verified: *Permit Application Date:	□ *Yes □ No	% of replacement		Poor (explain)		
Comments: (Additional Comments Re	equired if Primary o	r Secondary Roof Cond	ition is denoted a	as Fair or Poor):		
This Inspection Form and the exist at the Location Address	information set forth	in it are provided solely t	or the purpose of v	erifying that certain	structural or physical o	haracteristics
provided should not be relied make a health or safety certi undersigned or on any entity or entity.	d upon, or treated as, fication or warranty, o	as substitute for specific a express or implied, of any	edvice relevant to p kind, and nothing i	articular circumstan n this Form shall be	ces. The undersigned construed to impose or	loes not
All Roof Condition Inspection I certify that the above sta	on Forms must be si tements are true an	igned and completed by ad correct.	/ a Florida-license	ed roofing or gener	al contractor.	
Jacob Goopfort		305 849 2126				
Jacob Goopfert Inspector Name (printed)		Telephone Number				
Control				m3 - 2 # -	-1.1-	
Signature of Inspector		License Type		ense Number	Doto	
Signature of Inspector  "Any person who knowing	gly and with intent	License Type	Lic	ense Number	Date at of claim or an app	lication

# Uniform Mitigation Verification Inspection Form

-		or mis form and any c	iocumentation bros	ided with the monanc	- policy		
	tion Date: 5/9/22						
	Owner Information  Owner Name: Shi nyard Cardoni Niyara Assoc Tac.  Contact Person: Steeling Christian						
Owner	Name: Shipyard Condomin	ium Assoc. Inc.		Home Phone:	ug Lhristian		
	is: # 208-1 -208-10, Souther			Work Phone: 305 29	4 05/6		
	Key West	Zip: 33040		Cell Phone: 305 923			
County	nce Company:			Policy #:	1210		
		# of Stories: >		Email: 5ter/, wg @	16		
	f Home: 1991						
accom	: Any documentation used in pany this form. At least one p 17. The insurer may ask addi	hotograph must accomp	any this form to valid	ate each attribute marke	d in questions 3		
1. Bu	ilding Code: Was the structure HVHZ (Miami-Dade or Browar	ed counties), South Florida	Building Code (SFBC	:-94)?			
	A. Built in compliance with the a date after 3/1/2002: Building	Permit Application Date	MM/DD/YYYY) / /				
	B. For the HVHZ Only: Built it provide a permit application w	ith a date after 9/1/1994: I	Building Permit Applica	For homes built in 1 ation Date (мм/рр/үүүү)/	994, 1995, and 1996 /		
(A)	C. Unknown or does not meet	the requirements of Answer	er "A" or "B"				
OR	of Covering: Select all roof covering: Select all roof covering of Original Installation/Revering identified.	ering types in use. Provide eplacement OR indicate the	e the permit application at no information was	n date OR FBC/MDC Prod available to verify complia	uct Approval number ance for each roof		
CO	2.1 Roof Covering Type:	Permit 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						
	3. Metal						
	4. Built Up						
	5. Membrane						
	6. Other						
	A. All roof coverings listed about installation OR have a roofing	permit application date or	or after 3/1/02 OR the	roof is original and built i	n 2004 or later.		
	B. All roof coverings have a M roofing permit application afte	r 9/1/1994 and before 3/1/	2002 OR the roof is or	iginal and built in 1997 or	later.		
	C. One or more roof coverings			-			
	D. No roof coverings meet the						
3. Ro	of Deck Attachment: What is t	he weakest form of roof d	eck attachment?				
	COM: 1						
શું	B. Plywood/OSB roof sheathi 24"inches o.c.) by 8d common other deck fastening system of maximum of 12 inches in the f	nails spaced a maximum r truss/rafter spacing that	of 12" inches in the fie is shown to have an e	eldOR- Any system of so quivalent or greater resista	rews, nails, adhesives,		
	C. Plywood/OSB roof sheathi 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails, a ctors Initials (16) Property A	nails spaced a maximum nails per board (or 1 nail) dhesives, other deck faste	of 6" inches in the fie per board if each board ening system or truss/ra	ldOR- Dimensional lum I is equal to or less than 6 after spacing that is shown	ber/Tongue & Groove inches in width)OR-		
ruspe	ctors initials 100) Property A	uuress	J JJJ111 6	~/\			
*This	verification form is valid for u	p to five (5) years provid	led no material chang	es have been made to the	structure.		

	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.					
			ed Concrete Roof Deck.			
			or unidentified.			
		G. No attic a				
4.	Ro	of to Wall At	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within			
	_		de or outside corner of the roof in determination of WEAKEST type)			
	П	A. Toe Nails				
			the top plate of the wall, or			
			Metal connectors that do not meet the minimal conditions or requirements of B, C, or D			
	Mi		ons to qualify for categories B, C, or D. All visible metal connectors are:			
			Secured to truss/rafter with a minimum of three (3) nails, and			
	tro		Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.			
		B. Clips				
			• • •			
			Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.			
		C. Single W				
			Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.			
		D. Double \	•			
			Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or			
			Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.			
		E. Structura	Anchor bolts structurally connected or reinforced concrete roof.			
		F. Other: _				
		G. Unknown	n or unidentified			
		H. No attice	access .			
5.			: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of			
	_		e over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).			
	Ц	A. Hip Roof				
	В	B. Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet  Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of			
	_		less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft			
	<b>":</b>	C. Other Ro	of Any roof that does not qualify as either (A) or (B) above.			
,			Political (INTID) (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
о.		A. SWR (also sheathing	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the g or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the			
	_		from water intrusion in the event of roof covering loss.			
		B. No SWR	- n or undetermined.			
In	_		Property Address 208-1 - 208-10 Southard St.			
		verification for	orm is valid for up to five (5) years provided no material changes have been made to the structure or			

7. Opening Protection: What is the <u>weakest</u> 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.

	ening Protection Level Chart		Glazed O	penings	Non-Glazed Openings		
openi form	an "X" in each row to identify all forms of protection in use for each ing type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	X				X	

- 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
  - 2.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 2.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials (306) Property Address 208-1 - 208-10 Southard 5t.

<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.

E	N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with
	protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B"
	with no documentation of compliance (Level N in the table above).
	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 Level X in the table above
	X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.
	MITIC ATION INSPECTIONS MUST BE CERTIFIED TO AN ALLEY MUST MEDICATED
	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.
Qua	lified Inspector Name:  License Type:  License or Certificate #:
Insp	Jasob Goopfort CGC 1530350
	Sunblock + Tile Inc. Phone: 3058482126
<u>Qı</u>	<u>ualified Inspector – I hold an active license as a</u> : (check one)
	Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation
	training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
	Building code inspector certified under Section 468.607, Florida Statutes.
<b>3</b>	General, building or residential contractor licensed under Section 489.111, Florida Statutes.
	Professional engineer licensed under Section 471.015, Florida Statutes.
	Professional architect licensed under Section 481.213, Florida Statutes.
	Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.
Ind	lividuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed
une	der Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons.
<u>Lic</u>	ensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and
	perience to conduct a mitigation verification inspection.
ĭ,_	(print name) am a qualified inspector and I personally performed the inspection or (licensed
CON	ntractors and professional engineers only) I had my employee () perform the inspection
an	d I agree to be responsible for his/her work.
	The state of the s
Ų	alified Inspector Signature: 4114 Date: 5/17/22
An	individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is
sub	pject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the
app	propriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who
cer	tifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally formed the inspection.
рск	ANY MICH. LITE HIS PECLADIL.
Ho	meowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the
resi	dence identified an this form and that proof of identification was provided to me or my Authorized Representative
Sig	mature: BINE Somplian, CAM, Date: 5/19/22
Ŭ	
An	individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to
obt	ain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor
of t	he first degree. (Section 627.711(7), Florida Statutes)
The	e definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature
as o	offering protection from hurricanes.
Insj	pectors Initials (JG) Property Address 208-1 -208-10 Southerd St.
*Tt	his verification form is valid for up to five (5) years provided no material changes have been made to the structure or
1112	ccuracies found on the form.

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		_ Application/Policy#:	
# 208-1 - 208	=10 Southard Bui	ding Number Inspected:	208-1 -208-10
5/10/22			
re of one of the foll pofing contractor eneral contractor	owing appropriately licensed	orida-licensed professional. inspectors:	The form will not be accepted
owing the entire	roof's surface and conditi	on must be submitted	ish shite forms )
owing the entire	1001 S Surface and Conditi	on must be submitted w	ith this form.)
metal	If updated (check one):	Overall Cond	lition of Roof:
	_		₩ W
	Full replacement		
	- 7 Carrier and Francisco		_
□ *Yes M No			
			,
or punctures, s, or bare spots in	Any visible damage /deter	Primary roof  Yes  Secondary Ro	
	If updated (check one):	Overall Cond	ition of Roof:
	Full replacement	Good	
		Fair (explain)	
□ *Yes □ No		Poor (explain	
listed above and for d upon, or treated as fication or warranty, to which the unders	no other purpose. It is not inten , as substitute for specific advice express or implied, of any kind, igned is affiliated any liability or	ded to constitute legal or profe relevant to particular circumst and nothing in this Form shall l obligation of any nature to the	essional advice. The information ances. The undersigned does not be construed to impose on the e named insured or to any other person
on Forms must be	signed and completed by a Flo nd correct.	orida-licensed roofing or gen	eral contractor.
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	tion Form must be re of one of the folloofing contractor eneral contractor erify windstorm lost towing the entire wetal 28 years 25  No required if Primary of the which the understand which the unde	Signature   Buil   Signature   Signature   Buil   Signature   Signature   Buil   Signature   Sig	Building Number Inspected:    Simple   Simple   Building Number Inspected:

### **Uniform Mitigation Verification Inspection Form**

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

Inches		or this form and any d	- Commonation provi				
	Inspection Date: 5/9/22 Owner Information						
	Name: Shipyard Condoning	am Assoc. Inc.		Contact Person: 540/10	a Christian		
	5: 202-1 - 202-11 Southard			Home Phone:	, -		
	Key West	Zip: 33040		Work Phone: 305 296 0556			
County		1.00		Cell Phone: 305 923			
	nce Company:			Policy #:			
	f Home: /991	# of Stories: 2	· · · · · · · · · · · · · · · · · · ·	Email: sterling@ co	ckw,com		
	OTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must						
accom though	pany this form. At least one p 17. The insurer may ask addit	hotograph must accomp tional questions regardin	any this form to valida g the mitigated featur	nte each attribute marke re(s) verified on this form	d in questions 3 1.		
the	ilding Code: Was the structure HVHZ (Miami-Dade or Browar	d counties), South Florida	Building Code (SFBC-	-94)?			
	A. Built in compliance with the a date after 3/1/2002: Building	Permit Application Date (	MM/DD/YYYY)//				
	B. For the HVHZ Only: Built is provide a permit application wi	n compliance with the SFI ith a date after 9/1/1994: E	3C-94: Year Built Building Permit Applica	For homes built in 19	994, 1995, and 1996 /		
	C. Unknown or does not meet t						
OR	of Covering: Select all roof cov. Year of Original Installation/Revering identified.	ering types in use. Provide eplacement OR indicate th	e the permit application at no information was a	date OR FBC/MDC Prod available to verify compliant	uct Approval number ince for each roof		
001	2.1 Roof Covering Type:	Permit 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						
	3. Metal			1991			
	4. Built Up						
	5. Membrane			<del> </del>	0		
	6. Other						
					_		
	A. All roof coverings listed about installation OR have a roofing B. All roof coverings have a M roofing permit application after C. One or more roof coverings D. No roof coverings meet the	permit application date on liami-Dade Product Appro r 9/1/1994 and before 3/1/ do not meet the requireme	or after 3/1/02 OR the oval listing current at tin 2002 OR the roof is orients of Answer "A" or "	roof is original and built inc of installation OR (for ginal and built in 1997 or	n 2004 or later. the HVHZ only) a		
3. Ro	of Deck Attachment: What is t	he weakest form of roof d	eck attachment?				
	3. Roof Deck Attachment: What is the weakest form of roof deck attachment?  A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" 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 woo shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivale mean uplift less than that required for Options B or C below.						
252	B. Plywood/OSB roof sheathi 24"inches o.c.) by 8d common other deck fastening system of maximum of 12 inches in the f	nails spaced a maximum r truss/rafter spacing that	of 12" inches in the fie is shown to have an eq	ldOR- Any system of so puivalent or greater resist	rews, nails, adhesives,		
	C. Plywood/OSB roof sheathi 24"inches o.c.) by 8d commor decking with a minimum of 2 Any system of screws, nails, a ctors Initials	n nails spaced a maximum nails per board (or 1 nail) dhesives, other deck faste	of 6" inches in the fiel per board if each board ming system or truss/ra	dOR- Dimensional lum is equal to or less than 6	ber/Tongue & Groove inches in width)OR-		
	•				<del></del>		
*This	verification form is valid for u	p to five (5) years provid	led no material change	es have been made to the	structure.		

	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:							
				or unidentified.				
			No attic a					
4.	5 fe	et c	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le or outside corner of the roof in determination of WEAKEST type)				
		A.	Toe Nails					
			0	Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or				
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D				
	Mi	nim		ons to qualify for categories B, C, or D. All visible metal connectors are:				
				Secured to truss/rafter with a minimum of three (3) nails, and				
		_		Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.				
		В.	Clips					
				Metal connectors that do not wrap over the top of the truss/rafter, or				
	_			Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.				
		C.	Single W	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a				
				minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.				
		D.	Double V	•				
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or				
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.				
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.				
			Other: _					
		G.	Unknown	n or unidentified				
		Н.	No attic a	access .				
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).				
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet				
		В.	Flat Roof	· · · · · · · · · · · · · · · · · · ·				
		C.	Other Ro					
6	Sac		dam: Wata	Designation of CNAD's (standard and allowments on het manned falts de net quelify or an CNAD)				
0.		A.	SWR (als	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the cor foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.				
	<b>?</b> :			or undetermined.				
In	spec	tors	s Initials	Property Address 202-1 - 202-10 Southard St.				
				orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.				

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.

	Opening Protection Level Chart  Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				
openi form			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				20 10 10 10 10 10 10 10 10 10 10 10 10 10	9	
NI.	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X				X	

- 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
- ☐ <u>C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007</u> 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
  - 3.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 3.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials (50) Property Address 202-1 - 202-11 Southard St.

<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.

E	protective coverings not meeting the requirements of A	nswer "A", "B", or C" or sy	ation) All Glazed openings are protected with stems that appear to meet Answer "A" or "B"
	with no documentation of compliance (Level N in the tr	•	
	<ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C, on</li> <li>N.2 One or More Non-Glazed openings classified as Level</li> </ul>		
	table above		on-Glazed openings classified as Level X in the
	N.3 One or More Non-Glazed openings is classified as Lev	el X in the table above	
7	X. None or Some Glazed Openings One or more Glaz	ed openings classified and I	evel X in the table above.
	MITIGATION INSPECTIONS MUST 1 Section 627.711(2), Florida Statutes, prov		
Qual	ified Inspector Name:	License Type: CGC	License or Cenificate #.
Inspe	Jacob Goofert scion Company:  Sunblack & Tile INC.	L Cac	1530350
	SUNDIOUR & TILE LUC		Phone: 305 849 2126
<u>Qu</u>	<u> alified Inspector – I hold an active license as a</u>	: (check one)	
	Home inspector licensed under Section 468.8314, Florida Statut	es who has completed the statut	tory number of hours of hurricane mitigation
n	training approved by the Construction Industry Licensing Board		y exam.
0 Ø	Building code inspector certified under Section 468.607, Florida		
	General, building or residential contractor licensed under Section	•	
	Professional engineer licensed under Section 471.015, Florida St		
	Professional architect licensed under Section 481.213, Florida Se		
	Any other individual or entity recognized by the insurer as posses verification form pursuant to Section 627.711(2), Florida Statute	essing the necessary qualifications.	ns to properly complete a uniform mitigation
Ind	ividuals other than licensed contractors licensed under	Section 489.111, Florida S	tatutes, or professional engineer licensed
und	ler Section 471.015, Florida Statutes, must inspect the st ensees under s.471.015 or s.489.111 may authorize a dir	tructures personally and n	ot through employees or other persons.
exp	erience to conduct a mitigation verification inspection.	ect emproyee who possesse	s the requisite skill, knowledge, and
	1 - 5 -	and I nerconally newformed	I the inspection or ( <i>licensed</i>
~" —	(print name)	ma i personany periormet	i the dispection of ( <i>ucenseu</i>
con	tractors and professional engineers only) I had my emple	oyee ((print name	) perform the inspection
and	d I agree to be responsible for his/her werk.	фіне наше	or mapector,
Qua	alified Inspector Signature:	Date:	17/22
Δn	individual or antity who knowingly on through gross no	ralizanca muscidas a falas a	
sub	<u>individual or entity who knowingly or through gross ne ject to investigation by the Florida Division of Insuranc</u>	e Frand and may be subject	r traudulent mugauon verification form is ct to administrative action by the
app	ropriate licensing agency or to criminal prosecution. (S	ection 627.711(4)-(7), Flori	da Statutes) The Qualified Inspector who
cert	<u>ifies this form shall be directly liable for the misconduc</u>	t of employees as if the aut	horized mitigation inspector personally
ner	formed the inspection.		
Ho	meowner to complete: I certify that the named Qualified	d Inspector or his or her emr	lovee did perform an inspection of the
resio	dence identified on this form and that proof of identification	n was provided to me or my	Authorized Representative.
Sign	nature: Kyneé Smpkins, CAM, I	Date: 5/19/22	<u>-</u>
- 5	- A Marie	Of Her	
An i	individual or entity who knowingly provides or utters a	false or fraudulent mitiga	tion varification form with the intent to
obta	ain or receive a discount on an insurance premium to w	hich the individual or entit	v is not entitled commits a misdemeanor
of ti	he first degree. (Section 627.711(7), Florida Statutes)		,
The as o	definitions on this form are for inspection purposes on ffering protection from hurricanes.	ly and cannot be used to ce	rtify any product or construction feature
	pectors Initials Property Address 202-1 - 3	202-11 Southerd St	<u> </u>
nac	is verification form is valid for up to five (5) years province the form.	ided no material changes h	ave been made to the structure or

Applicant/Insured Name	: Shipyard Condo	minimy Assoc. II	ic. Applicatio	n/Policy#:	O1111		
Location Address Inspe	202-1-202-1	11 Southard St	Building Numb		202-1	-	202-11
Date of Inspection:	5/10/22						
	re of one of the follo oofing contractor reneral contractor	owing appropriately lice		d professional.	The form w	ill not	be accepted
ROOF (Clear photos sh	nowing the entire	roof's surface and co	ndition must be	submitted w	ith this fo	rm.)	
Primary Roof:							
Covering material:	Metal	If updated (check one	e):	Overall Cond	dition of Ro	of:	
Roof age (years):	28			Excellent			
Remaining useful life:	25	Full replacement		Good			
Date of last update:	-	Partial replacement		Fair (explain)			
Roofing Permit Verified:	□ *Yes ඕ No	% of replacement	П	Poor (explair			
*Permit Application Date		% of replacement		Poor (explair	") 🗆		
Visible damage: (describe; e.g. curling/ life missing shingles or tiles, blistering, drainage issue gravel, or coating degrade of asphalt, etc.)	or punctures, es, or bare spots in	Any visible damage / Primary roof  Yes No Secondary Roof	deterioration?	Any visible s Primary roof  Yes Secondary Re	√ No	s?	
		☐ Yes ☐ No		☐ Yes ☐	No		
Secondary Roof:							
Covering material:		If updated (check one	o) -	Overall Cond	lition of Ro	of•	
Roof age (years):		in aparated ferreen sin	.,.	Excellent			
Remaining useful life:		Full replacement	П	Good			
Date of last update:		Partial replacement		Fair (explain)			
Roofing Permit Verified:	□ *Yes □ No	% of replacement		Poor (explain			
*Permit Application Date		% of replacement		Tool (explain	, 0		
Comments: (Additional Comments R	equired if Primary o	r Secondary Roof Cond	ition is denoted a	is Fair or Poor):			
This Inspection Form and the exist at the Location Address provided should not be relief make a health or safety cert undersigned or on any entitor entity.	s listed above and for ed upon, or treated as, ification or warranty, o	no other purpose. It is no as substitute for specific express or implied, of any	intended to consti advice relevant to p kind, and nothing i	tute legal or prof particular circums in this Form shall	essional advi tances. The be construed	ice. The undersi d to imp	e information igned does not cose on the
All Roof Condition Inspect I certify that the above st			y a Florida-license	ed roofing or ge	neral contra	ictor.	
Jacob Geopter	+	305 849212	6				
Inspector Name (printed)		Telephone Number				,	1
ya vu		CEC		530350		5/1	1/22
Signature of Inspector		License Type		ense Number		ate	
"Any person who knowing containing any false, inc	ngly and with intent	to injure, defraud, or o	leceive any insur	er files a state	nent of clai	m or a	n application
containing any raise, inc	ompiete, or misiead	ing information is gui	ty or a relony of t	ne third degree	. F.S. 81/.2	.34"	

Uniform Mitigation Verification Inspection Form

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

Inonaci		or mus roum and any d	ocumentation prov	lucu with the institute	
	tion Date: 5/10/22				
	Name: Shipyard Condominiu	m Assoc. Inc.		Contact Person: 54	un Clairtean
Addres	15: 102-1 - 102-12 Souther	-J St		Home Phone:	ug Christian
	Key West - 102 - 300 1 m2	Zip: 33040		Work Phone: 305 29	6 0556
County			<del></del>	Cell Phone: 305 923	
	nce Company:			Policy #:	70.0
	f Home: /991	# of Stories:		Email: sterling@ co	ckw.com
accom	: Any documentation used in pany this form. At least one plan. The insurer may ask addit	hotograph must accompa	any this form to valid	late each attribute marke	d in questions 3
the	ilding Code: Was the structure HVHZ (Miami-Dade or Browar	d counties), South Florida	Building Code (SFBC	C-94)?	
	A. Built in compliance with the a date after 3/1/2002: Building	Permit Application Date (N	AM/DD/YYYY) / /		
	B. For the HVHZ Only: Built is provide a permit application wi	n compliance with the SFE th a date after 9/1/1994: B	BC-94: Year Built uilding Permit Applic	For homes built in 1 ation Date (MM/DD/YYYY)/	994, 1995, and 1996 /
	C. Unknown or does not meet t	he requirements of Answe	r "A" or "B"		
OR	of Covering: Select all roof covering: Select all roof covering identified.	ering types in use. Provide placement OR indicate th	the permit application to the transfer that the the transfer that	n date OR FBC/MDC Prod available to verify complia	uct Approval number ance for each roof
COV	2.1 Roof Covering Type:	Permit 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				
	3. Metal			1991	
	4. Built Up				
	5. Membrane	<u>!</u>			
	6. Other				
		<u></u>			
	A. All roof coverings listed about installation OR have a roofing B. All roof coverings have a M	permit application date on iami-Dade Product Appro	or after 3/1/02 OR the	e roof is original and built in of installation OR (for	in 2004 or later. the HVHZ only) a
_	roofing permit application after				later.
	C. One or more roof coverings			"В".	
19	D. No roof coverings meet the				
3. <u>Ro</u>	of Deck Attachment: What is the				
	A. Plywood/Oriented strand bo by staples or 6d nails spaced a shinglesOR- Any system of s mean uplift less than that requi	t 6" along the edge and 1 screws, nails, adhesives, or red for Options B or C bel	2" in the fieldOR- land ther deck fastening systom.	Batten decking supporting stem or truss/rafter spacing	wood shakes or wood that has an equivalent
	B. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common other deck fastening system or maximum of 12 inches in the fi	nails spaced a maximum truss/rafter spacing that i	of 12" inches in the fi- is shown to have an e	eldOR- Any system of so equivalent or greater resiste	rews, nails, adhesives,
	C. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails, a ctors Initials Top Property A	ng with a minimum thickn nails spaced a maximum nails per board (or 1 nail p dhesives, other deck faste	ess of 7/16"inch attact of 6" inches in the fie er board if each board ning system or truss/ra	hed to the roof truss/rafter eldOR- Dimensional lum d is equal to or less than 6	ber/Tongue & Groove inches in width)OR-
ınspe	ctors inmais rroperty A	uuress 100-1 - 100	- 1= 3001d.n.		<del> </del>
*This	verification form is valid for u	p to five (5) years provid	ed no material chang	ges have been made to the	structure.

			greater res 2 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			•	ed Concrete Roof Deck.
				Collecte Roof Deek.
				or unidentified.
	_			
		Ġ.	No attic a	access.
4.				tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within le or outside corner of the roof in determination of WEAKEST type)
		A.	Toe Nails	S
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mi	nim	al conditi	ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
	_			Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
		В.	Clips	
			10	Metal connectors that do not wrap over the top of the truss/rafter, or
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single W	
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D.	Double V	Wraps
			0	Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
			Structura	Anchor bolts structurally connected or reinforced concrete roof.
			Other: _	
				n or unidentified
		н.	No attic	access .
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet
		В.	Flat Roof	
	•	C.	Other Ro	
	e		J	Desistence (CWD) (standard and all annual manual and a second CM desistance of CWD)
6.			SWR (als	er Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) so called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the g or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the
				from water intrusion in the event of roof covering loss.
		В.	No SWR	
	7.			n or undetermined.
In	spec	tor	s Initials(£	Property Address 102-1 - 102-12 Southard St.
				_
				orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.

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.

and the same of the same of	Opening Protection Level Chart  Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				
openi form			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				>: -: -: ]		
N	Opening Protection products that appear to be A or B but are not verified						
IN	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	X				X	

- 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 2.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials (JC) Property Address 102-1 - 102-12 Southwed St.

<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.

	J N	I. Exterior Opening Protection (unverified shutter	systems with no document	ation) All Glazed openings are protected with
	p	rotective coverings not meeting the requirements of A	nswer "A", "B", or C" or sy	stems that appear to meet Answer "A" or "B'
	_	vith no documentation of compliance (Level N in the t	•	
	П	N.1 All Non-Glazed openings classified as Level A, B, C,		
		N.2 One or More Non-Glazed openings classified as Level table above	D in the table above, and no N	on-Glazed openings classified as Level X in the
	1	N.3 One or More Non-Glazed openings is classified as Lev	el X in the table above	
E	<u>x</u>	L. None or Some Glazed Openings One or more Glaz	ed openings classified and I	evel X in the table above.
		MITIGATION INSPECTIONS MUST I	BE CERTIFIED BY A QUAI	LIFIED INSPECTOR.
		Section 627.711(2), Florida Statutes, prov	vides a listing of individuals	who may sign this form.
Qual	lified In	spector Name: Tacab Geopfort	License Type: C&C	License or Certificate #:
Inspe	ection (	Company: Sundlack of Tile Inc		Phone: 305 8492126
		SUNDIER OTTH LAS		305 8492126
<u>Qu</u>	alif	<u>ied Inspector – I hold an active license as a</u>	: (check one)	
	Hon	ne inspector licensed under Section 468.8314, Florida Statut	es who has completed the statu	tory number of hours of hurricane mitigation
_	train	ing approved by the Construction Industry Licensing Board	and completion of a proficience	y exam.
		ding code inspector certified under Section 468.607, Florida		
		eral, building or residential contractor licensed under Section	•	
		essional engineer licensed under Section 471.015, Florida S		
	Prof	essional architect licensed under Section 481.213, Florida Se	tatutes.	
	Any verif	other individual or entity recognized by the insurer as posse fication form pursuant to Section 627.711(2), Florida Statute	essing the necessary qualifications.	ns to properly complete a uniform mitigation
Ind	ivid	uals other than licensed contractors licensed under	Section 490 111 Florida S	intutae or professional angineer lines and
und	<u>ier S</u>	<u>ection 471.015, Florida Statutes, must inspect the st</u>	tructures personally and n	ot through employees or other nersons.
Lic	ense	<u>es under s.471.015 or s.489.111 may authorize a dir</u>	ect employee who possesse	s the requisite skill, knowledge, and
exp	erie	ace to conduct a mitigation verification inspection.		
τ,_	Jaw	ob 60ptert am a qualified inspector a	and I personally performed	the inspection or (licensed
		(print name)		• •
con	tract	ors and professional engineers only) I had my emplo		perform the inspection
and	d I as	gree to be responsible for his/her work.	(print name	of inspector)
Δ		d Inspector Signature:	Date: _5//	/aa
Qua	ашие	a inspector Signature: 400 0	Date: _ 3 //	7/22
An i	indiv	ridual or entity who knowingly or through gross ne	gligence provides a false o	r fraudulent mitigation verification form is
sub	ject (	to investigation by the Florida Division of Insuranc	e Fraud and may be subje	at to administrative action by the
app	repr	iate licensing agency or to criminal prosecution. (S	ection 627.711(4)-(7), Flori	da Statutes) The Qualified Inspector who
cert	ones form	this form shall be directly liable for the misconducted the inspection.	t of employees as if the aut	horized mitigation inspector personally
per i	OX ALL	eu the inspection.		
Hor	meov	wner to complete: I certify that the named Qualified	d Inspector or his or her emp	loyee did perform an inspection of the
resic	dence	e identified on this form and that proof of identification	n was provided to me or my	Authorized Representative.
Sign	natu	ire: Rencé Impkiris, CAM, I	Date: 5/19/22	-
0		The state of the s	9/1/2	<del></del>
An i	indic	idnel or antity who knowingly provides on the con-	6-1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
obta	ain o	ridual or entity who knowingly provides or utters a r receive a discount on an insurance premium to w	ialse or iraudulent mitigat high the individual or entit	ion verification form with the intent to
of th	he fir	st degree. (Section 627.711(7), Florida Statutes)	men me irdiyiddai of chili	y is not enutied commits a misdemeanor
			by and assembly assembly	45
as of	fferi	nitions on this form are for inspection purposes onl ng protection from hurricanes.	y and cannot de used to ce	rmy any product or construction feature
		rs Initials TIP Property Address 201-1 -	201-12 Southerd St.	
*TL	io wa	rification form is valid for 4- 5 (5)		•
inac	cura	rification form is valid for up to five (5) years provi cies found on the form.	ided no material changes h	ave been made to the structure or

Applicant/Insured Name		1-12 Southurd St	Application	on/Policy#:	
Location Address Inspec	cted: 102-1-102	1010 20111110 0.01	Building Numb	per Inspected: 10	12-1 - 102-12
Date of Inspection: _5	10/22				
without the dated signatur Licensed re				ed professional. The	form will not be accepted
Note: This form <b>does not</b> v	erify windstorm loss	s mitigation features.			
ROOF (Clear photos sh	owing the entire	roof's surface and co	ndition must b	e submitted with	this form.)
Primary Roof:					
Covering material:	metal	If updated (check one	2):	Overall Condition	
Roof age (years):	28			Excellent	<b>A</b>
Remaining useful life:	25	Full replacement		Good	
Date of last update:		Partial replacement		Fair (explain)	
Roofing Permit Verified:	□ *Yes 🚳 No	% of replacement		Poor (explain)	
*Permit Application Date:					
Visible damage: (describe; e.g. curling/ lif missing shingles or tiles,		Any visible damage /	deterioration?	Any visible sign:	s of leaks?
blistering, drainage issue		Primary roof		Primary roof	
gravel, or coating degrad of asphalt, etc.)	ation, or cracking	☐ Yes ☑ No		- 1	No
or asphalt, etc.)		Secondary Roof  Yes No		Secondary Roof  Yes	No
Secondary Roof:		□ 1e3 □ 140			NO
Covering material:		If updated (check one	١٠.	Overall Condition	un of Roof:
Roof age (years):		in apaated (check one	.,.	Excellent	
Remaining useful life:		Full replacement		Good	П
Date of last update:		Partial replacement		Fair (explain)	
Roofing Permit Verified:	□ *Yes □ No	% of replacement		Poor (explain)	
*Permit Application Date:				, , ,	J
Comments:					
(Additional Comments Re	equired if Primary o	r Secondary Roof Cond	ition is denoted	as Fair or Poor):	
exist at the Location Address provided should not be relie make a health or safety certi	s listed above and for a d upon, or treated as, fication or warranty, o	no other purpose. It is not as substitute for specific a express or implied, of any	intended to const advice relevant to p kind, and nothing	itute legal or professi particular circumstand in this Form shall be o	structural or physical characteristics onal advice. The information ces. The undersigned does not construed to impose on the med insured or to any other person
All Roof Condition Inspecti I certify that the above sta			y a Florida-licens	ed roofing or genera	al contractor.
Jacob Geopfert	6 30	305849 212	•		au
Inspector Name (printed)	_	Telephone Number			
Out Al		GGC		1530350	5/11/22
Signature of Inspector		License Type	Lie	1530350 cense Number	Date
"Any person who knowin	gly and with intent	to injure, defraud, or o	leceive any insu	rer files a statemer	t of claim or an application

rand i reflicances, revisita di Secti i reformatorio.

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Uniform Mitigation Verification Inspection Form

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

Ingrace		or mis form and any	accumentation prov	Idea with the metalic	
<u>_</u>	tion Date: $\frac{5}{9}$				
	Name: Shipyard CondomINI	um Agric Tall		Contact Person: Ster/	in Christian
	is: 210-1 - 210-15 Sov			Home Phone:	M Christian
	Koy West	Zip: 33040		Work Phone: 305 2	96 0556
County				Cell Phone: 305 92:	
	nce Company:			Policy #:	, , , , , , , , , , , , , , , , , , , ,
)	f Home: 1991	# of Stories: 2		Email: sterling @ c	ac Kn.com
accom though	: Any documentation used in pany this form. At least one p n 7. The insurer may ask addit	hotograph must accom ional questions regard	pany this form to valid ing the mitigated featu	ate each attribute marke re(s) verified on this form	ed in questions 3 n.
the	ilding Code: Was the structure HVHZ (Miami-Dade or Browar A. Built in compliance with the	d counties), South Florid	la Building Code (SFBC	C-94)?	
	a date after 3/1/2002: Building	Permit Application Date	(MM/DD/YYYY) / /		
	B. For the HVHZ Only: Built is provide a permit application wi	a compliance with the S	FBC-94: Year Built	For homes built in 1	994, 1995, and 1996 //
	C. Unknown or does not meet t				
OR	of Covering: Select all roof cov Year of Original Installation/Revering identified.	ering types in use. Provi eplacement OR indicate	de the permit application that no information was	n date OR FBC/MDC Proc available to verify compli-	luct Approval number ance for each roof
001	2.1 Roof Covering Type:	Permit 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				
	3. Metal			1991	Ø
	4. Built Up				
	5. Membrane				
	6. Other				
0	A. All roof coverings listed about installation OR have a roofing B. All roof coverings have a M	permit application date of the control of the contr	on or after 3/1/02 OR the	e roof is original and built me of installation OR (for	in 2004 or later. the HVHZ only) a
_	roofing permit application after C. One or more roof coverings				later.
	D. No roof coverings meet the			Б.	
3. <u>Ro</u>	of Deck Attachment: What is the				
	A. Plywood/Oriented strand bo by staples or 6d nails spaced a shinglesOR- Any system of mean uplift less than that requi	t 6" along the edge and screws, nails, adhesives,	12" in the fieldOR- I other deck fastening sys	Batten decking supporting	wood shakes or wood
	B. Plywood/OSB roof sheathir 24"inches o.c.) by 8d common other deck fastening system of maximum of 12 inches in the f	nails spaced a maximur truss/rafter spacing tha	n of 12" inches in the fi at is shown to have an e	eldOR- Any system of so quivalent or greater resist	crews, nails, adhesives,
	C. Plywood/OSB roof sheathi 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails, a	ng with a minimum thicl nails spaced a maximum nails per board (or 1 nai dhesives, other deck fas	kness of 7/16"inch attach m of 6" inches in the fie l per board if each board tening system or truss/ra	hed to the roof truss/rafter eldOR- Dimensional lun d is equal to or less than 6 after spacing that is shown	nber/Tongue & Groove inches in width)OR-
Inspe	ctors Initials (T) Property A	aaress 210-1 -	LIV IS JOYINER	1 37,	
*This	verification form is valid for u	p to five (5) years prov	ided no material chang	ges have been made to the	e structure.

			greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			-	ed Concrete Roof Deck.
				or unidentified.
			No attic a	
4. <u>R</u>	oof	to	Wall Att	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
			Toe Nails	•• <i>/</i>
	,	1.		Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
<u>M</u>	lini	me	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
		_		Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
Y.	Ŀ	3.	Clips	
				Metal connectors that do not wrap over the top of the truss/rafter, or
		_		Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		j.	Single W	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
	Ι	).	Double V	•••
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
	E	₹.	Structural	Anchor bolts structurally connected or reinforced concrete roof.
	F	7.	Other:	
	C	3.	Unknown	or unidentified
	F	I.	No attic a	uccess .
				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
	A	١.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet
	F	3.	Flat Roof	
3	(	C.	Other Roo	
6. <u>S</u>		١.	SWR (als	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the
				from water intrusion in the event of roof covering loss.
		3.	No SWR.	
Insp	ecto	rs	Initials(2	Property Address 210-1 - 210-15 Southard St.
				orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.

7. Opening Protection: What is the <u>weakest</u> 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.

	Opening Protection Level Chart		Glazed Openings				
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		= -				
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 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		7				
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X				×	

- 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
  - 3.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 3.3 One or More Non-Glazed | benings is classified as Level N or X in the table above

Inspectors Initials TG Property Address 210-1 - 210-15 Southard 54

<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.

I	N. Exterior Opening Protection (unverified shutter systems with no document	ation) All Glazed openings are protected with
	protective coverings not meeting the requirements of Answer "A", "B", or C" or sy	stems that appear to meet Answer "A" or "B'
	with no documentation of compliance (Level N in the table above).	
	N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no N	_ <del>_</del> _ <del>_</del>
	N.2 One or More Non-Glazed openings classified as Level D in the table above, and no N table above	on-Glazed openings classified as Level X in the
	N.3 One or More Non-Glazed openings is classified as Level X in the table above	
8	X. None or Some Glazed Openings One or more Glazed openings classified and I	evel X in the table above.
	MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUAI	LIFIED INSPECTOR.
Qua	Section 627.711(2), Florida Statutes, provides a listing of individuals ualified Inspector, Name: License Type:	who may sign this form.  License or Certificate #:
	Jacob Geoptert CGC	1530350
Insp	Spection Company: Sunblack + T.le Inc	Phone: 305 849 2126
	Dualified Inspector – I hold an active license as a: (check one)	
ш	Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutraining approved by the Construction Industry Licensing Board and completion of a proficience	tory number of hours of hurricane mitigation
		y drain.
7	·	
	Professional architect licensed under Section 481.213, Florida Statutes.	
	Any other individual or entity recognized by the insurer as possessing the necessary qualification verification form pursuant to Section 627.711(2), Florida Statutes.	ons to properly complete a uniform mitigation
Ind	dividuals other than licensed contractors licensed under Section 489.111, Florida S	tatutes or professional engineer licensed
unc	ader Section 471.015, Florida Statutes, must inspect the structures personally and n	ot through employees or other persons.
Lic	icensees under s.471.015 or s.489.111 may authorize a direct employee who possesse	s the requisite skill, knowledge, and
	sperience to conduct a mitigation verification inspection.	
I,_	(print name) am a qualified inspector and I personally performed	the inspection or (licensed
con	ontractors and professional engineers only) I had my employee (	) perform the inspection
	(print name	
	nd I agree to be responsible for his/her work.	, ,
Qu	ualified Inspector Signature: Jw/ Jw/ Date: 5/	17/zz
sub	n individual or entity who knowingly or through gross negligence provides a false or bject to investigation by the Florida Division of Insurance Fraud and may be subje	r fraudulent mitigation verification form is
app	propriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Flori	da Statutes) The Qualified Inspector who
cen	runes this form shall be directly liable for the misconduct of employees as if the aut	horized mitigation inspector personally
per	rformed the inspection.	
Ho	omeowner to complete: I certify that the named Qualified Inspector or his or her emp	lovee did perform an inspection of the
resi	sidence identified on this form and that proof of identification was provided to me or my	Authorized Representative.
Sig	gnature: Renée Somphino, CAM, Date: 5/19/22	
An	n individual or entity who knowingly provides or utters a false or fraudulent mitiga	tion varification form with the intent to
obt	tain or receive a discount on an insurance premium to which the individual or entit	y is not entitled commits a misdemeanor
of t	the first degree. (Section 627.711(7), Florida Statutes)	
The as o	ne definitions on this form are for inspection purposes only and cannot be used to ce offering protection from hurricanes.	rtify any product or construction feature
	spectors Initials Its Property Address 210-1 - 210-15 Southard 51	<del>/</del> .
*Th inac	his verification form is valid for up to five (5) years provided no material changes haccuracies found on the form.	ave been made to the structure or

Applicant/Insured Name	: Impyaro Condo		Application/Policy#:	
Location Address Inspe		13 Scalators 31 Br	ilding Number Inspected:	alo-1 -210-15
Date of Inspection: 5	9/22			
without the dated signatu  Licensed r	re of one of the follo oofing contractor general contractor	owing appropriately licensed		l. The form will not be accepted
ROOF (Clear photos sh	nowing the entire	roof's surface and condi	tion must be submitted t	with this form )
Primary Roof:	and chime	i oo i o ou i i dee una conui	tion must be submitted t	with this form.)
Covering material:	Metal	If updated (check one):	Overall Con	ndition of Roof:
Roof age (years):	28		Excellent	⊠
Remaining useful life:	25	Full replacement		
Date of last update:		Partial replacement		
Roofing Permit Verified:	□ *Yes 📓 No			
*Permit Application Date		% of replacement	Poor (explain	in) 🗌
Visible damage:	•			
(describe; e.g. curling/ lif	fted/Inose/	A : : 11		
missing shingles or tiles,		Any visible damage /dete		signs of leaks?
blistering, drainage issue	s, or bare spots in	Primary roof	Primary roo	
gravel, or coating degrad	lation, or cracking	☐ Yes 🔀 No		No No
of asphalt, etc.)		Secondary Roof	Secondary F	Roof
C		☐ Yes ☐ No	☐ Yes ☐	□ No
Secondary Roof:				
Covering material:		If updated (check one):		ndition of Roof:
Roof age (years):			Excellent	
Remaining useful life:		Full replacement	Good	
Date of last update:		Partial replacement	Fair (explain	n) 🗆
Roofing Permit Verified: *Permit Application Date:	*Yes No	% of replacement	Poor (explai	in) 🗆
Comments:	aminad if Drivers	- Carandara Barat Caradinia		
(Additional Comments Ri	equired if Primary o	r Secondary Roof Condition	is denoted as Fair or Poor)	ŗ.
exist at the Location Addres: provided should not be relie	s listed above and for a d upon, or treated as,	no other purpose. It is not inte as substitute for specific advic	nded to constitute legal or pro e relevant to particular circum	rtain structural or physical characteristics ofessional advice. The information ostances. The undersigned does not
make a health or safety cert undersigned or on any entity or entity.	y to which the undersi	express or implied, of any kind gned is affiliated any liability o	, and nothing in this Form shal or obligation of any nature to the	Il be construed to impose on the he named insured or to any other person
All Roof Condition Inspect certify that the above sta			lorida-licensed roofing or ge	eneral contractor.
	<b>L</b>	305 849 2126		
Tacob Granter			<del>-</del>	
nspector Name (printed)		Telephone Number		
Inspector Name (printed)	,	Telephone Number	1530350	5/11/22

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

Inspection Date: $\frac{\sqrt{9}}{2}$	no torm and any de	emenanon provid	led with the instranc	<u>- poney</u>			
Owner Information							
Owner Name: Shipyard Condominium Assoc. Inc.   Contact Person: Sterling Christian							
Address: 204-1 - 204-11 Souther 5			Home Phone:				
City: Key West	Zip: 33040		Work Phone: 305 29	60556			
County: Manroe			Cell Phone: 305 923	1210			
Insurance Company:			Policy #:				
Year of Home: 1991	# of Stories: 2		Email: 5+4-1, wg@ co	ckw.com			
NOTE: Any documentation used in valid accompany this form. At least one photo though 7. The insurer may ask additional	graph must accompa ll questions regarding	ny this form to validat the mitigated feature	onstruction or mitigation or mitigation or mitigation or market (s) verified on this form	on attribute must d in questions 3			
<ol> <li>Building Code: Was the structure built the HVHZ (Miami-Dade or Broward cot</li> <li>A. Built in compliance with the FBC a date after 3/1/2002: Building Perm</li> <li>B. For the HVHZ Only: Built in cor</li> </ol>	unties), South Florida l C: Year Built nit Application Date (M	Building Code (SFBC-9 For homes built in MDDYYYY)//	94)? 2002/2003 provide a per 	mit application with			
provide a permit application with a	date after 9/1/1994: Bu	ilding Permit Applicati					
C. Unknown or does not meet the re	•						
<ol> <li>Roof Covering: Select all roof covering OR Year of Original Installation/Replac covering identified.</li> </ol>	types in use. Provide ement OR indicate tha	the permit application of t no information was av	late OR FBC/MDC Production of the compliant of the complex of the	act Approval number nce for each roof			
· ·	t Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance			
1. Asphalt/Fiberglass Shingle		<del></del> ·					
2. Concrete/Clay Tile							
3. Metal			<u>/97/(</u>				
	1			a			
5. Membrane				0			
_							
<ul> <li>A. All roof coverings listed above n installation OR have a roofing perm</li> <li>B. All roof coverings have a Miamiroofing permit application after 9/1/</li> <li>C. One or more roof coverings do n</li> <li>D. No roof coverings meet the requirement</li> </ul>	uit application date on one of the control of the c	or after 3/1/02 OR the real listing current at time 002 OR the roof is origints of Answer "A" or "E	oof is original and built in o of installation OR (for t inal and built in 1997 or l	n 2004 or later. the HVHZ only) a			
3. Roof Deck Attachment: What is the we							
A. Plywood/Oriented strand board ( by staples or 6d nails spaced at 6" shinglesOR- Any system of screw mean uplift less than that required f	(OSB) roof sheathing a along the edge and 12 vs, nails, adhesives, oth or Options B or C belo	attached to the roof trust in the fieldOR- Bather deck fastening system.	tten decking supporting m or truss/rafter spacing	wood shakes or wood that has an equivalent			
B. Plywood/OSB roof sheathing w 24"inches o.c.) by 8d common nails other deck fastening system or trus maximum of 12 inches in the field of	s spaced a maximum o ss/rafter spacing that is	f 12" inches in the field s shown to have an equ	iOR- Any system of sci ivalent or greater resista	rews, nails, adhesives,			
C. Plywood/OSB roof sheathing w 24"inches o.c.) by 8d common nail decking with a minimum of 2 nails Any system of screws, nails, adhes	s spaced a maximum of per board (or 1 nail per ives, other deck fasten	of 6" inches in the field or board if each board is ing system or truss/raft	OR- Dimensional lum s equal to or less than 6 i	ber/Tongue & Groove inches in width)OR-			
Inspectors Initials 509 Property Addre							
*This verification form is valid for up to	five (5) years provide	d no material changes		structure.			

			greater resi 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			•	d Concrete Roof Deck.
				or unidentified.
			No attic a	
4.	Ro			achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
		A.	Toe Nails	
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	<u>Mir</u>	<u>im</u>		ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
	<b>X</b>	В.	Clips _	
			E E	Metal connectors that do not wrap over the top of the truss/rafter, or
	_	_		Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single Wr	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D.	Double W	•••
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.
		F.	Other:	
		G.	Unknown	or unidentified
		H.	No attic a	ccess .
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet
		В.	Flat Roof	· · · · · · · · · · · · · · · · · · ·
	層	C.	Other Roo	
6.		A.	SWR (also sheathing	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
				or undetermined.
In			,	Property Address 204-1 - 204-11 Southand St.
				orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.
	_	-		

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.

	ening Protection Level Chart		Non-Glazed Openings				
openi form	an "X" in each row to identify all forms of protection in use for each ng type. Check only one answer below (A thru X), based on the weakest of protection (lowest row) for any of the Glazed openings and indicate eakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure						
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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N.	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	X				X	

- 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 <u>and</u> 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
  - 2.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - ☐ ○.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials (500) Property Address 204-1 - 204-11 Southwed St.

<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.

with no documentation of complian	nce (Level N in the table above).	r systems that appear to meet Answer "A" or "B
☐ N.1 All Non-Glazed openings classif	fied as Level A, B, C, or N in the table above, or n	o Non-Glazed openings exist
N.2 One or More Non-Glazed opening table above	ngs classified as Level D in the table above, and n	o Non-Glazed openings classified as Level X in the
	ngs is classified as Level X in the table above	
	gs One or more Glazed openings classified an	nd Level X in the table shove
MITIGATION INS Section 627.711(2), Fi	SPECTIONS MUST BE CERTIFIED BY A QU lorida Statutes, provides a listing of individu	UALIFIED INSPECTOR. als who may sign this form.
Qualified Inspector Name:  Tacob Gropfirt	License Type:	License or Certificate #:  /530350
Inspection Company  Sunblock of Tik INC.		Phone: 305 849 2126
Qualified Inspector – I hold an ac	etiva license es es (check enc)	303 077-1-0
	68.8314, Florida Statutes who has completed the st	totatam number of hours of luminos a side address
training approved by the Construction Ind	lustry Licensing Board and completion of a profici	iency exam.
<ul> <li>Building code inspector certified under Se</li> </ul>	ection 468.607, Florida Statutes.	
	r licensed under Section 489.111, Florida Statutes.	
Professional engineer licensed under Section		
Professional architect licensed under Secti		
Any other individual or entity recognized verification form pursuant to Section 627.	by the insurer as possessing the necessary qualific 711(2), Florida Statutes.	ations to properly complete a uniform mitigation
Individuals other than licensed contract	tors licensed under Section 489.111, Florid	a Statutes, or professional engineer licensed
under Section 471.015, Florida Statutes,	, must inspect the structures personally an	d not through employees or other nersons.
Licensees under s.471.015 or s.489.111 n experience to conduct a mitigation verif	<u>may authorize a direct employee who posse</u>	sses the requisite skill, knowledge, and
. 6.7		
I, Just Gupfort am a q	ncation inspection. qualified inspector and I personally perfort	ned the inspection or ( <i>licensed</i>
I, <u>Tewb Geopfer </u> am a q (print name)	qualified inspector and I personally perform	
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(print name) contractors and professional engineers of and I agree to be responsible for bis/her Qualified Inspector Signature:  An individual or entity who knowingly of subject to investigation by the Florida D suppropriate licensing agency or to crimi sertifies this form shall be directly liable serformed the inspection.  Homeowner to complete: I certify that esidence identified on this form and that p Signature:  An individual or entity who knowingly p botain or receive a discount on an insura- of the first degree. (Section 627.711(7), F The definitions on this form are for insp- s offering protection from hurricanes.  Inspectors Initials Property Address  Property A	pualified inspector and I personally performably) I had my employee (  (print name of the provides a false of the misconduct of employees as if the entropy of identification was provided to me or the misconduct of employees as if the entropy of identification was provided to me or the provides or utters a false or fraudulent mittance premium to which the individual or entropy of the purposes only and cannot be used to be extended to purposes only and cannot be used to be extended to purposes only and cannot be used to be extended to purposes only and cannot be used to the purposes only and cannot be used to provide the purposes only and cannot be used to the purpose of the	perform the inspection ne of inspector)  (//7/zz  e or fraudulent mitigation verification form bject to administrative action by the lorida Statutes) The Qualified Inspector who authorized mitigation inspector personally  employee did perform an inspection of the my Authorized Representative.  igation verification form with the intent to ntity is not entitled commits a misdemeanor of certify any product or construction feature

Applicant/Insured Name Location Address Inspec	Shippard Condor	MINIMASSX. INC	Application	on/Policy#:	
Location Address Inspe	204-1 -204-1	1 Southurd St	_ Building Numb	per Inspected:	204-1-204-11
Date of Inspection:	19/22				
without the dated signatur  Licensed re	e of one of the follo pofing contractor eneral contractor	owing appropriately lice		ed professional. Th	e form will not be accepted
ROOF (Clear photos sh	owing the entire	roof's surface and co	andition must h	e submitted with	this form )
Primary Roof: Covering material: Roof age (years):	Matal 28	If updated (check one	e):	Overall Conditi	on of Roof:
Remaining useful life:	25	Full replacement		Good	
Date of last update: Roofing Permit Verified: *Permit Application Date:	□ *Yes 🗗 No	Partial replacement % of replacement		Fair (explain) Poor (explain)	
Visible damage: (describe; e.g. curling/ lift missing shingles or tiles, o blistering, drainage issues gravel, or coating degrade of asphalt, etc.)	or punctures, s, or bare spots in	Any visible damage / Primary roof  Yes No Secondary Roof Yes No	deterioration?	Any visible sign Primary roof  Yes Secondary Roof Yes	No
Secondary Roof:					
Covering material: Roof age (years): Remaining useful life:		If updated (check one	e):	Overall Condition  Excellent  Good	on of Roof:
Date of last update:		Partial replacement		Fair (explain)	
Roofing Permit Verified: *Permit Application Date:	□ *Yes □ No	% of replacement		Poor (explain)	
Comments: (Additional Comments Re					
exist at the Location Address provided should not be relied make a health or safety certi undersigned or on any entity or entity.	listed above and for d upon, or treated as, fication or warranty, to which the undersi	no other purpose. It is no as substitute for specific express or implied, of any gned is affiliated any liabi	t intended to const advice relevant to p kind, and nothing lity or obligation of	itute legal or profess particular circumstan in this Form shall be fany nature to the na	amed insured or to any other person
All Roof Condition Inspecti I certify that the above sta	tements are true ar		y a Florida-licens	ed roofing or gener	al contractor.
Jacob Geopfer	t	305 8492126			
Inspector Name (printed)		Telephone Number		530350	5/11/22
Signature of Inspector		License Type		ense Number	Date
"Any person who knowin	gly and with intent	to injure, defraud, or o	deceive any insu	rer files a stateme	nt of claim or an application
containing any false, inco	mplete, or mislead	ling information is guil	ty of a felony of	the third degree. F	.S. 817.234"

Uniform Mitigation Verification Inspection Form

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

		n mis torm and any de	remientation prov	rided with the institute	~ policy
	1000 Date: 5/10/22				
	Information				
Owner	Name: Thipyard Conduminio	in Assoc. Inc.		Contact Person: 54-/17	ng Christian
Addres	s: 106-1 - 106-9 Southard	54		Home Phone:	
	Key West	Zip: 33040		Work Phone: 305 29	
County				Cell Phone: 305 92	3 /2/0
	nce Company:		·	Policy #:	
Year o	f Home: 1991	# of Stories: 2		Email: sterling	cacky, com
accom though	: Any documentation used in v pany this form. At least one ph 17. The insurer may ask addit	otograph must accompa ional questions regarding	ny this form to valid g the mitigated featu	ate each attribute marke re(s) verified on this form	d in questions 3 n.
the	ilding Code: Was the structure b HVHZ (Miami-Dade or Broward	d counties), South Florida	Building Code (SFBC	C-94)?	
П	A. Built in compliance with the a date after 3/1/2002: Building l				mit application with
	B. For the HVHZ Only: Built in provide a permit application with	compliance with the SFB	C-94: Year Built	For homes built in 1	994, 1995, and 1996
<b>2</b>	C. Unknown or does not meet the				
OR	of Covering: Select all roof covering: Year of Original Installation/Repering identified.	ring types in use. Provide	the permit application	n date OR FBC/MDC Prod available to verify complia	uct Approval number ance for each roof
COV	_	Permit 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				
	3. Metal			1991	
	4. Built Up				0
	5. Membrane				_
	6. Other				
	A. All roof coverings listed abounstallation OR have a roofing p	permit application date on	or after 3/1/02 OR the	e roof is original and built i	in 2004 or later.
	B. All roof coverings have a Mi roofing permit application after	9/1/1994 and before 3/1/2	002 OR the roof is or	iginal and built in 1997 or	the HVHZ only) a later.
	C. One or more roof coverings			"B".	
	D. No roof coverings meet the	equirements of Answer "A	A" or "B".		
3. <u>Ro</u>	of Deck Attachment: What is th				
	A. Plywood/Oriented strand boby staples or 6d nails spaced at shinglesOR- Any system of s mean uplift less than that require	t 6" along the edge and 12 crews, nails, adhesives, of ed for Options B or C belo	2" in the fieldOR- I her deck fastening system.	Batten decking supporting stem or truss/rafter spacing	wood shakes or wood that has an equivalent
₹ <u>7</u>	B. Plywood/OSB roof sheathir 24"inches o.c.) by 8d common other deck fastening system or maximum of 12 inches in the fi	nails spaced a maximum of truss/rafter spacing that is eld or has a mean uplift re	of 12" inches in the fices shown to have an essistance of at least 10	eldOR- Any system of so quivalent or greater resists 3 psf.	crews, nails, adhesives, ance 8d nails spaced a
Inspec	C. Plywood/OSB roof sheathin 24"inches o.c.) by 8d common decking with a minimum of 2 r Any system of screws, nails, actors Initials (CC) Property Ac	nails spaced a maximum of ails per board (or 1 nail possibles; other deck faster	of 6" inches in the fie er board if each board ing system or truss/ra	eldOR- Dimensional lum I is equal to or less than 6	ber/Tongue & Groove inches in width)OR-
ruspec	ctors initials (2007) Property Ac	iui ess 100 1 - 100-	1 30-1800 JI		
*This	verification form is valid for u	o to five (5) years provide	ed no material chang	es have been made to the	structure.

			greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			-	ed Concrete Roof Deck.
	<u> </u>			d Collected Roof Beek.
				or unidentified.
			No attic a	
		-		
4.	5 fe	et o	of the insid	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
	П	A.	Toe Nails	
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Mi	aim		ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
				Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
	,	В.	Clips	
			8	Metal connectors that do not wrap over the top of the truss/rafter, or
	_			Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single Wi	raps  Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		D.	Double W	
	_			Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.
		F.	Other:	
		G.	Unknown	or unidentified
		H.	No attic a	ccess
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet
		B.	Flat Roof	Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of
		C.	Other Roo	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft of Any roof that does not qualify as either (A) or (B) above.
_	6		Wata	m Desistance (CM/D), (standard and substances on hot manned falts do not malify as an CM/D)
0.			SWR (als	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the
		P	No SWR.	from water intrusion in the event of roof covering loss.
	中			or undetermined.
In	•			Property Address 106-1 - 106-9 Southard St.
*T	his '	veri	ification fo	orm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.
4115	U	ı ac	—	

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.

	ening Protection Level Chart	Glazed Openings				Non-Glazed Openings	
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				25 T		
N	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
х	No Windborne Debris Protection	X				X	

- 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 1.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials Its Property Address 106-1 - 106-9 Southard St.

<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.

E	N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with
	protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).
	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.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 Level X in the table above
1	X. None or Some Glazed Openings One or more Glazed openings classified and Level 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.
Qua	lifted Inspector Name: License Type:
Insp	CGC 1530350
	Sunblak + T. L INC 305 8492126
<u>Qı</u>	<u> ralified Inspector – I hold an active license as a</u> : (check one)
	Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation
_	training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
	Building code inspector certified under Section 468.607, Florida Statutes.
	General, building or residential contractor licensed under Section 489.111, Florida Statutes.
	Professional engineer licensed under Section 471.015, Florida Statutes.
	Professional architect licensed under Section 481.213, Florida Statutes.
	Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.
Ind	lividuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed
une	der Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons.
TTC	ensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and perience to conduct a mitigation verification inspection.
	, A
ī,_	Tack Gwpfert am a qualified inspector and I personally performed the inspection or (licensed (print name)
con	tractors and professional engineers only) I had my employee () perform the inspection
	(print name of inspector)
an	d I agree to be responsible for his/her work.
Qu	alified Inspector Signature: 400 M Date: 5/17/22
	individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is
sub	ject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the
app	propriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who
cer	tifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally
per	formed the inspection.
Ho	meowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the
resi	dence identified on this form and that proof of identification was provided to me or my Authorized Representative
Sig	nature: Rime Amphino, CA, M. Date: 5/19/22
_	
An	individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to
obt	ain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor
of t	he first degree. (Section 627.711(7), Florida Statutes)
The as o	definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature offering protection from hurricanes.
	pectors Initials 100 Property Address 106-1 - 106-9 Southard St.
- L'i	is verification form is valid for up to five (5) years provided no material changes have been made to the structure or eccuracies found on the form.

## **Commercial Roof Condition Inspection Form**

cted: 106-1 -106-	9 Southerd St	Application Building Number	on/Policy#: per Inspected; _=;	106-1-106-9
re of one of the folk pofing contractor eneral contractor	owing appropriately lice	y a Florida-licensensed inspectors:	ed professional. Th	e form will not be accepted
				☑
	Full replacement		Good	
	Partial replacement			
□ *Yes 🕅 No	% of replacement		Poor (explain)	
or punctures, s, or bare spots in	Primary roof  Yes No Secondary Roof	deterioration?	Primary roof  Yes  Secondary Roof	No
				NO
	If updated (check one	e):	Overall Condition	on of Roof:
	Full replacement		Good	
	Partial replacement		Fair (explain)	
□ *Yes □ No	% of replacement		Poor (explain)	
equired if Primary o	r Secondary Roof Cond	ition is denoted :	as Fair or Poor):	
ilisted above and for d upon, or treated as, fication or warranty, to which the undersi	no other purpose. It is not as substitute for specific express or implied, of any gned is affiliated any liabi	t intended to const advice relevant to p kind, and nothing lity or obligation of	itute legal or profess particular circumstan in this Form shall be f any nature to the na	ional advice. The information ces. The undersigned does not construed to impose on the amed insured or to any other persor
ion Forms must be s stements are true ar	igned and completed b nd correct.	y a Florida-licenso	ed roofing or gener	al contractor.
	305849212	6		
-t	305 849 212 Telephone Number	6		
	305 849 212 Telephone Number		1530350	5/11/22
	tion Form must be or or of one of the following contractor eneral contractor erify windstorm loss towing the entire  *Yes No  *Ye	tion Form must be completed and signed be re of one of the following appropriately lice poofing contractor eneral contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and the entire roof's surface and contractor erify windstorm loss mitigation features.  The total and th	tion Form must be completed and signed by a Florida-license of one of the following appropriately licensed inspectors: profing contractor eneral contractor eneral contractor erify windstorm loss mitigation features.    Mode	Building Number Inspected:

Uniform Mitigation Verification Inspection Form

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

Inspec	tion Date: $5/10/22$	or and total and any	accommunical bio	vided with the histian	- pomy		
<del></del>	r Information	· · · · · · · · · · · · · · · · · · ·					
Оwne	Name: Shipyard Condom	inium Assoc. INC.		Contact Person: Sterl	ing Christian		
Address: 104-1 - 104-7 Southard St. Home Phone:							
City:	Key wast	Zip: 33040		Work Phone: 30525			
Count	y: Monroe			Cell Phone: 305 93	3 1210		
L	nce Company:		•	Policy #:			
Year o	Year of Home: 199   # of Stories: 2 Email: 5torling @ cackwicom						
accon	E: Any documentation used in pany this form. At least one p h 7. The insurer may ask addi	hotograph must accom	pany this form to valid	late each attribute marke	ed in questions 3		
	tilding Code: Was the structure HVHZ (Miami-Dade or Browa A. Built in compliance with the	rd counties), South Flori	da Building Code (SFB0	C-94)?			
	a date after 3/1/2002: Building				••		
	B. For the HVHZ Only: Built i						
cot.	provide a permit application w			cation Date (MM/DD/YYYY)			
69	C. Unknown or does not meet	-					
OF	of Covering: Select all roof covering: Select all roof covering the Covering identified.  Note: The Covering identified in the Covering identified.						
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance		
	1. Asphalt/Fiberglass Shingle						
	2. Concrete/Clay Tile						
	III 3. Metzł			/991			
	4. Built Up			•			
	5. Membrane				0		
	☐ 6. Other	1 1		<del></del>			
_			TD0 15 15 15				
Ц	A. All roof coverings listed ab- installation OR have a roofing						
	B. All roof coverings have a M			~			
	roofing permit application afte	r 9/1/1994 and before 3/	1/2002 OR the roof is or	riginal and built in 1997 or	later.		
	C. One or more roof coverings			"B".			
	D. No roof coverings meet the	requirements of Answer	"A" or "B".				
3. <u>Ro</u>	of Deck Attachment: What is t	he <u>weakest</u> form of roof	deck attachment?	`			
<b>58</b>	B. Plywood/OSB roof sheathi 24"inches o.c.) by 8d common other deck fastening system of maximum of 12 inches in the f	nails spaced a maximum r truss/rafter spacing tha	m of 12" inches in the fi at is shown to have an e	eldOR- Any system of so quivalent or greater resists	rews, nails, adhesives,		
	C. Plywood/OSB roof sheathi 24"inches o.c.) by 8d common decking with a minimum of 2 Any system of screws, nails, a ctors Initials Property A	nails spaced a maximum nails per board (or 1 nai dhesives, other deck fas ddress /04-1 - /d	m of 6" inches in the field per board if each board stening system or truss/record 7 Southard 2	eldOR- Dimensional lum d is equal to or less than 6 after spacing that is shown	ber/Tongue & Groove inches in width)OR- to have an equivalent		
*Thie	verification form is valid for u	n to five (5) years prov	ided no material chang	es have been made to the	structure		

			greater resi 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			•	d Concrete Roof Deck.
				or unidentified.
			No attic a	
4.	5 fe	et o	f the inside	achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
		A.	Toe Nails	
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	<u>Mir</u>	nims		ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
	_			Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
		В.	Clips	
				Metal connectors that do not wrap over the top of the truss/rafter, or
				Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
		C.	Single Wr	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
		ח	Double W	·
	_	υ.		Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
			Structural	Anchor bolts structurally connected or reinforced concrete roof.
			Other:	<del></del>
		G.	Unknown	or unidentified
		H.	No attic a	coess .
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	
		В.	Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: feet  Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area sq ft
		C.	Other Roo	
6.	Sec	ond:	arv Water	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR)
	_	Α.	SWR (also sheathing	o called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
	Ţ	C.	Unknown	or undetermined.
In	spec	tors	Initials	Property Address 104-1 - 104-7 Southerd St.
*T	his '	veri	fication fo	rm is valid for up to five (5) years provided no material changes have been made to the structure or on the form.

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.

	ening Protection Level Chart		Non-Glazed Openings				
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance				200		
	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X				X	W. I.E

- 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 penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 3.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials (359) Property Address 104-1 -104-7 Southurd 5t.

<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.

N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of Ar	nswer "A", "B", or C" o	
with no documentation of compliance (Level N in the ta	•	
<ul> <li>N.1 All Non-Glazed openings classified as Level A, B, C, o</li> <li>N.2 One or More Non-Glazed openings classified as Level</li> </ul>	<u>•</u>	. •
table above	al V in the table above	
N.3 One or More Non-Glazed openings is classified as Leve		
X. None or Some Glazed Openings One or more Glaze	ed openings classified an	id Level X in the table above.
MITIGATION INSPECTIONS MUST E Section 627.711(2), Florida Statutes, prov		
Qualified Inspector Name:  Jacob Geophit	License Type:	License or Certificate #:  /53 03 50
Inspection Company:  Sunblock + Tile Inc		Phone: 305 849 2126
Qualified Inspector – I hold an active license as a	: (check one)	
Home inspector licensed under Section 468.8314, Florida Statute training approved by the Construction Industry Licensing Board		
Building code inspector certified under Section 468.607, Florida	Statutes.	
General, building or residential contractor licensed under Section	n 489.111, Florida Statutes	•
☐ Professional engineer licensed under Section 471.015, Florida Se	tatutes.	
☐ Professional architect licensed under Section 481.213, Florida St	atutes.	
Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2), Florida Statute		cations to properly complete a uniform mitigation
Individuals other than licensed contractors licensed under	Section 489.111, Florid	la Statutes, or professional engineer licensed
under Section 471.015, Florida Statutes, must inspect the st		
Licensees under s.471.015 or s.489.111 may authorize a dir	ect employee who poss	esses the requisite skill, knowledge, and
experience to conduct a mitigation verification inspection.		
I, ၂ က am a qualified inspector a (print name)	ind I personally perfor	med the inspection or (licensed
contractors and professional engineers only) I had my emplo		) perform the inspection me of inspector)
and I agree to be responsible for his/her work	(ргыс на	me of inspector)
Qualified Inspector Signature:	Date:	5/17/22
An individual or entity who knowingly or through gross ne	gligence provides a fal	/ se or fraudulent mitigation verification form is
subject to investigation by the Florida Division of Insuranc	e Fraud and may be su	bject to administrative action by the
appropriate licensing agency or to criminal prosecution. (S		
certifies this form shall be directly liable for the misconduc performed the inspection.	t of employees as if the	authorized mitigation inspector personally
		4
Homeowner to complete: I certify that the named Qualified residence identified on this form and that proof of identification	n was provided to me or	my Authorized Representative.
Signature: <u>Kineć Impkino, C.A.M.</u> 1	Date: 5/19/22	,
Signature. The state of the sta	Jule: 0/11/22	<u>-</u>
An individual or entity who knowingly provides or utters a	false or fraudulent mi	tigation verification form with the intent to
obtain or receive a discount on an insurance premium to w		
of the first degree. (Section 627.711(7), Florida Statutes)		
The definitions on this form are for inspection purposes on as offering protection from hurricanes.	ly and cannot be used (	to certify any product or construction feature
Inspectors Initials $\overline{S(x)}$ Property Address $\underline{104-1-10}$	14-7 Southerds	;k
*This verification form is valid for up to five (5) years provinaccuracies found on the form.	лаеа по material chang	ges nave been made to the structure or
		- · · · ·

## Commercial Roof Condition Inspection Form

Applicant/Insured Name:		ication/Policy#:
Location Address Inspected: 10:1-1 -10:3	1-7 Southard St. Building 1	Number Inspected: 194-1 - 194-7
Date of Inspection: 5/10/22		
This Roof Condition Inspection Form must be of without the dated signature of one of the following in Licensed roofing contractor Licensed general contractor  Note: This form does not verify windstorm loss	owing appropriately licensed inspec	censed professional. The form will not be accepted tors:
ROOF (Clear photos showing the entire	roof's surface and condition me	ust be submitted with this form.)
Primary Roof: Covering material:  Roof age (years):	If updated (check one):	Overall Condition of Roof:  Excellent
Remaining useful life:	Full replacement	Good
Date of last update:	Partial replacement	
		Fair (explain)
	% of replacement	Poor (explain)
*Permit Application Date:		
Visible damage: (describe; e.g. curling/ lifted/ loose/ missing shingles or tiles, or punctures, blistering, drainage issues, or bare spots in gravel, or coating degradation, or cracking of asphalt, etc.)	Any visible damage /deterioration Primary roof Yes No Secondary Roof	Primary roof ☐ Yes ☑ No Secondary Roof
	☐ Yes ☐ No	☐ Yes ☐ No
Secondary Roof:		
Covering material:	If updated (check one):	Overall Condition of Roof:
Roof age (years):	_	Excellent
Remaining useful life:	Full replacement	Good
Date of last update:	Partial replacement	Fair (explain)
Roofing Permit Verified: ☐ *Yes ☐ No *Permit Application Date:	% of replacement	Poor (explain)
Comments: (Additional Comments Required if Primary o	or Secondary Roof Condition is deno	oted as Fair or Poor):
exist at the Location Address listed above and for provided should not be relied upon, or treated as make a health or safety certification or warranty,	no other purpose. It is not intended to , as substitute for specific advice releval express or implied, of any kind, and no igned is affiliated any liability or obligat	se of verifying that certain structural or physical characteristics constitute legal or professional advice. The information in the particular circumstances. The undersigned does not thing in this Form shall be construed to impose on the ion of any nature to the named insured or to any other person censed roofing or general contractor.
I certify that the above statements are true a		
Jacob Geopfent	305 8492 126	
Inspector Name (printed)	Telephone Number	-1/-
Signature of Inspector	C CC	1530350 5/11/22 License Number Date
The state of the s	License Type	
"Any person who knowingly and with intent containing any false, incomplete, or mislead	t to injure, defraud, or deceive any ding information is guilty of a felor	insurer files a statement of claim or an application by of the third degree. F.S. 817.234"

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vol. For an isolate viscoure is need. This products so the rain of	ผู้ของกับ เหมือน และสมุด ตามการ หลังสุด สาร ให้เก็บ เกาะเลื่อยการ โดย เพลาะเล่น มิกตามการ ค	୍ୱ ବର୍ଷ ଅନୁକ୍ରାଣଣ ହେ ଅନ୍ତର୍ଜନ ଓ ସମ୍ପର୍ଶ କରିଥିଲେ । ଭାନୟର ସମ୍ପର୍ଜନ ଓ ଅନ୍ତର୍ଜନ ଅନ୍ତର୍ଜନ ଓ ଅନ୍ତର୍ଜ
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Uniform Mitigation Verification Inspection Form

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

Insner	tion Date: $5/9/22$	Of this form and any c	Commence provi	ded with the mentalle	~ horro?	
	er Information					
	37			Contact Person: Cl	01.12	
Addre	1 1 1 206-1 - 206-8 South	and St.		Contact Person: 5/hr/	ing Christian	
City:	Key West	Zip: 33 040		Work Phone: 305 as	36.0556	
Count				Cell Phone: 305 92		
	nce Company:		<del> </del>	Policy #:	7 1210	
	of Home: 1991	# of Stories: 2			- 44 4	
				Email: sterling @		
accon	E: Any documentation used in apany this form. At least one p th 7. The insurer may ask addi	hotograph must accomp	any this form to valida	te each attribute marke	d in questions 3	
the	uilding Code: Was the structure HVHZ (Miami-Dade or Browa	rd counties), South Florida	Building Code (SFBC-	94)?		
Ų	A. Built in compliance with the a date after 3/1/2002: Building	e FBC: Year Built Permit Application Date (	For homes built in	2002/2003 provide a pe	rmit application with	
	B. For the HVHZ Only: Built i provide a permit application w					
	C. Unknown or does not meet	the requirements of Answe	er "A" or "B"			
OI	oof Covering: Select all roof covering: Select all roof covering of Original Installation/Revering identified.					
	2.1 Boof Covering Type:	Permit 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					
	3. Metal			1991		
	4. Buik Up				_	
	5. Membrane					
	6. Other				_	
	e 6. Other	<u></u>				
	A. All roof coverings listed about installation OR have a roofing B. All roof coverings have a M	permit application date on	or after 3/1/02 OR the r	oof is original and built i	n 2004 or later.	
_	roofing permit application after	r 9/1/1994 and before 3/1/2	2002 OR the roof is orig	inal and built in 1997 or	later.	
	C. One or more roof coverings	do not meet the requireme	ents of Answer "A" or "I	3".		
	D. No roof coverings meet the	requirements of Answer ".	A" or "B".			
3. <u>R</u> o	of Deck Attachment: What is t	he weakest form of roof de	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.					
Ÿ	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 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.					
Inspec						
ınsbe	Aurs initials 30% Property A	uaress 206-1-2	JouThard 5	01,		
*This	verification form is valid for u	p to five (5) years provid	ed no material changes	have been made to the	structure.	

			greater res 2 psf.	istance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least
			•	ed Concrete Roof Deck.
			-	or unidentified.
			No attic a	
4.				achment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within e or outside corner of the roof in determination of WEAKEST type)
		A.	Toe Nails	
			0	Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D
	Min	im	al conditio	ons to qualify for categories B, C, or D. All visible metal connectors are:
				Secured to truss/rafter with a minimum of three (3) nails, and
			0	Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
	***	В.	Clips _	
				Metal connectors that do not wrap over the top of the truss/rafter, or
	_			Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
	U	C.	Single Wi	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a
	п	ь.	Double W	minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
	Ц	υ.	Double W	Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
				Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
	0 0		Structural	Anchor bolts structurally connected or reinforced concrete roof.
			Other:	or unidentified
			No attic a	
	_		110 4140 4	
5.				What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  Total length of non-hip features: feet; Total roof system perimeter: feet
		B.	Flat Roof	
		C.	Other Roo	
6.			SWR (als	r Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) to called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the from water intrusion in the event of roof covering loss.
		В.	No SWR.	
		C.	Unknown	or undetermined.
In	spec	tors	Initials (	(6) Property Address 206-1 - 206-8 Southard St.
				orm is valid for up to five (5) years provided no material changes have been made to the structure or

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.

A Part of	ening Protection Level Chart		Non-Glazed Openings				
Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.			Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	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)						
С	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance		-3-00				
N	Opening Protection products that appear to be A or B but are not verified						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X	Maria de			X	6

- 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
  - 3.2 One or More Non-Glazed penings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
  - 2.3 One or More Non-Glazed penings is classified as Level N or X in the table above

Inspectors Initials (50)	Property Address_	206-1	-	206-8	5	outhard St	

<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.

ı	N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed openings are protected with
	protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B"
	with no documentation of compliance (Level N in the table above).
	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 Level X in the table above
į	X. None or Some Glazed Openings One or more Glazed openings classified and Level 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.
Qua	diffed Inspector Name:  License Type:  License or Certificate #:  153 03 50
Insp	Tacob Geop fert  CGC  License or Certificate #:  /83 03 50  Phone: 305 8492126
	ualified Inspector – I hold an active license as a: (check one)
	Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
	Building code inspector certified under Section 468.607, Florida Statutes.
P.	General, building or residential contractor licensed under Section 489.111, Florida Statutes.
	Professional engineer licensed under Section 471.015, Florida Statutes.
	Professional architect licensed under Section 481.213, Florida Statutes.
	Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation
	verification form pursuant to Section 627.711(2), Florida Statutes.
Inc	lividuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed
un	der Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons.
LK	censees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and perience to conduct a mitigation verification inspection.
i,_	(print name) am a qualified inspector and I personally performed the inspection or (licensed
	to the frame;  attractors and professional engineers only) I had my employee () perform the inspection
	(print name of inspector)
an	d I agree to be responsible for kis/her work.
Qu	alified Inspector Signature: 42 Date: 5/17/22
<u>An</u> sub	individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is
<u>sur</u> ani	pject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the propriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who
cer	tifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally
per	formed the inspection.
Ho	meowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the
resi	dence identified on this form and that proof of identification was provided to me or my Authorized Degreesentative
e:~	mature: Rence Impline, CA, M. Date: 5/19/22
Sig	mature: //will synthing, CD/M, Date: Of M/EZ
	·
An	individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to
opt of t	ain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor the first degree. (Section 627.711(7), Florida Statutes)
	20 mot degrees (Section 027.711(7), Profite Grateries)
The	e definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature
as c	offering protection from hurricanes.
Insi	pectors Initials Te Property Address 206-1 - 206-8 Southard St.
*Ti	his verification form is valid for up to five (5) years provided no material changes have been made to the structure or
1112	ccuracies found on the form.

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# Commercial Roof Condition Inspection Form Shinward Candoninium Assac Fuc.

Applicant/Insured Name: Location Address Inspect	Shipque Cono	S = 11. 1 F	Application	on/Policy#:	1 3 2 4 5
Location Address Inspect	e 206-1 - 606-	a gornard Si	Building Numb	er Inspected: _ 5	206-1-206-8
Date of Inspection:5	19/22				
	e of one of the follo ofing contractor neral contractor	wing appropriately lice		ed professional. The	form will not be accepted
ROOF (Clear photos sho			ndition must h	e submitted with	this form )
	wing the entire i	1001 3 Surface and co	ilaition mast b	e submitted with	uns ionn.,
Primary Roof: Covering material:	Metal	If updated (check one	1:	Overall Condition	on of Roof:
				Excellent	Zi .
Roof age (years):	28				
Remaining useful life:	25	Full replacement		Good	
Date of last update:		Partial replacement		Fair (explain)	
Roofing Permit Verified:	□ *Yes 🖟 No	% of replacement		Poor (explain)	
*Permit Application Date:					
Visible damage: (describe; e.g. curling/ lift missing shingles or tiles, o blistering, drainage issues gravel, or coating degrada of asphalt, etc.)	r punctures, , or bare spots in	Any visible damage /o Primary roof  Yes Mo Secondary Roof Yes No	deterioration?	Any visible signs Primary roof  Yes Secondary Roof Yes	s of leaks? No
Secondary Roof:					
Covering material:		If updated (check one	١-	Overall Condition	on of Roof:
Roof age (years):		ii upuateu (check one	<b>)</b> -	Excellent	
-		Full raplacement		Good	
Remaining useful life:		Full replacement			
Date of last update:	=+ =	Partial replacement		Fair (explain)	
Roofing Permit Verified: *Permit Application Date:	*Yes No	% of replacement		Poor (explain)	
Comments: (Additional Comments Red	quired if Primary o	r Secondary Roof Cond	ition is denoted	as Fair or Poor):	
exist at the Location Address provided should not be relied make a health or safety certif	listed above and for I upon, or treated as, lication or warranty,	no other purpose. It is not as substitute for specific express or implied, of any	intended to const advice relevant to kind, and nothing	itute legal or professi particular circumstan in this Form shall be	structural or physical characteristics onal advice. The information ces. The undersigned does not construed to impose on the med insured or to any other person
All Roof Condition Inspection I certify that the above start			y a Florida-licens	ed roofing or gener	al contractor.
Jacob Geopfer	t	305 8492126	,		
Inspector Name (printed)		Telephone Number			, ,
Jacob San		CEC		1530350	5/11/22
Signature of Inspector		License Type	Li	cense Number	Date
"Any person who knowing	gly and with intent	to injure, defraud, or o	deceive any insu	rer files a statemen	nt of claim or an application

### Commercial Roof Condition inspection Form

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Jack Goopf	<b>*</b>	308 849312	2		
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