

# 4-Point Inspection Form

Insured/Applicant Name: Wesley Williford Application / Policy #: \_\_\_\_\_

Address Inspected: 825 Obispo Ave, Coral Gables, FL 33134

Actual Year Built: 1925

Date Inspected: 11/13/2023

## Minimum Photo Requirements

- Dwelling: Each side  Roof: Each slope  Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Main electrical service panel with interior door label
- Electrical box with panel off
- All hazards or deficiencies noted in this report

**A Florida-licensed inspector must complete, sign and date this form.**

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

## Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

### Main Panel

Type:  Circuit breaker  Fuse

Total Amps: 200

Is amperage sufficient for current usage?  Yes  No (explain)

### Second Panel

Type:  Circuit breaker  Fuse

Total Amps: \_\_\_\_\_

Is amperage sufficient for current usage?  Yes  No (explain)

### Indicate presence of any of the following:

- Cloth wiring
- Active knob and tube
- Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):

\* If single strand (aluminum branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*

- Connections repair via COPALUM crimp
- Connections repair via AlumiConn

### Hazards Present

- Blowing fuses
- Tripping breakers
- Empty sockets
- Loose Wiring
- Improper grounding
- Corrosion
- Over fusing

- Double taps
- Exposed wiring
- Unsafe wiring
- Improper breaker size
- Scoring
- Other (explain)

General condition of the electrical system:  Satisfactory  Unsatisfactory (explain)

### Supplemental information

#### Main Panel

Panel age: 1

Year last updated: 2023

Brand/Model: Siemens

#### Second Panel

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

#### Wiring Type

- Copper
- NM, BX or Conduit

# 4-Point Inspection Form

## HVAC System

Central AC:  Yes  No

Central heat:  Yes  No

If not central heat, indicate **primary** heat source and fuel type: \_\_\_\_\_

Are the heating, ventilation and air conditioning systems in good working order?  Yes  No (explain)

Date of last HVAC servicing/inspection: unknown

### Hazards Present

Wood burning stove or central gas fireplace *not professionally installed*?  Yes  No

Space heater used as primary heat source?  Yes  No

Is the source portable?  Yes  No

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area?  
 Yes  No

## Supplemental Information

Age of system: 3

Year last updated: 2020

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

## Plumbing System

Is there a temperature pressure relief valve on the water heater?  Yes  No

Is there any indication of an active leak?  Yes  No

Is there any indication of a prior leak?  Yes  No

Water heater location: Kitchen cabinet

### General condition of the following plumbing fixtures and connections to appliances:

|                 | Satisfactory                        | Unsatisfactory           | N/A                      |                     | Satisfactory                        | Unsatisfactory           | N/A                                 |
|-----------------|-------------------------------------|--------------------------|--------------------------|---------------------|-------------------------------------|--------------------------|-------------------------------------|
| Dishwasher      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Refrigerator    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sinks               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Washing Machine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump pump           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Water Heater    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main shut off valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Showers/Tubs    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All other visible   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).**

## Supplemental Information

Age of Piping System:

\_\_\_\_\_ Original to home

X Completely re-piped

\_\_\_\_\_ Partially re-piped

(Provide year and extent of renovation in the comments below)

2023- plumbing completely re-piped to PVC

### Type of pipes (check all that apply)

Copper

PVC/CPVC

Galvanized

PEX

Polybutylene

Other (specify)

# 4-Point Inspection Form

## Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

### Predominant Roof

Covering material: Modified Bitumen

Roof age (years): 2

Remaining useful life (years): 18

Date of last roofing permit: 06/07/2021

Date of last update: 06/07/2021

If updated (check one):

Full Replacement

Partial Replacement

% of replacement \_\_\_\_\_

Overall condition:

Satisfactory

Unsatisfactory (explain below)

### Any visible signs of damage / deterioration?

(check all that apply and explain below)

Cracking

Cupping/Curling

Excessive granule loss

Exposed asphalt

Exposed felt

Missing/loose/cracked tabs or tiles

Soft spots in decking

Visible hail damage

Any visible signs of leaks  Yes  No

Attic/underside of decking  Yes  No

Interior ceilings  Yes  No

### Secondary Roof

Covering material: Clay Tile

Roof age (years): 2

Remaining useful life (years): 28

Date of last roofing permit: 06/07/2021

Date of last update: 06/07/2021

If updated (check one):

Full Replacement

Partial Replacement

% of replacement \_\_\_\_\_

Overall condition:

Satisfactory

Unsatisfactory (explain below)

### Any visible signs of damage / deterioration?

(check all that apply and explain below)

Cracking

Cupping/Curling

Excessive granule loss

Exposed asphalt

Exposed felt

Missing/loose/cracked tabs or tiles

Soft spots in decking

Visible hail damage

Any visible signs of leaks  Yes  No

Attic/underside of decking  Yes  No

Interior ceilings  Yes  No

## Additional Comments/Observations (use additional pages if needed):

All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector.

I certify that the above statements are true and correct.

*Guillermo Ruiz*

Inspector Signature

Guillermo ruiz

Title

HI13351

License Number

11/13/2023

Date

Accurate Building Inspections LLC

Company Name

Home Inspector

License Type

(786) 863 4866

Work Phone

# 4-Point Inspection Form

**Special Instructions:** This sample *4-Point Inspection Form* includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

## Photo Requirements

Photos must accompany each *4-Point Inspection Form*. The minimum photo requirements include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

## Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. **Examples** include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

*Note:* A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

## Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

## Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

## Note to All Agents

The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.

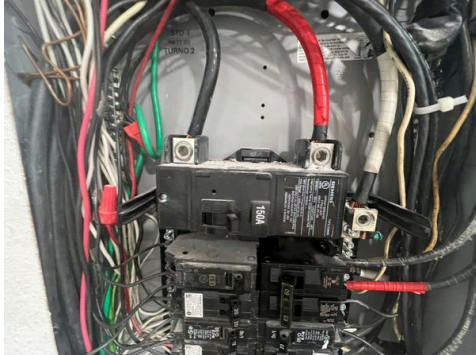
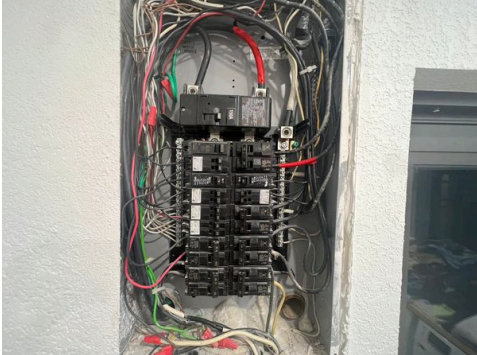
# Photos, Additional Comments or Observations

## Exterior Photos



## Electrical System

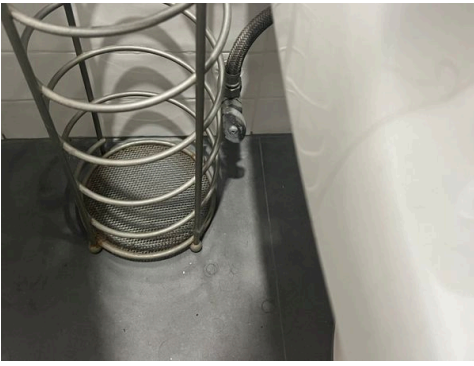
### Panel Photos



## HVAC System

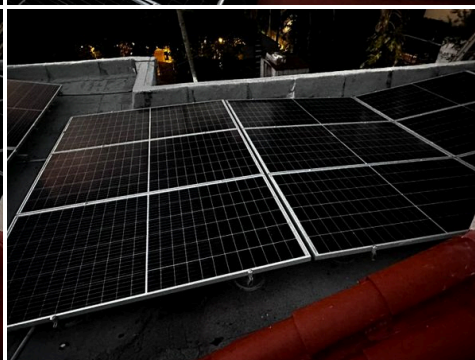
### HVAC Equipment





## Roof

Photos of Each Slope



# Uniform Mitigation Verification Inspection Form

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

|                                     |   |   |
|-------------------------------------|---|---|
| Inspection Date: <b>11/13/2023</b>  |   |   |
| <b>Owner Information</b>            |   |   |
| Owner Name: <b>Wesley Williford</b> | Contact Person: <b>Wesley Williford</b> |   |
| Address: <b>825 Obispo Avenue</b>   | Home Phone:                             |   |
| City: <b>Coral Gables</b>           | Zip: <b>33134</b>                       | Work Phone:                             |
| County: <b>FL</b>                   |   | Cell Phone: <b>786-863-4866</b>         |
| Insurance Company:                  | Policy #:                               |   |
| Year of Home: <b>1925</b>           | # of Stories: <b>1</b>                  | Email: <b>pantherinvestmentsllc@...</b> |

**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 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.**

1. **Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?
- A. Built in compliance with the FBC: Year Built \_\_\_\_\_. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_
- B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built \_\_\_\_\_. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_
- C. Unknown or does not meet the requirements of Answer "A" or "B"

2. **Roof Coverings:** Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

| 2.1 Roof Covering Type                                    | Permit Application Date | FBC or MDC Product Approval # | Year of Original Installation or Replacement | No Information Provided for Compliance |
|---|-------------------------|-------------------------------|--|--|
| <input type="checkbox"/> 1. Asphalt/Fiberglass Shingle    | __/__/__                | _____                         | _____  | <input type="checkbox"/>               |
| <input checked="" type="checkbox"/> 2. Concrete/Clay Tile | 6/7/2021                | BL-21-04-7055                 | 2021   | <input type="checkbox"/>               |
| <input type="checkbox"/> 3. Metal                         | __/__/__                | _____                         | _____  | <input type="checkbox"/>               |
| <input type="checkbox"/> 4. Built Up                      | __/__/__                | _____                         | _____  | <input type="checkbox"/>               |
| <input checked="" type="checkbox"/> 5. Membrane           | 6/7/2021                | BL-21-04-7055                 | 2021   | <input type="checkbox"/>               |
| <input type="checkbox"/> 6. Other _____                   | __/__/__                | _____                         | _____  | <input type="checkbox"/>               |

- A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.
- B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
- C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
- D. No roof coverings meet the requirements of Answer "A" or "B".

3. **Roof Deck Attachment:** What is the **weakest** form of roof deck attachment?
- A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- 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 field. -OR- 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 field. -OR- 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

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spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- D. Reinforced Concrete Roof Deck.
- E. Other:
- F. Unknown or unidentified.
- G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- A. Toe Nails
  - Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
  - Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

**Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:**

- Secured to truss/rafter with a minimum of three (3) nails, **and**
- Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a 1/2" gap from the blocking or truss/rafter **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.

- B. Clips
  - Metal connectors that do not wrap over the top of the truss/rafter, **or**
  - Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
- C. Single Wraps
  - Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
- D. Double Wraps
  - Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, **or**
  - Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
- E. Structural Anchor bolts structurally connected or reinforced concrete roof.
- F. Other \_\_\_\_\_
- G. Unknown or unidentified
- H. No attic access

5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).

- A. Hip Roof Hip roof with no other roof shapes greater than 10% of the total roof system perimeter. Total length of non-hip features: \_\_\_\_\_ feet; Total roof system perimeter: \_\_\_\_\_ feet
- B. Flat Roof Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 \_\_\_\_\_ sq ft; Total roof area \_\_\_\_\_ sq ft
- C. Other Roof Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- B. No SWR.
- C. Unknown or undetermined.

7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

| Opening Protection Level Chart<br>Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings. |   | Glazed Openings        |              |           |             | 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   |                        | X            | X         | X           | X                   | X            |
| A  | Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)  | X                      |              |           |             |                     |              |
| B  | Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)  |                        |              |           |             |                     |              |
| C  | 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   |                        |              |           |             |                     |              |
|  | Other protective coverings that cannot be identified as A, B, or C  |                        |              |           |             |                     |              |
| X  | No Windborne Debris Protection  |                        |              |           |             |                     |              |

- A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only).** All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).
- Miami-Dade County PA 201, 202, **and** 203
  - Florida Building Code Testing Application Standard (TAS) 201, 202, **and** 203
  - American Society for Testing and Materials (ASTM) E 1886 **and** ASTM E 1996
  - Southern Standards Technical Document (SSTD) 12
  - For Skylights Only: ASTM E 1886 **and** ASTM E 1996
  - For Garage Doors Only: ANSI/DASMA 115
- A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
- A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
- A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above exist
- B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only).** All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
- ASTM E 1886 **and** ASTM E 1996 (Large Missile - 4.5 lb.)
  - SSTD 12 (Large Missile - 4 lb. to 8 lb.)
  - For Skylights Only: ASTM E 1886 **and** ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
- B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007** All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
- C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
- C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
- C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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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. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

**MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.**  
**Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.**

|   |  |   |
|---|--|---|
| Qualified Inspector Name:<br><b>Guillermo Ruiz</b>              | License Type:<br><b>Home Inspector</b> | License or Certificate #:<br><b>HI13351</b> |
| Inspection Company:<br><b>Accurate Building Inspections LLC</b> |  | Phone:<br><b>(786) 370-9548</b>             |

**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.

**Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. 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, Guillermo Ruiz am a qualified inspector and I personally performed the inspection or (*licensed contractors and professional engineers only*) I had my employee ( Guillermo Ruiz ) perform the inspection and I agree to be responsible for his/her work.  
 (print name) (print name of inspector)

Qualified Inspector Signature: *Wayley Wellford* Date: 11/13/2023

**An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.**

**Homeowner to complete:** I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.  
 Signature: \_\_\_\_\_ Date: 11/13/2023

**An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to 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 as offering protection from hurricanes.

# Photos

## Photos



FRONT ELEVATION



RIGHT ELEVATION



LEFT ELEVATION



REAR ELEVATION



SPANISH S TILE ROOF



SPANISH S TILE ROOF



SPANISH S TILE ROOF



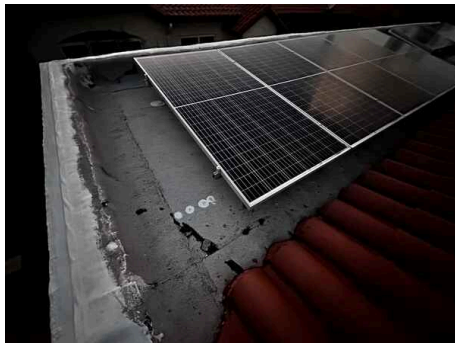
SPANISH S TILE ROOF



SPANISH S TILE ROOF



SPANISH S TILE ROOF



MEMBRANE FLAT ROOF



MEMBRANE FLAT ROOF

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\*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.  
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155



MEMBRANE FLAT ROOF



MEMBRANE FLAT ROOF



IMPACT RATED OPENING(S)



IMPACT RATED OPENING(S)



IMPACT RATED OPENING(S)



IMPACT RATED OPENING(S)



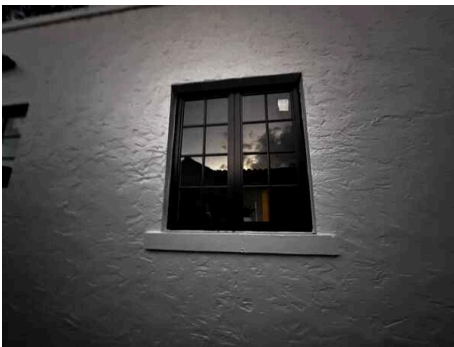
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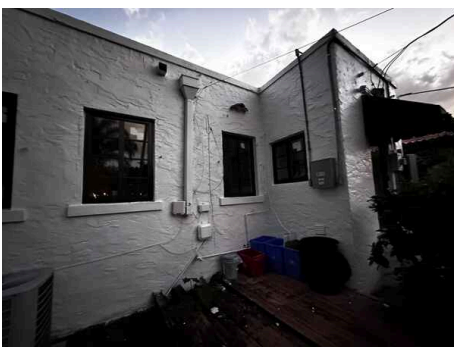
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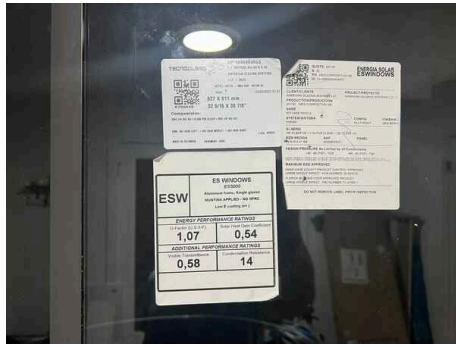
IMPACT RATED OPENING LABELS

Inspectors Initials WW Property Address 825 Obispo Ave, Coral Gables, FL 33134

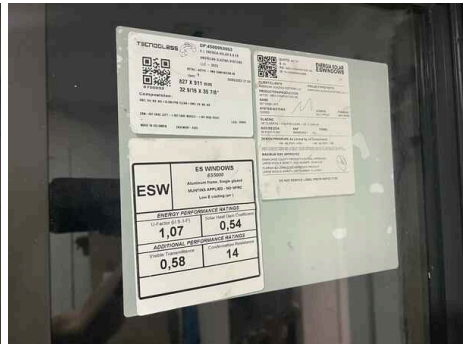
\*This verification form is valid for up to five (5) years provided no material changes have been made to the structure or inaccuracies found on the form.  
OIR-B1-1802 (Rev. 01/12) Adopted by Rule 690-170.0155



IMPACT RATED OPENING LABELS



IMPACT RATED OPENING LABELS



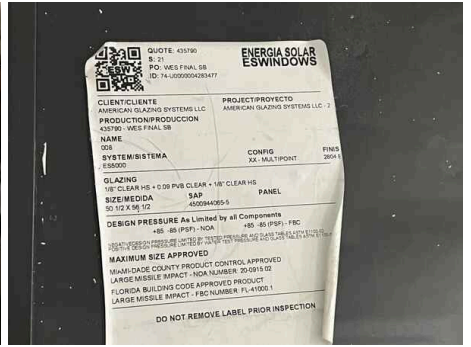
IMPACT RATED OPENING LABELS



IMPACT RATED OPENING LABELS



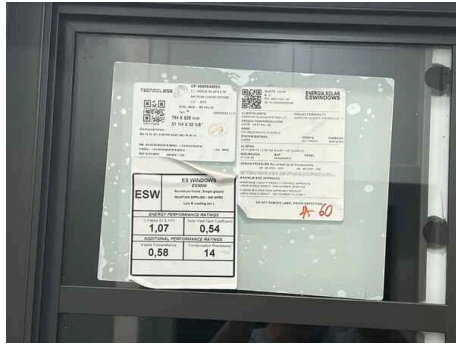
IMPACT RATED OPENING LABELS



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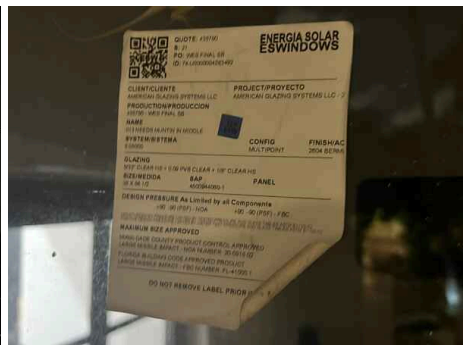
IMPACT RATED OPENING LABELS



IMPACT RATED OPENING LABELS



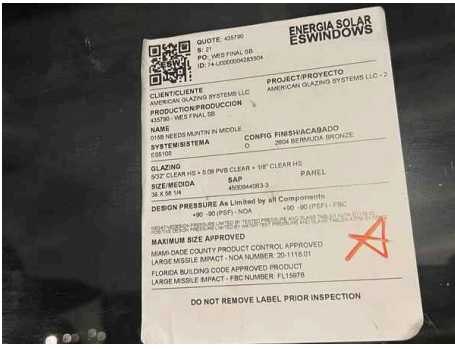
IMPACT RATED OPENING LABELS



IMPACT RATED OPENING LABELS

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IMPACT RATED OPENING LABELS



MEASUREMENT ROOF TO DECK ATTACHMENT



8D NAIL ROOF TO DECK ATTACHMENT



SINGLE WRAP ROOF TO WALL ATTACHMENT



SINGLE WRAP ROOF TO WALL ATTACHMENT

**Additional Information**

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