

**CITIZENS PROPERTY INSURANCE CORPORATION
BUILDING TYPE II AND III MITIGATION INSPECTION FORM**

This Mitigation Inspection Form must be completed to capture mitigation features applicable to a Type II (4 to 6 story) or Type III (7 or more story) building. This Inspection Form is required for either residential condominium unit owners or commercial residential applicants requesting mitigation credits in such buildings.

WIND LOSS MITIGATION INFORMATION		
PREMISES #:		SUBJECT OF INSURANCE: POLICY #:
BUILDING #:		STREET ADDRESS: 5061 n A1A, Ft Pierce, FL 34949
# STORIES:	9	BLDG DESCRIPTION:
BUILDING TYPE: <input type="checkbox"/> II (4 to 6 stories) <input checked="" type="checkbox"/> III (7 or more stories)		

Terrain Exposure Category must be provided for each insured location.

I hereby certify that the building or unit at the address indicated above **TERRAIN EXPOSURE CATEGORY** as defined under the Florida Building Code is (Check One): **Exposure C** or **Exposure B**

Certification below for purposes of **TERRAIN EXPOSURE CATEGORY** above does not require personal inspection of the premises.

Certification of Wind Speed is required to establish the basic wind speed of the location (Complete for Terrain B only if Year Built On or After Jan.1, 2002).

I hereby certify that the basic **WIND SPEED** of the building or unit at the address indicated above based upon county wind speed lines defined under the Florida Building Code (FBC) is (Check One): **≥100** or **≥110** or **≥120**

Certification of Wind Design is required when the buildings is constructed in a manner to exceed the basic wind speed design established for the structure location (Complete for Terrain B only if Year Built On or After Jan.1, 2002).

I hereby certify that the building or unit at the address indicated above is designed and mitigated to the Florida Building Code (FBC) **WIND DESIGN** of (Check One): **≥100** or **≥110** or **≥120**

Certification for the purpose of establishing the basic **WIND SPEED** or **WIND SPEED DESIGN** above does not require personal inspection of the premises.

Specify the type of mitigation device(s) installed:

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photo documenting the existence of each visible and accessible construction or mitigation attribute marked in Sections 1 through 4 must accompany this form.

1. Roof Coverings

Roof Covering Material: Built up cover with modified bit Date of Installation: 2/2009

Level A (Non FBC Equivalent) – Type II or III
One or more roof coverings that do not meet the FBC Equivalent definition requirements below.

Level B (FBC Equivalent) – Type II or III

Single-Ply, Modified Bitumen, Sprayed Polyurethane foam, Metal, Tile, Built-up, Asphalt Shingle or Rolled Roofing, or other roof covering membranes/products that at a minimum meet the 2001 or later Florida Building Code or the 1994 South Florida Building Code and have a Miami-Dade NOA or FBC 2001 Product Approval listing that is/was current at the time of installation.

All mechanical equipment must be adequately tied to the roof deck to resist overturning and sliding during high winds. Any flat roof covering with flashing or coping must be mechanically attached to the structure with face fasteners (no clip/cleat systems), and asphalt roof coverings on flat roofs must be 10 years old or less.

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2. Roof Deck Attachment

Level A – Wood or Other Deck Type II only

Roof deck composed of sheets of structural panels (plywood or OSB).

Or

Architectural (non-structural) metal panels that require a solid decking to support weight and loads.

Or

Other roof decks that do not meet Levels B or C below.

Level B – Metal Deck Type II or III

Metal roof deck made of structural panels fastened to open-web steel bar joists and integrally attached to the wall.

Level C – Reinforced Concrete Roof Deck Type, II or III

A roof structure composed of cast-in-place or pre-cast structural concrete designed to be self-supporting and integrally attached to wall/support system.

3. Secondary Water Resistance

Underlayment A self-adhering polymer modified bitumen roofing underlayment (thin rubber sheets with peel and stick underside located beneath the roof covering and normal felt underlayment) with a minimum width of 6" meeting the requirements of ASTM D 1970 installed over all plywood/OSB joints to protect from water intrusion. All secondary water resistance products must be installed per the manufacturer's recommendations. Roofing felt or similar paper based products are not acceptable for secondary water resistance.

Foamed Adhesive

A foamed polyurethane sheathing adhesive applied over all joints in the roof sheathing to protect interior from water intrusion.

4. Opening Protection

Class A (Hurricane Impact) – All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) less than 30 feet above grade must be protected with impact resistant coverings (e.g. shutters), impact resistant doors, and/or impact resistant glazing that meet the Large Missile (9 lb.) impact requirements of:

SSTD12;

ASTM E 1886 and ASTM E 1996;

Miami-Dade PA 201, 202, and 203;

Florida Building Code TAS 201, 202 and 203.

All glazed openings less than 30 feet above grade shall meet the Large Missile Test standard referenced above. All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the respective standard. For buildings located in the HVHZ (High Velocity Hurricane Zone) all glazed openings greater than 60 feet above grade must also meet the Small Missile Test of the respective standard.

Class B (Basic Impact) – All glazed openings (windows, skylights, sliding glass doors, doors with windows, etc) less than 30 feet above grade must be protected with impact resistant coverings (e.g. shutters), impact resistant doors, and/or impact resistant glazing that meet the Large Missile (4.5 lb.) impact requirements of:

ASTM E 1886 and ASTM E 1996

All glazed openings less than 30 feet above grade shall meet the Large Missile Test standard referenced above. All glazed openings between 30 and 60 feet above grade must meet the Small Missile Test of the respective standard. For buildings located in the HVHZ (High Velocity Hurricane Zone) all glazed openings greater than 60 feet above grade must also meet the Small Missile Test of the respective standard.

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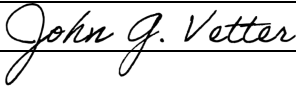
CERTIFICATION

I certify that I hold an active license as a: *(CHECK ONE OF THE FOLLOWING)*

- General or building contractor licensed under Section 489.111, Florida Statutes.**
- Building code inspector certified under Section 468.607, Florida Statutes.**
- Professional architect licensed under Section 481.213, Florida Statutes.**
- Professional engineer licensed under Section 471.015, Florida Statutes.**

I also certify that I personally inspected the premises at the Location Address listed above on the inspection date provided on this Mitigation Inspection Form. In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct.

This Mitigation Inspection Form and the information set forth in it are provided solely for the purpose of verifying that certain structural or physical characteristics exist at the Location Address listed above and for the purpose of permitting the Named Insured to receive a property insurance premium discount on insurance provided by Citizens Property Insurance Corporation and for no other purpose. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other person or entity.

Name of Company:	<u>John Vetter & Sons, Inc.</u>	Phone:	<u>772 480 0358</u>
Name of Inspector	<u>John G. Vetter</u>	License Type	<u>Gen. Contr.</u>
		License #	<u>CGC 046474</u>
Inspection Date:	_____		
Signature:	<u></u>	Date:	<u>9/12/2023</u>
Applicant /Insured's Signature *:	_____	Date:	_____

***Applicant /Insured's signature must be from the Board President and another member of the board for condo and homeowner's associations or an officer of the named insured for all other business entities.**

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

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