Uniform Mitigation Verification Inspection Form

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

Inspection Date:10/15/2019								
Owner Information								
are restaurants	Name: Windchase Bay Condos			Contact Person:Andrea				
	S:2299 Scenic Hwy Building K			Home Phone:(850) 484	-2611			
	Pensacola	Zip: 32503		Work Phone:				
County	Escambia			Cell Phone:				
Insurar	ice Company:	160		Policy #:	=			
Year o	f Home: 1983	# of Stories:2		Email:awright@epmfl.net				
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.								
	A. Built in compliance with the	d counties), South Florida FBC: Year Built	Building Code (SFBC- For homes built in	94)?				
	a date after 3/1/2002: Building I B. For the HVHZ Only: Built in provide a permit application wit	compliance with the SFE h a date after 9/1/1994: B	C-94: Year Built _ uilding Permit Applicat					
OR	C. Unknown or does not meet the of Covering: Select all roof covering: Year of Original Installation/Regering identified.	ring types in use. Provide	the permit application					
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval#	Year of Original Installation or Replacement	No Information Provided for Compliance			
	X 1. Asphalt/Fiberglass Shingle 04	1/02/2019	Permit#19-04-0489	2019				
	2. Concrete/Clay Tile	1_1_						
	3. Metal		V = V					
	<u> </u>			-				
			<u> </u>	-				
	6. Other		-	-				
\times	A. All roof coverings listed aborinstallation OR have a roofing p	ermit 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 Mi roofing permit application after	9/1/1994 and before 3/1/2	002 OR the roof is orig	ginal and built in 1997 or				
	C. One or more roof coverings of			В".				
	D. No roof coverings meet the r	equirements of Answer "A	A" or "B".					
3. Ro	of Deck Attachment: What is th	e <u>weakest</u> form of roof de	ck attachment?					
	A. Plywood/Oriented strand box by staples or 6d nails spaced at shinglesOR- Any system of so mean uplift less than that requir	6" along the edge and 12 crews, nails, adhesives, ot ed for Options B or C belo	2" in the fieldOR- Ba her deck fastening syste ow.	atten decking supporting em 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 fig.	hails spaced a maximum of truss/rafter spacing that i	of 12" inches in the fiel s shown to have an equ	dOR- Any system of so uivalent or greater resist	crews, nails, adhesives,			
Inspec	C. Plywood/OSB roof sheathin, 24"inches o.c.) by 8d common decking with a minimum of 2 n Any system of screws, nails, adtors Initials Property Advisory	nails spaced a maximum of ails per board (or 1 nail p	of 6" inches in the field er board if each board in groupsystem or truss/raf	dOR- Dimensional lum is equal to or less than 6 ter spacing that is shown	ber/Tongue & Groove inches in width)OR-			
•	O			- C				
*This	verification form is valid for un	to five (5) years provide	d no material change	s have been made to the	structure.			

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

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			greater res 2 psf.	sistance than 8d common nails spaced a maximum of 6 inches in the field or has a me	an uplift resistance of at least			
	П			ed Concrete Roof Deck.				
	$\overline{\Box}$							
				or unidentified.				
		G.	No attic a	iccess.				
4.		et o	of the insid	tachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachme or outside corner of the roof in determination of WEAKEST type)	ent of hip/valley jacks within			
		A.	Toe Nails					
			L	Truss/rafter anchored to top plate of wall using nails driven at an angle through the top plate of the wall, or	ie truss/rafter and attached to			
				Metal connectors that do not meet the minimal conditions or requirements of B, C, o	or D			
	Mi	ıim	52-76	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, we the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and frecorrosion.				
	X	В.	Clips					
			\times	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/raf position requirements of C or D, but is secured with a minimum of 3 nails.	ter and does not meet the nail			
		C.	Single W		/ Q11'41			
		Б	D 11 11	Metal connectors consisting of a single strap that wraps over the top of the truss minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.	ratter and is secured with a			
	ш	D.	Double V		1 11 11 11 1			
				Metal Connectors consisting of 2 separate straps that are attached to the wall frame, beam, on either side of the truss/rafter where each strap wraps over the top of the trus a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side	ss/rafter and is secured with			
				Metal connectors consisting of a single strap that wraps over the top of the truss/raft both sides, and is secured to the top plate with a minimum of three nails on each side				
			Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.				
		G.	Unknown	or unidentified				
		H.	No attic a	access				
5.	Ro	of (Geometry:	What is the roof shape? (Do not consider roofs of porches or carports that are attache	d only to the fascia or wall of			
	the	hos	st structure	over unenclosed space in the determination of roof perimeter or roof area for roof geo	ometry classification).			
		Α.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system per Total length of non-hip features: feet; Total roof system perimeter:	rimeter. feet			
		В.	Flat Roof	Roof on a building with 5 or more units where at least 90% of the main roof are less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof are	-			
	X	C.	Other Roo	0 4 01 1 10 110 11 (4) (5)	lon Hip			
6.	Sec	А. В.	SWR (als sheathing dwelling No SWR.	or undetermined.	yment applied directly to the			
In	spec	tor	s Initials	Property Address 2299 Scenic Hwy Building K	Pensacola			
*T	*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or							

*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.

-	ening Protection Level Chart		Glazed O	penings			-Glazed enings
openi orm	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 reakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garag Doors
I/A Not Applicable- there are no openings of this type on the structure			×	×	X		×
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylight						
В	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylight						
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						
18,50	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X				×	
 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						
Г	A.1 All Non-Glazed openings classified as A in the table above, or no No.	-Glazed openi	nos exist				
	A.2 One or More Non-Glazed openings classified as Level D in the table X in the table above	bove, and no N	Von-Glaze	d openings	classified	l as Leve	l B, C,
L	JA.3 One or More Non-Glazed Openings is classified as Level B, C, N, or	X in the table a	bove				
op in fc	B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-ll penings are protected, at a minimum, with impact resistant covering the product approval system of the State of Florida or Miami-Dactor "Cyclic Pressure and Large Missile Impact" (Level B in the table 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 – 4.5 lb.) B.1 All Non-Glazed openings classified as A or B in the table above, or not a state of the	s or product e County and above): ge Missile - 2 Non-Glazed o	s listed as meet the to 4.5 lb.)	s windborr requirement xist	ne debris	s protect one of th	tion de le follo
	 B.2 One or More Non-Glazed openings classified as Level D in the table a in the table above B.3 One or More Non-Glazed openings is classified as Level C, N, or X in 			a openings	ciassinec	i as Leve.	l C, N,
<u>C.</u>	Exterior Opening Protection- Wood Structural Panels me ywood/OSB meeting the requirements of Table 1609.1.2 of the FBG	ting FBC 2	2007 All			are co	vered
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, of C.2 One or More Non-Glazed openings classified as Level D in the table at the table above	no Non-Glaz	ed opening	gs exist		l as Leve	l N or I
L	JC.3 One or More Non-Glazed openings is classified as Level N or X in th	table above					
	ors Initials Property Address 2299 Scenic Hwy Building K				Pensaco	ola	

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	N. Exterior Opening Protection (unverified sh					
Ш	protective coverings not meeting the requirement with no documentation of compliance (Level N in		systems that appear to meet Answer "A" or "B"			
	N.1 All Non-Glazed openings classified as L		ve, or no Non-Glazed openings exist			
			, and no Non-Glazed openings classified as Level X in the			
	☐ table above N.3 One or More Non-Glazed openings is cl.	assified as Level V in the table abo	WA.			
	X. Ne or Some Glazed Openings One or mor					
X	1 0					
	MITIGATION INSPECTIO	NS MUST BE CERTIFIED BY	A QUALIFIED INSPECTOR.			
			lividuals who may sign this form.			
	Qualified Inspector:Andi N DeVito	License Type:FL Home Ins	pector License or Certificate #: HI 8647			
	Inspection Company: Pensacola Insurance Inspect	tions & Valuations, LLC	Phone: (850) 417-7934			
	Qualified Inspector – I hold an active l	icense as a: (check one)				
	Home inspector licensed under Section 468.8314 training approved by the Construction Industry I		ed the statutory number of hours of hurricane mitigation a proficiency exam.			
	Building code inspector certified under Section 4	468.607, Florida Statutes.				
	General, building or residential contractor licens	ed under Section 489.111, Florida	Statutes.			
	Professional engineer licensed under Section 471	1.015, Florida Statutes.				
	Professional architect licensed under Section 481	1.213, 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.					
Two			.1.6.4.4.			
- 1	Individuals other than licensed contractors licen under Section 471.015, Florida Statues, must ins					
	Licensees under s.471.015 or s.489.111 may auth					
	experience to conduct a mitigation verification in		•			
,	Andi N DeVito					
	And N Devilo	inspector and I personally per	formed the inspection or (ligansed			
1	ı, am a quanned	inspector and I personally pe	formed the inspection or (licensed			
	I, am a qualified (print name) contractors and professional engineers only) I had		formed the inspection or (licensed) perform the inspection			
	(print name) contractors and professional engineers only) I had) perform the inspection			
	(print name)	d my employee () perform the inspection finspector)			
a	(print name) contractors and professional engineers only) I had and I agree to be responsible for his her work.	d my employee () perform the inspection finspector)			
a	(print name) contractors and professional engineers only) I had	d my employee () perform the inspection			
a ((print name) contractors and professional engineers only) I had and I agree to be responsible for his new work. Qualified Inspector Signature:	d my employee () perform the inspection finspector)			
	(print name) contractors and professional engineers only) I had and I agree to be responsible for his new work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of	d my employee () perform the inspection f inspector) : 10/15/2019 false or fraudulent mitigation verification form is e subject to administrative action by the			
2 <u>4</u> <u>8</u> <u>8</u> <u>2</u>	(print name) contractors and professional engineers only) I had and I agree to be responsible for his her work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosessions.	d my employee () perform the inspection f inspector) 10/15/2019 false or fraudulent mitigation verification form is e subject to administrative action by the 7), Florida Statutes) The Qualified Inspector who			
	(print name) contractors and professional engineers only) I had and I agree to be responsible for his her work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosecrtifies this form shall be directly liable for the	d my employee () perform the inspection f inspector) 10/15/2019 false or fraudulent mitigation verification form is e subject to administrative action by the 7), Florida Statutes) The Qualified Inspector who			
	(print name) contractors and professional engineers only) I had and I agree to be responsible for his her work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosessions.	d my employee () perform the inspection f inspector) 10/15/2019 false or fraudulent mitigation verification form is e subject to administrative action by the 7), Florida Statutes) The Qualified Inspector who			
	(print name) contractors and professional engineers only) I had and I agree to be responsible for his ner work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosecrtifies this form shall be directly liable for the performed the inspection. Homeowner to complete: I certify that the name	d my employee ((print name of print name of print name of print name of the provides and print name of the print name				
	(print name) contractors and professional engineers only) I had and I agree to be responsible for his ner work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosecrtifies this form shall be directly liable for the performed the inspection.	d my employee ((print name of print name of print name of print name of the provides and print name of the print name				
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	(print name) contractors and professional engineers only) I had and I agree to be responsible for his new work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosecrtifies this form shall be directly liable for the performed the inspection. Homeowner to complete: I certify that the name residence identified on this form and that proof of its Signature:	d my employee (
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	(print name) contractors and professional engineers only) I had and I agree to be responsible for his new work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosecrtifies this form shall be directly liable for the performed the inspection. Homeowner to complete: I certify that the name residence identified on this form and that proof of its Signature: An individual or entity who knowingly provides	d my employee ((print name of print name o				
	(print name) contractors and professional engineers only) I had and I agree to be responsible for his new work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosecrtifies this form shall be directly liable for the performed the inspection. Homeowner to complete: I certify that the name residence identified on this form and that proof of its Signature: An individual or entity who knowingly provides obtain or receive a discount on an insurance prefer of the first degree. (Section 627.711(7), Florida Signature)	d my employee ((print name of print name of				
	(print name) contractors and professional engineers only) I had and I agree to be responsible for his new work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosecrtifies this form shall be directly liable for the performed the inspection. Homeowner to complete: I certify that the name residence identified on this form and that proof of its Signature: An individual or entity who knowingly provides obtain or receive a discount on an insurance prefer of the first degree. (Section 627.711(7), Florida Signature)	d my employee ((print name of print name of				
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	(print name) contractors and professional engineers only) I had and I agree to be responsible for his ner work. Qualified Inspector Signature: An individual or entity who knowingly or through subject to investigation by the Florida Division of appropriate licensing agency or to criminal prosecrtifies this form shall be directly liable for the performed the inspection. Homeowner to complete: I certify that the name residence identified on this form and that proof of its Signature: An individual or entity who knowingly provides obtain or receive a discount on an insurance preform the first degree. (Section 627.711(7), Florida State of the first degree. (Section from hurricanes.	gh gross negligence provides a soft Insurance Fraud and may be secution. (Section 627.711(4)-(misconduct of employees as if the death of the death o				
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Uniform Mitigation Verification Inspection Attachments



Inspection Date: 10/15/2019

Windchase Bay Condos **Insured:**

2299 Scenic Hwy Building K **Address**

City Pensacola State FL Zip Code 32503





Front & Left of Home







Rear & Left of Home

Rear & Right of Home



Address Verification



#2 - Predominate Roof Covering - Meets 2001 FBC



#2 - Predominate Roof Covering - Meets 2001 FBC



#3 - Roof Deck Attachment - 8d Nail



#3 - RDA - 6" or Less Nail Spacing in Field



#3 - RDA - 6" or Less Nail Spacing in the Field



#3 - RDA - Rafter Spacing 24" or Less



#3 - RDA - Sheathing Thickness 7/16" or Greater



#4 - Roof to Wall Attachment - Hurricane Clips



#5 - Roof Geometry - Non-Hip



#6 - SWR - None - Synthetic



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



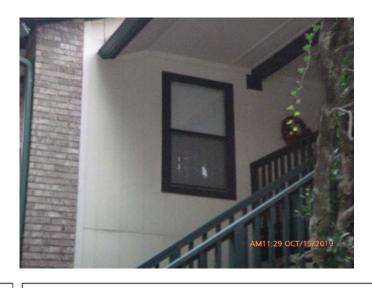
#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None







#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None

Inspector	Comr	nents	5:									
Permit#1 Permit#0						f of 103 Sqı Ivan	uares FL# 1	6305.1				
			D	oof	CI	1200	Skot	ch_	ONLV	As Nee	dod	
			11	UUI	<u>ار</u>	iape	SKE	LCII T	OINLI	AS INCC	ueu	
	_							-				



INSPECTIONS Roof Condition Certification Form

Applicant/Insured N	lame: Windchase Bay C	ondos		Application/Po	olicy #:	
Address Inspected:	2299 Scenic Hwy Buildi	ing K	Pensacola	FL	32503	<u> </u>
Date of Inspection:	10/15/2019	(850) 484-261	1	awright@	epmfl.net	

This *Roof Condition Certification 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:

- General, residential, building or roofing contractor
- Building code inspector
- · Registered architect
- Professional engineer
- · Building code official who is authorized by the state of Florida to verify building code compliance
- Florida-licensed home inspector

Note: This form *does not* verify loss mitigation features. Use *Uniform Mitigation Verification Inspection Form* OIR-B1-1802.

ROOF (Two photos showing t	R_{OOF} (Two photos showing the roof's condition must be submitted with this form.)							
Predominant Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:	Shingle <1 Year 15 years 04/02/2019 2019	Secondary Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:		Any visible sign /deterioration? e.g. curling/ lifted missing shingles sagging or unev Predominant room Yes XN Secondary roof Yes N	(describe; d/ loose/ s or tiles, en roof deck) of			
If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain)	X	If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain)		Any visible sign Predominant roc Yes XN Secondary roof Yes N	ns of leaks? of			
Additional Comments:								
certify that the above sta Andi N DeVito Inspector Name (printed)	tements are t	(850) 417-7934 Telephone Number FL Home Inspector		HI 8647	10/15/2019			
Signature of Inspector		License Type	LICE	ense Number	Date			





Roof Roof





Roof Roof





Roof Roof



3000 Langley Ave., Ste. 300, Pensacola, FL 32504

Office@PensacolalnsuranceInspections.com

INVOICE	=				Date:	10/15/2019
Name: Wir	ndchase Bay Condos					
Phone: (850	0) 484-2611					
Property Ad	ddress: 2299 Scenic Hwy I	Building K				
	a Insurance Inspection inspections:	ns & Valuatio	ns, LLC i	s pleased t	o have o	ompleted the
x Unif	form Mitigation Inspe	ection			\$	2,000.00
× Roo	f Condition Certificat	ion Form			\$	Included
4 Po	int Inspection				\$	
Oth	er Inspection				\$	
Discount	s:					
				7	Γotal Du	e: \$2,000.00
The total po	rice of the above agre yable.	eed upon insp	ections i	\$ \$2,000.00	. The e	ntire amount is
	PAID:	Yes		No		
	Payme	ent Method:	Initials			

Statement: This inspection and report is for insurance purposes only and is NOT to be construed as a guarantee or a warranty. This inspection report is base on a LIMITED VISUAL observation of the systems noted above, during the time & date inspected, and there is no implication that all deficiencies have been identified & described in this report. Any improvement dates & life expectancies given are based on the professional opinion of the inspector.

Thank you for this opportunity and we look forward to working for YOU again in the future. Thanks.

Uniform Mitigation Verification Inspection Form

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

Inspection Date:10/15/2019								
Owner Information								
	Name: Windchase Bay Condos			Contact Person:Andrea				
	S:2299 Scenic Hwy Building L			Home Phone (850) 484	-2611			
	Pensacola	Zip: 32503		Work Phone:				
	ː: Escambia			Cell Phone:				
	ice Company:	187		Policy #:				
Year of	f Home: 1983	# of Stories:2		Email:awright@epmfl.net				
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.								
	A. Built in compliance with the a date after 3/1/2002: Built in B. For the HVHZ Only: Built in	l counties), South Florida FBC: Year Built Permit Application Date @	Building Code (SFBC- For homes built in MDD/YYYY)//	94)? 12002/2003 provide a pe	rmit application with			
×	provide a permit application wit C. Unknown or does not meet the	h a date after 9/1/1994: Bi	uilding Permit Applicat					
OR	of Covering: Select all roof cove Year of Original Installation/Repering identified.							
		ermit Application Date	FBC or MDC Product Approval#	Year of Original Installation or Replacement	No Information Provided for Compliance			
	× 1. Asphalt/Fiberglass Shingle 04	/02/2019	Permit#19-04-0490	2019				
	2. Concrete/Clay Tile							
	3. Metal			 				
				*				
				-				
		<u>/_/</u>	1 <u>0.</u>					
	6. Other	<u></u>	<u> </u>	<u>-</u>				
×	A. All roof coverings listed above installation OR have a roofing p B. All roof coverings have a Missing part of the property	ermit application date on	or after 3/1/02 OR the r	oof is original and built	in 2004 or later.			
	roofing permit application after							
	C. One or more roof coverings of							
	D. No roof coverings meet the re							
3. Ro o		•						
J. <u>Ko</u>	A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or wood shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.							
	B. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common rother deck fastening system or maximum of 12 inches in the field	nails spaced a maximum of truss/rafter spacing that is	f 12" inches in the field s shown to have an equ	dOR- Any system of so nivalent or greater resista	rews, nails, adhesives,			
× Inspec	C. Plywood/OSB roof sheathing 24"inches o.c.) by 8d common of decking with a minimum of 2 not Any system of screws, nails, address Initials Property Ad	nails spaced a maximum c ails per board (or 1 nail pe	of 6" inches in the field er board if each board i	lOR- Dimensional lum s equal to or less than 6 ter spacing that is shown	ber/Tongue & Groove inches in width)OR-			
•	O			To account to the same of the				
* This	verification form is valid for un	to five (5) years provide	d no material changes	nave been made to the	structure.			

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

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		-	greater resista ? psf.	nce than 8d common nails spaced a maximum of 6 inches in the field or has a me	ean uplift resistance of at least
			_	Concrete Roof Deck.	
			Unknown or		
	G		No attic acce	SS.	
	eet	o	f the inside or	ment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachments outside corner of the roof in determination of WEAKEST type)	ent of hip/valley jacks within
	А		Toe Nails		
			th	russ/rafter anchored to top plate of wall using nails driven at an angle through to e top plate of the wall, or	
			□ M	etal connectors that do not meet the minimal conditions or requirements of B, C,	or D
$\mathbf{M}_{\mathbf{i}}$	nin	na	al conditions	to qualify for categories B, C, or D. All visible metal connectors are:	
				coured to truss/rafter with a minimum of three (3) nails, and	
			th	trached to the wall top plate of the wall framing, or embedded in the bond beam, we blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and from the prosion.	
\times	В		Clips		
				etal connectors that do not wrap over the top of the truss/rafter, or	
				tetal connectors with a minimum of 1 strap that wraps over the top of the truss/rad sition requirements of C or D, but is secured with a minimum of 3 nails.	ter and does not meet the nail
	С		Single Wraps		
	_		m	etal connectors consisting of a single strap that wraps over the top of the trus inimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.	
	D		Double Wraj		
			be	etal Connectors consisting of 2 separate straps that are attached to the wall frame, cam, on either side of the truss/rafter where each strap wraps over the top of the trusinimum of 2 nails on the front side, and a minimum of 1 nail on the opposing si	uss/rafter and is secured with
				tetal connectors consisting of a single strap that wraps over the top of the truss/rafeth sides, and is secured to the top plate with a minimum of three nails on each sides.	
			Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.	
			Unknown or		
	Н		No attic acce	ss	
				nat is the roof shape? (Do not consider roofs of porches or carports that are attached unenclosed space in the determination of roof perimeter or roof area for roof ge	
	A		Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system pe	
	В		Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: Roof on a building with 5 or more units where at least 90% of the main roof are	ea has a roof slope of
\times	С		Other Roof	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof a Any roof that does not qualify as either (A) or (B) above.	reasq ft NON HIP
6. <u>Se</u>	А		SWR (also can sheathing or dwelling from No SWR.	Lesistance (SWR): (standard underlayments or hot-mopped felts do not qualify as alled Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlated an adhesive SWR barrier (not foamed-on insulation) applied as a supplemental new water intrusion in the event of roof covering loss.	ayment applied directly to the
Inspe	cto	rs	Initials	Property Address 2299 Scenic Hwy Building L	Pensacola
*This	vei	rif	fication form	is valid for up to five (5) years provided no material changes have been mad	e to the structure or

*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.

-	ening Protection Level Chart		Glazed O	penings			Glazed enings
open 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 reakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garag Door
N/A	Not Applicable- there are no openings of this type on the structure		×	×	X		×
A	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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection						
^	No Windborne Debris Protection	×				X	
 Miami-Dade County PA 201, 202, and 203 Florida Building Code Testing Application Standard (TAS) 201, 202, and 203 							
		100					
 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-G	_					
-	A.2 One or More Non-Glazed openings classified as Level D in the table abo X in the table above			d openings	classified	l as Level	l B, C,
L	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X is	n the table a	bove				
o	penings are protected, at a minimum, with impact resistant coverings at the product approval system of the State of Florida or Miami-Dade for "Cyclic Pressure and Large Missile Impact" (Level B in the table above the State of Florida or Miami-Dade of "Cyclic Pressure and Large Missile Impact" (Level B in the table above the State of Florida or Miami-Dade of "Cyclic Pressure and Large Missile Impact" (Level B in the table above the State of Florida or Miami-Dade of "Cyclic Pressure and Large Missile Impact" (Level B in the table above the State of Florida or Miami-Dade of "Cyclic Pressure").	or product: County and	s listed as	windborn	e debris	s protect	ion de
	• ASTM E 1886 <u>and ASTM E 1996 (Large Missile – 4.5 lb.)</u>						
	SSTD 12 (Large Missile – 4 lb. to 8 lb.) Regulation of the state						
_	• For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large						
	JB.1 All Non-Glazed openings classified as A or B in the table above, or no N				d ru		
	B.2 One or More Non-Glazed openings classified as Level D in the table abore in the table above			d openings o	classified	l as Level	IC, N,
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the			_9:	123		22
	Exterior Opening Protection- Wood Structural Panels meeting wood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20					are co	vered
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or n	o Non-Glaze	ed opening	gs exist			
	IC.2 One or More Non-Glazed openings classified as Level D in the table abore	ve, and no N	on-Glaze	d openings	classified	l as Level	l N or 2
	C.3 One or More Non-Glazed openings is classified as Level N or X in the ta	ble above					
	ors Initials Property Address Property Address						

inaccuracies found on the form.

	N. Exterior Opening Protection (unverified shutter systems with no documenta					
	protective coverings not meeting the requirements of Answer "A", "B", or C" or sys	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, on N.2 One or More Non-Glazed openings classified as Level D in the table above, an					
	table above	id no non-Giazed openings classified as Level X in the				
	N.3 One or More Non-Glazed openings is classified as Level X in the table above					
	X. N☐e or Some Glazed Openings One or more Glazed openings classified and L	Level X in the table above.				
X						
	MITIGATION INSPECTIONS MUST BE CERTIFIED BY A Q	QUALIFIED INSPECTOR.				
	Section 627.711(2), Florida Statutes, provides a listing of individ	duals who may sign this form.				
	Qualified Inspector: Andi N DeVito License Type: FL Home Inspect	or <u>License or Certificate #:</u> HI 8647				
	Inspection Company: Pensacola Insurance Inspections & Valuations, LLC	Phone: (850) 417-7934				
	Qualified Inspector – I hold an active license as a: (check one)					
	Home inspector licensed under Section 468.8314, Florida Statutes who has completed to	the statutory number of hours of hurricane mitigation				
	training approved by the Construction Industry Licensing Board and completion of a pr					
	Building code inspector certified under Section 468.607, Florida Statutes.					
	General, building or residential contractor licensed under Section 489.111, Florida Stat	utes.				
	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.					
a C P	Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection. I, Andi N DeVito am a qualified inspector and I personally performed the inspection or (licensed (print name) contractors and professional engineers only) I had my employee () perform the inspection (print name of inspector) and I agree to be responsible for his/her work. Qualified Inspector Signature:					
	Homeowner to complete: I certify that the named Qualified Inspector or his or her esidence identified on this form and that proof of identification was provided to me or					
S	Signature: Date: 10/15/2019					
A	An individual or entity who knowingly provides or utters a false or fraudulent m	itigation verification form with the intent to				
- 1	obtain or receive a discount on an insurance premium to which the individual or of the first degree. (Section 627.711(7), Florida Statutes)	entity is not entitled commits a misdemeanor				
	The definitions on this form are for inspection purposes only and cannot be used as offering protection from hurricanes.	to certify any product or construction feature				
I	nspectors Initials Property Address 2299 Scenic Hwy Building L	Pensacola				

^{*}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.

Uniform Mitigation Verification Inspection Attachments



Inspection Date: 10/15/2019

Windchase Bay Condos **Insured:**

2299 Scenic Hwy Building L **Address**

City Pensacola State FL Zip Code 32503





Front & Left of Home

Front & Right of Home







Rear & Right of Home



Address Verification



#2 - Predominate Roof Covering - Meets 2001 FBC



#2 - Predominate Roof Covering - Meets 2001 FBC



#3 - Roof Deck Attachment - 8d Nail



#3 - RDA - 6" or Less Nail Spacing in Field



#3 - RDA - 6" or Less Nail Spacing in the Field



#3 - RDA - Rafter Spacing 24" or Less



#3 - RDA - Sheathing Thickness 7/16" or Greater



#4 - Roof to Wall Attachment - Hurricane Clips



#5 - Roof Geometry - Non-Hip



#6 - SWR - None - Synthetic



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None







#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None





#7 - Opening Protection - None

#7 - Opening Protection - None

Inspector Commen	is:
Permit#19-04-0490-	- 04/02/2019-Re-Roof of 69 Squares FL# 16305.1
	-11/06/2004-ReRoof Ivan
	-11/01/2016-Install new back door FL#11646.2 (L1)
1 6111116111 0032	11/01/2010 HIStall Hew Sack Goot 1 Em 110 1012 (E1)
	Poof Shano Skotch - ONI V As Noodod
	Roof Shape Sketch - ONLY As Needed



INSPECTIONS Roof Condition Certification Form

Applicant/Insured Name: Windchase Bay Condos		/ Condos	Application/Policy #:			
Address Inspected:	2299 Scenic Hwy Bui	lding L	Pensacola	FL	32503	
Date of Inspection:	10/15/2019	(850) 484-261 —	1	awright@ep	omfl.net	

This *Roof Condition Certification 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:

- General, residential, building or roofing contractor
- Building code inspector
- · Registered architect
- · Professional engineer
- Building code official who is authorized by the state of Florida to verify building code compliance
- Florida-licensed home inspector

Note: This form *does not* verify loss mitigation features. Use *Uniform Mitigation Verification Inspection Form* OIR-B1-1802.

ROOF (Two photos showing	the roof's cond	ition must be submitted with	this form.)		
Predominant Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:	Shingle <1 Year 15 years 04/02/2019 2019	Secondary Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:		Any visible sig /deterioration? e.g. curling/ lifte missing shingles sagging or unev Predominant roo Yes XN Secondary roof Yes N	(describe; d/ loose/ s or tiles, en roof deck) of
If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain) Additional Comments:	100 100	If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain)		Any visible sig Predominant roo Yes XN Secondary roof Yes N	ns of leaks? of o
All Roof Condition Certificertify that the above standing N DeVito Inspector Name (printed)	atements are	(850) 417-7934 Telephone Number	-	orida-licensed i	
Signature of Inspector	<u> </u>	FL Home Inspector License Type		nse Number	10/15/2019 Date





Roof





Roof Roof





Roof Roof



3000 Langley Ave., Ste. 300, Pensacola, FL 32504

Office@PensacolalnsuranceInspections.com

INVOICE		Date:	10/15/2019
Name: Windchase Bay Condos			
Phone: (850) 484-2611			
Property Address: 2299 Scenic Hwy	Building L		
Pensacola Insurance Inspection following inspections:	ons & Valuations, LLC	is pleased to have	completed the
x Uniform Mitigation Inspe	ection		\$ 2,000.00
x Roof Condition Certificat	ion Form		\$ Included
4 Point Inspection			\$
Other Inspection			\$
Discounts:			
		Total D	ue: \$2,000.00
The total price of the above agredue and payable.	eed upon inspections	is \$2,000.00 . The	entire amount is
PAID:	Yes	No	
Payme	Initials ent Method:		

Statement: This inspection and report is for insurance purposes only and is NOT to be construed as a guarantee or a warranty. This inspection report is base on a LIMITED VISUAL observation of the systems noted above, during the time & date inspected, and there is no implication that all deficiencies have been identified & described in this report. Any improvement dates & life expectancies given are based on the professional opinion of the inspector.

Thank you for this opportunity and we look forward to working for YOU again in the future. Thanks.

Uniform Mitigation Verification Inspection Form

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

Inspect	ion Date:10/15/2019				
	Information				
Owner Name: Windchase Bay Condos Contact Person: Andrea					
	S:2299 Scenic Hwy Building M			Home Phone (850) 484	-2611
	Pensacola	Zip: 32503		Work Phone:	
County	Escambia			Cell Phone:	
Insuran	ce Company:			Policy #:	
Year of	Home: 1983	# of Stories:2		Email:awright@epmfl.net	
accomp though	Any documentation used in vo pany this form. At least one pl 7. The insurer may ask addit	notograph must accompa ional questions regardin	ny this form to valida g the mitigated featur	te each attribute mark e(s) verified on this for	ed in questions 3 n.
	Iding Code: Was the structure by HVHZ (Miami-Dade or Broward A. Built in compliance with the	d counties), South Florida FBC: Year Built	Building Code (SFBC- For homes built in	94)?	
	a date after 3/1/2002: Building I B. For the HVHZ Only: Built in provide a permit application with	compliance with the SFE h a date after 9/1/1994: B	C-94: Year Builtuilding Permit Applicat		
OR	C. Unknown or does not meet the force of Covering: Select all roof covering Year of Original Installation/Repering identified.	ring types in use. Provide	the permit application		
	2.1 Roof Covering Type:	Date	Product Approval#	Replacement	Compliance
	X 1. Asphalt/Fiberglass Shingle	1/02/2019	Permit#19-04-0491	2019	
	2. Concrete/Clay Tile			-	
	3. Metal	<u></u>			
	4. Built Up	<u></u>			
	·				
	6. Other				
	A. All roof coverings listed aborinstallation OR have a roofing pB. All roof coverings have a Miroofing permit application after C. One or more roof coverings of	ermit application date on ami-Dade Product Approv 9/1/1994 and before 3/1/2	or after 3/1/02 OR the roal listing current at time 1002 OR the roof is original.	roof is original and built se of installation OR (for ginal and built in 1997 or	in 2004 or later. the HVHZ only) a
	D. No roof coverings meet the r	equirements of Answer "A	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 wood shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below. B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inche attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width)OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent 					
Inspec	tors Initials Property Ad	Idress 2299 Scenic Hwy B	ounding ivi	P	ensacola ———
*This y	erification form is valid for ur	to five (5) years provide	ed no material change	s have been made to the	structure.

*This verification form is valid for up to five (5) years provided no material changes have been made to the structure OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.0155

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			greater resista 2 psf.	ance than 8d common nails spaced a maximum of 6 inches in the field or has a	mean uplift resistance of at least
	П		_	Concrete Roof Deck.	
			Unknown or		
		G.	No attic acce	SS.	
4.		eet o	of the inside of	nment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attack routside corner of the roof in determination of WEAKEST type)	hment of hip/valley jacks within
		Α.	Toe Nails		
			th	russ/rafter anchored to top plate of wall using nails driven at an angle through e top plate of the wall, or	
			□ M	letal connectors that do not meet the minimal conditions or requirements of B,	C, or D
	Mi	nim	19-76	to qualify for categories B, C, or D. All visible metal connectors are:	
				ecured to truss/rafter with a minimum of three (3) nails, and	
			th	ttached to the wall top plate of the wall framing, or embedded in the bond beam to blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and prosion.	
	X	В.	Clips		
				letal connectors that do not wrap over the top of the truss/rafter, or	
				letal connectors with a minimum of 1 strap that wraps over the top of the truss/ osition requirements of C or D, but is secured with a minimum of 3 nails.	rafter and does not meet the nail
		C.	Single Wraps		
		-	m	letal connectors consisting of a single strap that wraps over the top of the trainimum of 2 nails on the front side and a minimum of 1 nail on the opposing si	
		D.	Double Wra		1 11 11 1 1 1
			be	Letal Connectors consisting of 2 separate straps that are attached to the wall frameam, on either side of the truss/rafter where each strap wraps over the top of the minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing	truss/rafter and is secured with
				letal connectors consisting of a single strap that wraps over the top of the truss/oth sides, and is secured to the top plate with a minimum of three nails on each	
			Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.	
			Unknown or		
		Η.	No attic acce	ss	
5.				hat is the roof shape? (Do not consider roofs of porches or carports that are attacher unenclosed space in the determination of roof perimeter or roof area for roof	
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system	
		В.	Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: _ 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 Roof	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roo Any roof that does not qualify as either (A) or (B) above.	f areasq ft Non-Hip
6.	Sec	А. В.	SWR (also c sheathing or dwelling from No SWR.	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify alled Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing under foam adhesive SWR barrier (not foamed-on insulation) applied as a supplement water intrusion in the event of roof covering loss. undetermined.	erlayment applied directly to the
In	spec	tor	s Initials	Property Address 2299 Scenic Hwy Building M	Pensacola
*T	his	veri	fication form	is valid for up to five (5) years provided no material changes have been m	ade to the structure or

*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.

	ening Protection Level Chart		Glazed O	penings			Glazed enings
open 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 veakest 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						
14	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	X				X	
-	 Miami-Dade County PA 201, 202, and 203 Florida Building Code Testing Application Standard (TAS) 20 American Society for Testing and Materials (ASTM) E 1886 and Southern Standards Technical Document (SSTD) 12 For Skylights Only: ASTM E 1886 and ASTM E 1996 For Garage Doors Only: ANSI/DASMA 115 	and ASTM I	E 1996				
	A.1 All Non-Glazed openings classified as A in the table above, or no Non-G A.2 One or More Non-Glazed openings classified as Level D in the table abo X in the table above A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in	ve, and no N	Ion-Glaze	d openings	classified	l as Leve	l B, C, N,
i i f	B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I penings are protected, at a minimum, with impact resistant coverings in the product approval system of the State of Florida or Miami-Dade Cor "Cyclic Pressure and Large Missile Impact" (Level B in the table about a STM 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 Bl.) B.1 All Non-Glazed openings classified as A or B in the table above, or no N B.2 One or More Non-Glazed openings classified as Level D in the table above in the table above	or products County and ove): Missile - 2 on-Glazed ove, and no N	s listed as meet the to 4.5 lb.) penings e.	s windborn requireme	ne debris	s protect one of th	ion devic e followi
	Exterior Opening Protection- Wood Structural Panels meeting			Glazed o	neninge	are co	vered w
	ywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20					arc 00	voica w
-	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no C.2 One or More Non-Glazed openings classified as Level D in the table above the table above				classified	l as Level	l N or X is
	C.3 One or More Non-Glazed openings is classified as Level N or X in the ta	ble above					
	ors Initials Property Address 2299 Scenic Hwy Building M				Pensaco	da.	

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	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. N☐e or Some Glazed Openings One or more Glazed openings classified and Level X in the table above.
X	THE THE OF SOME GRAZER OPENINGS ONE OF MORE GRAZER OPENINGS ORGANIZED AND EXCEPT IN the more more more discover.
	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.
	Qualified Inspector: Andi N DeVito License Type: FL Home Inspector License or Certificate #: HI 8647
	Inspection Company: Pensacola Insurance Inspections & Valuations, LLC Phone: (850) 417-7934
	Qualified Inspector – I hold an active license as a: (check one)
	Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
	Building code inspector certified under Section 468.607, Florida Statutes.
	General, building or residential contractor licensed under Section 489.111, Florida Statutes.
	Professional engineer licensed under Section 471.015, Florida Statutes.
	Professional architect licensed under Section 481.213, Florida Statutes.
	Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.
a Q A ST A C P	Andi N DeVito am a qualified inspector and I personally performed the inspection or (licensed (print name) ontractors and professional engineers only) I had my employee () perform the inspection (print name of inspector) nd I agree to be responsible for his/her work. Qualified Inspector Signature: Date: 10/15/2019 An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is ubject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the ppropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who ertifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.
- 1	Iomeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the esidence identified on this form and that proof of identification was provided to me or my Authorized Representative.
	Signature: Date:
0	An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to btain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)
	The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature s offering protection from hurricanes.
I	nspectors Initials Property Address 2299 Scenic Hwy Building M Pensacola

^{*}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.

Uniform Mitigation Verification Inspection Attachments



Inspection Date: 10/15/2019

Windchase Bay Condos **Insured:**

2299 Scenic Hwy Building M **Address**

Pensacola State FL Zip Code 32503





Front & Left of Home

Front & Right of Home







Rear & Right of Home



Address Verification



#2 - Predominate Roof Covering - Meets 2001 FBC



#2 - Predominate Roof Covering - Meets 2001 FBC



#3 - Roof Deck Attachment - 8d Nail



#3 - RDA - 6" or Less Nail Spacing in Field



#3 - RDA -6" or Less Nail Spacing in the Field



#3 - RDA - Rafter Spacing 24" or Less



#3 - RDA - Sheathing Thickness 7/16" or Greater



#4 - Roof to Wall Attachment - Hurricane Clips



#5 - Roof Geometry - Non-Hip



#6 - SWR - None - Synthetic



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None





#7 - Opening Protection - None

#7 - Opening Protection - None

Inspector Com						
		Re-Roof of 80 Squa	ares FL# 16305.1			
1)371-11/06/2004-F		#15010 2 · · · 1 · · ·	FL #16216 1 (NAC)		
		Replace 2 Doors FL New Front Door FL	_#15819.2 and 1 door _#15225_1 (M6)	FL#16216.1 (M6)		
	127 1-11/03/2010-1	New Front Door L	.π13223.1 (IVIO)			
	D.	fClassa	Classal		Nicadad	
	ROO	rSnape	Sketch -	UNLY AS	Needed	



INSPECTIONS Roof Condition Certification Form

Applicant/Insured Name: Windo	chase Bay Condos		Application/Po		
Address Inspected: 2299 Scenic	Hwy Building M	Pensacola	FL	32503	
Date of Inspection: 10/15/2019	(850) 484	-2611	awright@e	pmfl.net	

This *Roof Condition Certification 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:

- General, residential, building or roofing contractor
- Building code inspector
- · Registered architect
- Professional engineer
- · Building code official who is authorized by the state of Florida to verify building code compliance
- Florida-licensed home inspector

Note: This form *does not* verify loss mitigation features. Use *Uniform Mitigation Verification Inspection Form* OIR-B1-1802.

ROOF (Two photos showing	the roof's cond	ition must be submitted with	this form.)					
Predominant Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:	Shingle <1 Year 15 years 04/02/2019 2019	Secondary Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:		Any visible sig /deterioration? e.g. curling/ lifter missing shingles sagging or unev Predominant roo Yes XN Secondary roof Yes N	(describe; d/ loose/ s or tiles, en roof deck) of			
If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain) Additional Comments:	100 x	If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain)		Any visible sig Predominant roo Yes XN Secondary roof Yes N	ns of leaks? of			
All Roof Condition Certification Forms must be signed and completed by a Florida-licensed inspector. I certify that the above statements are true and correct. Andi N DeVito Inspector Name (printed) (850) 417-7934 Telephone Number								
Signature of Inspector	oti wa	FL Home Inspector License Type		nse Number	10/15/2019 Date			





Roof Roof





Roof Roof





Roof Roof



3000 Langley Ave., Ste. 300, Pensacola, FL 32504

Office@PensacolalnsuranceInspections.com

INVOICE					Date: 1	0/15/2019
Name: Windchase Ba	y Condos					
Phone: (850) 484-261	1					
Property Address:	2299 Scenic Hwy	Building M				
Pensacola Insur following inspe	-	ons & Valuati	ons, LLC	is pleased	to have c	ompleted the
× Uniform M	itigation Inspe	ection			\$	2,000.00
x Roof Condi	tion Certificat	ion Form			\$	Included
4 Point Ins	pection				\$	
Other Insp	ection				\$	
Discounts:						
					Total Due	\$2,000.00
The total price of t due and payable.	the above agre	eed upon ins	pections	is \$2,000.00	. The e	ntire amount is
	PAID:	Yes		No		
	Payme	ent Method:	Initials			

Statement: This inspection and report is for insurance purposes only and is NOT to be construed as a guarantee or a warranty. This inspection report is base on a LIMITED VISUAL observation of the systems noted above, during the time & date inspected, and there is no implication that all deficiencies have been identified & described in this report. Any improvement dates & life expectancies given are based on the professional opinion of the inspector.

Thank you for this opportunity and we look forward to working for YOU again in the future. Thanks.

Uniform Mitigation Verification Inspection Form

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

Inspect	ion Date:10/21/2019								
_ TON EXCENT AND RESE.	Information								
	Name: Windchase Bay Condos			Contact Person:Andrea					
	Address: 2299 Scenic Hwy Building N Home Phone (850) 484-2611 City: Pensacola Zip: 32503 Work Phone:								
County: Escambia Cell Phone:									
Insuran	ce Company:			Policy #:					
Year of	Home: 1983	# of Stories:2		Email:awright@epmfl.net					
accomp though	: Any documentation used in pany this form. At least one place 7. The insurer may ask addit	notograph must accompa ional questions regardin	any this form to valida g the mitigated featur	te each attribute marke e(s) verified on this form	ed in questions 3 n.				
	Iding Code: Was the structure by HVHZ (Miami-Dade or Browar A. Built in compliance with the a date after 3/1/2002: Building:	d counties), South Florida FBC: Year Built	Building Code (SFBC- For homes built in	94)?					
	B. For the HVHZ Only: Built ir provide a permit application wi	n compliance with the SFE th a date after 9/1/1994: B	3C-94: Year Built _ uilding Permit Applicat						
OR	C. Unknown or does not meet to of Covering: Select all roof covering: Year of Original Installation/Reering identified.	ering types in use. Provide	the permit application						
	2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approva1#	Year of Original Installation or Replacement	Provided for Compliance				
	1. Asphalt/Fiberglass Shingle	4/02/2019	Permit#19-04-0492	2019					
	2. Concrete/Clay Tile								
	3. Metal		7						
	4. Built Up		-	·					
	_			-					
			P <u> </u>	2					
	6, Other		-	-					
×	A. All roof coverings listed abo installation OR have a roofing p	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 Mi roofing permit application after	9/1/1994 and before 3/1/2	2002 OR the roof is orig	ginal and built in 1997 or					
	C. One or more roof coverings			В".					
	D. No roof coverings meet the r	equirements of Answer "A	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" included by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes of shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent of truss/rafter (spaced a maximum of 12" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, add other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails smaximum 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 12 inches in the field or has a mean uplift resistance of at least 103 psf. 									
Inenee	24"inches o.c.) by 8d common decking with a minimum of 2 r. Any system of screws, nails, actors Initials Property Actors	ails per board (or 1 nail p lhesives, other deck faster	er board if each board in growing system or truss/raf	is equal to or less than 6 ter spacing that is showr	inches in width)OR-				
Inspec	tors mitials () Froperty Ac	iui ess							
*This	verification form is valid for up	to five (5) years provide	ed no material change	s have been made to the	structure.				

*This verification form is valid for up to five (5) years provided 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.	esistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift re	esistance of at least
			1	ced Concrete Roof Deck.	
		E.	Other:		
				n or unidentified.	
		G.	No attic a	access.	
4.	Ro c 5 fe	of to	of the insid	ttachment: What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/vide or outside corner of the roof in determination of WEAKEST type)	alley jacks within
		A.	Toe Nails	ils	
				Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/raf the top plate of the wall, or	ter and attached to
				Metal connectors that do not meet the minimal conditions or requirements of B, C, or D	
	Miı	nim	al condition	tions to qualify for categories B, C, or D. All visible metal connectors are:	
			\mathbb{X}	Secured to truss/rafter with a minimum of three (3) nails, and	
			\boxtimes	Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less that the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible corrosion.	
	\times	B.	Clips		
			\times	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 doe position requirements of C or D, but is secured with a minimum of 3 nails.	s not meet the nail
		C.	Single W		
		Б	D 11 11	Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.	is secured with a
		D.	Double V		
			Ш	Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedd beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter are 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 secur both sides, and is secured to the top plate with a minimum of three nails on each side.	ed to the wall on
		E.	Structural	Anchor bolts structurally connected or reinforced concrete roof.	
		F.	Other:		
		G.	Unknown	on 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 over unenclosed space in the determination of roof perimeter or roof area for roof geometry class	
		A.	Hip Roof	of Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.	
			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 roo	
	X	C.	Other Ro	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof area oof Any roof that does not qualify as either (A) or (B) above. NON HIP	sq ft
6.		А. В.	SWR (also sheathing dwelling No SWR.	ter Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as an SWR) also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment apparent of foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to pag from water intrusion in the event of roof covering loss.	
Ins	pec	tor	s Initials 4	Property Address 2299 Scenic Hwy Building N Pensace	ola
*T	his '	veri	fication fo	form is valid for up to five (5) years provided no material changes have been made to the str	ucture or

*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.

-	ening Protection Level Chart		Glazed O	penings			Glazed enings
open 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 reakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garag Door
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				$ egthinspace{-1pt}$		
N	Other protective coverings that cannot be identified as A, B, or C				$\overline{}$		
Х	No Windborne Debris Protection	\boxtimes				×	
^	No will both a Protection						
	 Miami-Dade County PA 201, 202, and 203 Florida Building Code Testing Application Standard (TAS) 20 	1, 202, and	203				
	American Society for Testing and Materials (ASTM) E 1886 a	ind ASIM	£ 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-G	_	_				
-	A.2 One or More Non-Glazed openings classified as Level D in the table above X in the table above A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in			d openings	classified	l as Level	I B, C,
o ir	Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb L penings are protected, at a minimum, with impact resistant coverings a the product approval system of the State of Florida or Miami-Dade Cor "Cyclic Pressure and Large Missile Impact" (Level B in the table above the Cortago of the State of Florida or Miami-Dade Cortago of the State of The	or product: County and	s listed as	windborn	e debris	s protect	ion de
	• ASTM E 1886 <u>and ASTM E 1996 (Large Missile – 4.5 lb.)</u>						
	• SSTD 12 (Large Missile – 41b. to 8 lb.)						
_	For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large						
	B.1 All Non-Glazed openings classified as A or B in the table above, or no N						
	B.2 One or More Non-Glazed openings classified as Level D in the table above in the table above			d openings of	classified	l as Level	l C, N,
	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the	e table abov	e				
	wood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20					are co	vered
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no	o Non-Glaze	ed opening	s exist			
-	C.2 One or More Non-Glazed openings classified as Level D in the table aborthe table above				classified	l as Level	l N or l
	C.3 One or More Non-Glazed openings is classified as Level N or X in the tail	ble above					

inaccuracies found on the form.

	N. Exterior Opening Protection (unverified shutter systems with no documentation) All	
Ш	protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that with no documentation of compliance (Level N in the table above).	t appear to meet Answer "A" or "B"
	N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-	-Glazed openings exist
	☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-	
	table above N. 2. One or More Non Closed enemings is closeified as Level V in the table above	
	N.3 One or More Non-Glazed openings is classified as Level X in the table above X. N ☐ e or Some Glazed Openings One or more Glazed openings classified and Level X in	the table above
×	1 0	a the those hoove.
	MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFI	IED INSPECTOR.
	Section 627.711(2), Florida Statutes, provides a listing of individuals who	
		cense or Certificate #: HI 11222
	Inspection Company: Pensacola Insurance Inspections & Valuations, LLC Phone: (85	0) 417-7934
	Qualified Inspector – I hold an active license as a: (check one)	
	Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutor	
	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	s to properly complete a uniform mitigation
	verification form pursuant to Section 627.711(2), Florida Statutes.	to properly complete a annorm marganon
I	Individuals other than licensed contractors licensed under Section 489.111, Florida Statut	tes, or professional engineer licensed
u	under Section 471.015, Florida Statues, must inspect the structures personally and not thi	rough employees or other persons.
	Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the	e requisite skill, knowledge, and
<u>e</u>	experience to conduct a mitigation verification inspection.	
I	J, David Beanuer am a qualified inspector and I personally performed the	inspection or (licensed
	(print name)	F COLOR
c		perform the inspection
	(print name of inspector) and I agree to be responsible for his/her_work.	
a		
(Qualified Inspector Signature: Date: 10/21/201	
1.		
	An individual or entity who knowingly or through gross negligence provides a false or fra subject to investigation by the Florida Division of Insurance Fraud and may be subject to	
	appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida S	
<u>c</u>	certifies this form shall be directly liable for the misconduct of employees as if the authori	· -
r	performed the inspection.	
I	Homeowner to complete: I certify that the named Qualified Inspector or his or her employe	ee did perform an inspection of the
	residence identified on this form and that proof of identification was provided to me or my Aut	
	10/21/2010	-
	Signature: Date: 10/21/2019	
	An individual or entity who knowingly provides or utters a false or fraudulent mitigation obtain or receive a discount on an insurance premium to which the individual or entity is	verification form with the intent to
- 1	of the first degree. (Section 627.711(7), Florida Statutes)	
	TOT THE TITSL DEGREE. CSECTION 027.71 H/7. FIORIDA STAUMEST	
_		not entitled commits a misdemeanor
7	The definitions on this form are for inspection purposes only and cannot be used to certify as offering protection from hurricanes.	not entitled commits a misdemeanor
a	The definitions on this form are for inspection purposes only and cannot be used to certify as offering protection from hurricanes.	not entitled commits a misdemeanor
a	The definitions on this form are for inspection purposes only and cannot be used to certify as offering protection from hurricanes.	not entitled commits a misdemeanor
a	The definitions on this form are for inspection purposes only and cannot be used to certify	y any product or construction feature

^{*}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.

Uniform Mitigation Verification Inspection Attachments



Inspection Date: 10/21/2019

Windchase Bay Condos **Insured:**

2299 Scenic Hwy Building N **Address**

State FL Pensacola Zip Code 32503 City





Front & Left of Home



Front & Right of Home



Rear & Left of Home

Rear & Right of Home



Address Verification



#2 - Predominate Roof Covering - Meets 2001 FBC



#2 - Predominate Roof Covering - Meets 2001 FBC



#3 - Roof Deck Attachment - 8d Nail



#3 - RDA - 6" or Less Nail Spacing in Field



#3 - RDA - 6" or Less Nail Spacing in Field



#3 - RDA - Rafter Spacing 24" or Less



#3 - RDA - Sheathing Thickness 7/16" or Greater



#4 - Roof to Wall Attachment - Hurricane Clips



#5 - Roof Geometry - Non-Hip



#6 - SWR - None - Synthetic



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - Tracks for Shutters



#7 - Opening Protection - Tracks for Shutters



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None

Inspector Comments:				
	4/02/2019-Re-Roof of 44 Squares Fl 1/06/2004-ReRoof Ivan	_# 16305.1		
Tracks for shutters pre	esent, however, not on every openir	ng.		
	D CCI CI	- L L ONI	NZ A - NI I - I	
	Roof Shape Sk	etch - UNL	.Y As Needed	



INSPECTIONS Roof Condition Certification Form

Applicant/Insured Nar	ndos	Application/Policy #:				_	
Address Inspected: 2	299 Scenic Hwy Buildin	ig N P	ensacola	FL	32503		
Date of Inspection: $\frac{10}{2}$	/21/2019	(850) 484-2611		awright@	epmfl.net		

This *Roof Condition Certification 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:

- General, residential, building or roofing contractor
- Building code inspector
- Registered architect
- Professional engineer
- · Building code official who is authorized by the state of Florida to verify building code compliance
- Florida-licensed home inspector

Note: This form *does not* verify loss mitigation features. Use *Uniform Mitigation Verification Inspection Form* OIR-B1-1802.

$\mathbb{R}_{\mathrm{OOF}}$ (Two photos showing the r	oof's cond	ition must be submitted with	this form.)							
Predominant Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:	Shingle <1 Year 15 Years 4/02/2019 2019	Secondary Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:		Any visible sig /deterioration? e.g. curling/ lifte missing shingler sagging or unev Predominant room	(describe; d/ loose/ s or tiles, en roof deck)					
If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain)	100	If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain)		Secondary roof Yes N Any visible sig Predominant roo Yes XN Secondary roof Yes N	o ns of leaks? of					
Additional Comments:										
	All Roof Condition Certification Forms must be signed and completed by a Florida-licensed inspector. I certify that the above statements are true and correct.									
David Beanuer		(850) 417-7934								
Inspentor Name (printed)		Telephone Number	•							
Wamfu B.		FL Home Inspector	_	HI 11222	10/21/2019					
Signature of Inspector		License Type	Lic	ense Number	Date					





Roof Roof





Roof Roof





Roof Roof



3000 Langley Ave., Ste. 300, Pensacola, FL 32504

Office@PensacolalnsuranceInspections.com

INVOICE		Date: 10/21/2019
Name: Windchase Bay Condos		
Phone: (850) 484-2611		
Property Address: 2299 Scenic H	wy Building N	
Pensacola Insurance Inspections:	ctions & Valuations, LLC is pleased	d to have completed the
× Uniform Mitigation In	spection	\$ 2,000.00
x Roof Condition Certifi	cation Form	\$ Included
4 Point Inspection		\$
Other Inspection		\$
Discounts:		
		Total Due: \$2,000.00
The total price of the above a due and payable.	greed upon inspections is \$2,000.00	. The entire amount is
PAIC	Yes No	
Pa	Initials ayment Method:	

Statement: This inspection and report is for insurance purposes only and is NOT to be construed as a guarantee or a warranty. This inspection report is base on a LIMITED VISUAL observation of the systems noted above, during the time & date inspected, and there is no implication that all deficiencies have been identified & described in this report. Any improvement dates & life expectancies given are based on the professional opinion of the inspector.

Thank you for this opportunity and we look forward to working for YOU again in the future. Thanks.

Uniform Mitigation Verification Inspection Form

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

Inspect	ion Date:10/15/2019								
	Information								
ALC: LOCAMING ALC	Name: Windchase Bay Condos			Contact Person:Andre					
	S:2299 Scenic Hwy Building O			Home Phone: (850) 484-2611					
	Pensacola	Zip: 32503		Work Phone:					
	ː Escambia			Cell Phone:					
	ice Company:	16.7		Policy #:					
Year of	f Home: 1983	# of Stories:2		Email:awright@epmfl.net					
accom; though	: Any documentation used in v pany this form. At least one ph 17. The insurer may ask addit	otograph must accompa onal questions regardin	nny this form to valida g the mitigated featur	te each attribute mark e(s) verified on this for	ed in questions 3 m.				
	 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 (MMDD/YYYY)///								
	provide a permit application with			tion Date (MM/DD/YYYY)	//_				
OR	C. Unknown or does not meet the of Covering: Select all roof covering: Year of Original Installation/Regering identified.	ring types in use. Provide placement OR indicate the	the permit application	vailable to verify compli					
	2.1 Roof Covering Type:	Permit Application Date	Product Approval#	Year of Original Installation or Replacement	Compliance				
	X 1. Asphalt/Fiberglass Shingle 04	/02/2019	Permit#19-04-0493	2019					
	2. Concrete/Clay Tile	<u></u>		<u></u>					
	3. Metal	<u></u>							
	4. Built Up	1_1							
			·						
				-					
		<u></u>		-					
×	A. All roof coverings listed aborinstallation OR have a roofing p	ermit 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 Mi roofing permit application after	9/1/1994 and before 3/1/2	2002 OR the roof is orig	ginal and built in 1997 or					
	C. One or more roof coverings of			В".					
	D. No roof coverings meet the r	equirements of Answer "A	A" or "B".						
3. <u>Ro</u>	 □ A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the fieldOR- Batten decking supporting wood shakes or wood shinglesOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below. □ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the fieldOR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf. □ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the fieldOR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width)OR- 								
Inspec	Any system of screws, nails, adtors Initials Property Ad	hesives, other deck faster 2299 Scenic Hwy E	ning system or truss/raf Building O		n to have an equivalent ensacola				
•	O			20 44					
*This	verification form is valid for un	to five (5) years provide	ed no material change	s have been made to the	structure				

*This verification form is valid for up to five (5) years provided 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 resist 2 psf.	tance than 8d common nails spaced a maximum of 6 inches in the field or has a m	ean uplift resistance of at least
	П		_	Concrete Roof Deck.	
				r unidentified.	
		G.	No attic acc	eess.	
4.		eet o	of the inside of	chment: What is the WEAKEST roof to wall connection? (Do not include attachment or outside corner of the roof in determination of WEAKEST type)	ment of hip/valley jacks within
		Α.	Toe Nails		1 / 0 1 1 . 1
				Truss/rafter anchored to top plate of wall using nails driven at an angle through he top plate of the wall, or	the truss/ratter and attached to
				Metal connectors that do not meet the minimal conditions or requirements of B, C,	or D
	Mi	nim	al condition	s 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	
			t	Attached to the wall top plate of the wall framing, or embedded in the bond beam, the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and from the corrosion.	
	\times	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/raposition requirements of C or D, but is secured with a minimum of 3 nails.	after and does not meet the nail
		C.	Single Wrap		age from and is approved with a
		-	r	Metal connectors consisting of a single strap that wraps over the top of the trust minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side	
		D.	Double Wr		1 11 11 1 1 1
			t	Metal Connectors consisting of 2 separate straps that are attached to the wall frame beam, on either side of the truss/rafter where each strap wraps over the top of the trust minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing s	russ/rafter and is secured with
				Metal connectors consisting of a single strap that wraps over the top of the truss/rate outh sides, and is secured to the top plate with a minimum of three nails on each sides.	
			Structural Other:	Anchor bolts structurally connected or reinforced concrete roof.	
				r unidentified	
		H.	No attic acc	ess	
5.				That is the roof shape? (Do not consider roofs of porches or carports that are attach ver unenclosed space in the determination of roof perimeter or roof area for roof go	
		A.	Hip Roof	Hip roof with no other roof shapes greater than 10% of the total roof system pe	
		В.	Flat Roof	Total length of non-hip features: feet; Total roof system perimeter: Roof on a building with 5 or more units where at least 90% of the main roof at	rea has a roof slope of
	×	C.	Other Roof	less than 2:12. Roof area with slope less than 2:12 sq ft; Total roof a Any roof that does not qualify as either (A) or (B) above.	areasq ft Non-Hip
6.	Sec	А. В.	SWR (also sheathing or dwelling fro No SWR.	Resistance (SWR): (standard underlayments or hot-mopped felts do not qualify as called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underly room adhesive SWR barrier (not foamed-on insulation) applied as a supplementation water intrusion in the event of roof covering loss.	layment applied directly to the
In	spec	tor	s Initials	Property Address 2299 Scenic Hwy Building O	Pensacola
*T	his	veri	fication for	m is valid for up to five (5) years provided no material changes have been mad	de to the structure or

*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.

	ening Protection Level Chart		Glazed O	penings			Glazed enings
open 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 reakest form of protection (lowest row) for Non-Glazed openings.	Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garag Door
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						
N	Other protective coverings that cannot be identified as A, B, or C						
Х	No Windborne Debris Protection	\times				X	
a	nd Large Missile Impact" (Level A in the table above). • Miami-Dade County PA 201, 202, and 203						
	 Florida Building Code Testing Application Standard (TAS) 20 	1, 202, and	203				
	 American Society for Testing and Materials (ASTM) E 1886 a 	nd 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-G	lazed openi	ngs exist				
	A.2 One or More Non-Glazed openings classified as Level D in the table above	ve, and no N	Ion-Glaze	d openings	classified	l as Level	l B, C,
	A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X is	n the table a	oove				
o in fo	B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb I penings are protected, at a minimum, with impact resistant coverings in the product approval system of the State of Florida or Miami-Dade Cor "Cyclic Pressure and Large Missile Impact" (Level B in the table ab 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 Distriction of the table above, or no N	or product: County and ove): • Missile - 2	s listed as meet the to 4.5 lb.)	s windborn requireme	e debris	s protect	ion de
	B.2 One or More Non-Glazed openings classified as Level D in the table above			d openings	classified	l as Level	l C, N,
L	B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the	e table abov	е				
	Exterior Opening Protection- Wood Structural Panels meeting ywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 20					are co	vered
	C.1 All Non-Glazed openings classified as A, B, or C in the table above, or n	o Non-Glaze	ed opening	gs exist			
-	C.2 One or More Non-Glazed openings classified as Level D in the table abor the table above		151		classified	l as Level	l N or 2
	C.3 One or More Non-Glazed openings is classified as Level N or X in the ta	ble above					
	ors Initials Property Address Property Address						

	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. Ne 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.
	Qualified Inspector; Andi N DeVito License Type: FL Home Inspector License or Certificate #: HI 8647
	Inspection Company: Pensacola Insurance Inspections & Valuations, LLC Phone: (850) 417-7934
	Qualified Inspector – I hold an active license as a: (check one)
	Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation
	training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
	Building code inspector certified under Section 468.607, Florida Statutes.
	General, building or residential contractor licensed under Section 489.111, Florida Statutes.
	Professional engineer licensed under Section 471.015, Florida Statutes.
	Professional architect licensed under Section 481.213, Florida Statutes.
	Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation
	verification form pursuant to Section 627.711(2), Florida Statutes.
a C A S a C p	Andi N DeVito am a qualified inspector and I personally performed the inspection or (licensed (print name) ontractors and professional engineers only) I had my employee (
- 1	Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the esidence identified on this form and that proof of identification was provided to me or my Authorized Representative.
S	Signature: Date: 10/15/2019
A	An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to btain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)
a	The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature s offering protection from hurricanes.
I	nspectors Initials Property Address 2299 Scenic Hwy Building O Pensacola

^{*}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.

Uniform Mitigation Verification Inspection Attachments

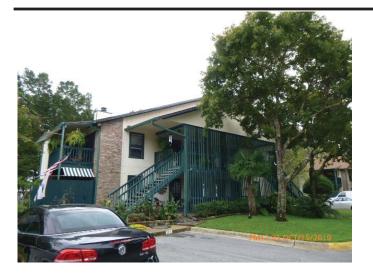


Inspection Date: 10/15/2019

Windchase Bay Condos **Insured:**

2299 Scenic Hwy Building O **Address**

State FL City Pensacola Zip Code 32503





Front & Left of Home

Front & Right of Home







Rear & Right of Home



Address Verification



#2 - Predominate Roof Covering - Meets 2001 FBC



#2 - Predominate Roof Covering - Meets 2001 FBC



#3 - Roof Deck Attachment - 8d Nail



#3 - RDA - 6" or Less Nail Spacing in Field



#3 - RDA - 6" or Less Nail Spacing in the Field



#3 - RDA - Rafter Spacing 24" or Less



#3 - RDA - Sheathing Thickness 7/16" or Greater



#4 - Roof to Wall Attachment - Hurricane Clips



#5 - Roof Geometry - Non-Hip



#6 - SWR - None - Regular Felt Paper



#7 - Opening Protection - None



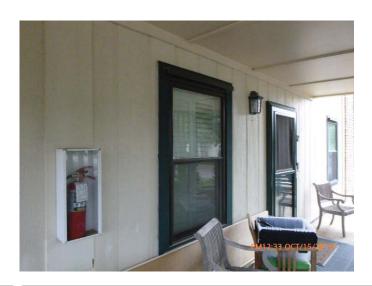
#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None



#7 - Opening Protection - None





#7 - Opening Protection - None

#7 - Opening Protection - None

Inspector Comments:				
Permit#19-04-0493- 0-	4/02/2019-Re-Roof of 44 Squa 1/06/2004-ReRoof Ivan	ares FL# 16305.1		
Permit#04-11-03/3-11 	1/00/2004-Rekool Ivali			
	Roof Shape	Sketch - ONLY	' As Needed	
	moor snape	SKCCCII OIVEI	risinecaea	



INSPECTIONS Roof Condition Certification Form

Applicant/Insured Name: Windchase Bay Condos				Application/Pol	licy #:	
Address Inspected:	2299 Scenic Hwy Bu	uilding O	Pensacola	FL	32503	
Date of Inspection:	10/15/2019	(850) 484	-2611	awright@e	pmfl.net	

This *Roof Condition Certification 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:

- General, residential, building or roofing contractor
- Building code inspector
- · Registered architect
- · Professional engineer
- · Building code official who is authorized by the state of Florida to verify building code compliance
- Florida-licensed home inspector

Note: This form *does not* verify loss mitigation features. Use *Uniform Mitigation Verification Inspection Form* OIR-B1-1802.

ROOF (Two photos showing	the roof's cond	ition must be submitted with	this form.)				
Predominant Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:	Shingle <1 Year 15 years 04/02/2019 2019	Secondary Roof Covering material: Roof age (years): Remaining useful life: Date of last roofing permit: Date of last update:		Any visible sig /deterioration? e.g. curling/ lifter missing shingles sagging or unev Predominant roo Yes XN Secondary roof Yes N	(describe; d/ loose/ s or tiles, en roof deck) of		
If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain) Additional Comments:	100 100	If updated (check one): Full replacement Partial replacement % of replacement Overall Condition of Roof: Excellent Good Fair Poor (explain)		Any visible sig Predominant roo Yes XN Secondary roof Yes N	ns of leaks? of o		
All Roof Condition Certification certify that the above standard N DeVito Inspector Name (printed)	atements are t	must be signed and comp true and correct. (850) 417-7934 Telephone Number FL Home Inspector	-	orida-licensed i	nspector. I 10/15/2019		
Signature of Inspector	•	License Type	Lice	nse Number	Date		





Roof Roof





Roof Roof





Roof Roof



3000 Langley Ave., Ste. 300, Pensacola, FL 32504

Office@PensacolalnsuranceInspections.com

INVOICE			Date: 10/15/2019	
Name: Windchase Bay Condos				
Phone: (850) 484-2611				
Property Address: 2299 S	cenic Hwy Building O			
Pensacola Insurance lu following inspections:	-	tions, LLC is pleased	to have completed	the
× Uniform Mitigation	on Inspection		\$ 2,000.00	
x Roof Condition C	ertification Form		\$ Included	
4 Point Inspection	n		\$	
Other Inspection			\$	
Discounts:				
			Total Due: \$2,000.00	
The total price of the abo due and payable.	ove agreed upon in	spections is \$2,000.00	. The entire amo	unt is
	PAID: Yes	No		
	Payment Method:	Initials		

Statement: This inspection and report is for insurance purposes only and is NOT to be construed as a guarantee or a warranty. This inspection report is base on a LIMITED VISUAL observation of the systems noted above, during the time & date inspected, and there is no implication that all deficiencies have been identified & described in this report. Any improvement dates & life expectancies given are based on the professional opinion of the inspector.

Thank you for this opportunity and we look forward to working for YOU again in the future. Thanks.