Subject Property



1962 to 1942 Morning Sun Lane Naples, FL 34119

Client Information

Client Name Club Homes I

Inspection Details

Inspection Date: 02/15/2016

Inspection Time: 9:00 am

Inspection Conducted By



Kross Inspectors

12155 Metro Parkway, Unit 4 Fort Myers, FL, 33966

Phone: (239) 677-4403 (877) 496-4662

Fax: (239) 214-2684

E'Mail: Office@krossinspectors.com Web: www.krossinspectors.com Inspected by:

John Casciano

Inspector's Signature:

Signature Date

2/15/2016

State Certified Home Inspector

HI9067

<u>Uniform Mitigation Verification Inspection Form</u>

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

Inspection Date: 02/15/	2016 Report Number 262			
Owner Informatio	n			
Owner Name: Club Homes I		Contact Person: Club Homes I		
Address: 1962 to 1942 Morning Sun Lane		Home Phone:		
City: Naples	Zip: 34119	Work Phone:		
County:		Cell Phone:		
Insurance Company:		Policy #:		
Year of Home:	# of Stories: Single Floor	Email: jneubs@att.net		

Insurance Company:	Policy #:	Policy #:			
Year of Home: # of Stories: Sin	gle Floor	Email: jneubs@att.ne	t		
NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.					
1. <u>Building Code:</u> Was the structure built in co HVHZ (Miami-Dade or Broward counties), Sou			ater) OR for homes lo	ocated in the	
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 requ	irements of Answer "A" or "B"				
2. Roof Covering: Select all roof covering typ Year of Original Installation/Replacement OR identified.	es in use. Provide the permi indicate that no information	t application date OR FBC/N was available to verify com	MDC Product Approva pliance for each roo	al number OR f covering	
2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance	
1. Asphalt/Fiberglass Shingle	01/ 07/ 2014		<u>2014</u>		
2. Concrete/Clay Tile	<u>!!</u>				
3. Metal	<u> 11</u>				
4. Built Up	<u> 11</u>				
5. Membrane	<u> 11</u>				
6. Other	<u>11</u>				
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 weaker	st form of roof deck attachm	ent			
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 than 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.				adhesives,	
C. Plywood/OSB roof sheathing with a 24"inches o.c.) by 8d common nails sy decking with a minimum of 2 nails per system of screws, nails, adhesives, other	paced a maximum of 6" inch r board (or 1 nail per board i	nes in the fieldOR- Dimens feach board is equal to or le	ional lumber/Tongue ess than 6 inches in v	e & Groove vidth)ORAny	

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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.
C. No attic access.
4. <u>Roof to Wall Attachment:</u> What is the <u>WEAKEST</u> roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside comer 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 ½" gap from the blocking or truss/rafter and blocked no more than 1.5" of the truss/rafter, and free of visible severe corrosion.
B. Clips
Metal connectors that do not wrap over the top of the truss/rafter, or
Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
C. 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. <u>Secondary Water Resistance (SWR):</u> (standard underlayments or hot mopped felts are not 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.

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

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening		Glazed Openings				Non-Glazed Openings	
type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		Х	Х	Х		
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	V. 'S A N. Class I Fator Company in the Company in the ACTMF 220						
D							
$\lceil \rceil$	Opening Protection products that appear to be A or B but are not verified						
Liv	Other protective coverings that cannot be identified as A, B, or C						
X	No Wind borne Debris Protection	Х				Х	Х

	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 a Level B, C, N, or X in the table. above	s
A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above.	
B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only) All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windbome 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 a Level C, N, or X in the table above.	s
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/OS meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).	ŝВ
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 a Level N or X in the table above.	S
C 3 One or More Non Clazed energings is classified as Level Nor V in the table above	

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	r systems with no documentation) All Glazed openings are protected with of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with able above).				
N.1 All Non-Glazed openings classified as Lev	vel A, B, C, or N in the table above, or no Non-Glazed openings exist.				
N.2 One or More Non-Glazed openings classif Level X in the table above.	fied as Level D in the table above, and no Non-Glazed openings classified as				
N.3 One or More Non-Glazed openings is class	sified 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.					
	T BE CERTIFIED BY A QUALIFIED INSPECTOR. provides a listing of individuals who may sign this form.				
Qualified Inspector Name: License Type John Casciano State Certifie	e: <u>License or Certificate #:</u> HI9067 ed Home Inspector				
Inspection Company: Kross Inspectors	Phone: (239) 677-4403				
Qualified Inspector — I hold an active license or certificate as a: (check one) Humicane mitigation inspector certified by the My Safe Florida Home Program. Building code inspector certified under Section 468.607, Florida Statutes. General, building or residential contractor licensed under Section 489.111, Florida Statutes. Professional architect licensed under Section 481.213, Florida Statutes. Professional engineer licensed under Section 471.015, Florida Statutes. Other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete this form pursuant to Section 627.711(2)(f), 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, John Casciano am a qualified inspector and I personally performed the inspection or (licensed contractors and professional engineers only) I had my employee () perform the inspection and I agree to be responsible for his/her work. Qualified Inspector Signature: Date: 02/15/2016 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 identified on this form and that proof of identification was	d Inspector or his or her employee did perform an inspection of the residence provided to me or my Authorized Representative.				
Signature:	Date: 02/15/2016				
	false or fraudulent mitigation verification form with the intent to obtain or e individual or entity is not entitled commits a misdemeanor of the first				
The definitions on this form are for inspection purposes onl protection from hurricanes.	y and cannot be used to certify any product or construction feature as offering				
Inspectors Initials Property Address 1962 to 1942 to 1942 to 1965 to 1	Moming Sun Lane, Naples, FL, 34119 voided no material changes have been made to the structure or				

Processed By: <u>kwikreports.com</u>

Photo Report

1.



<u>Location:</u> Throughout <u>System:</u> Wind Mitigation <u>Condition:</u> Front <u>Explanation:</u> Photo of Front showing Glazed and Non Glazed openings <u>Impact Consequences:</u> Style of roof should be evident if accessibility allows <u>Recommended Action:</u> Predominant Roof Covering should be viewable if access allows

Click here to find out more about this item

2.



Location: Throughout System: Wind Mitigation Condition: Back Explanation: Photo of back showing Glazed and Non Glazed openings Impact Consequences: Style of roof should be evident if accessibility allows Recommended Action: Predominant Roof Covering should be viewable if access allows

Click here to find out more about this item

3.



<u>Location:</u> Throughout <u>System:</u> Wind Mitigation <u>Condition:</u> Left <u>Explanation:</u> Photo of left Side showing Glazed and Non Glazed openings <u>Impact Consequences:</u> Style of roof should be evident if accessibility allows <u>Recommended Action:</u> Predominant Roof Covering should be viewable if access allows

Click here to find out more about this item

4.



<u>Location:</u> Throughout <u>System:</u> Wind Mitigation <u>Condition:</u> Right <u>Explanation:</u> Photo of right Side showing Glazed and Non Glazed openings

Click here to find out more about this item

5.



<u>Location:</u> Throughout <u>System:</u> Wind Mitigation <u>Condition:</u> Detail photo of Door <u>Explanation:</u> Evidence of hurricane protection if applicable <u>Impact Consequences:</u> No Comment

Recommended Action: No Comment

Click here to find out more about this item

6.







Location: Throughout System: Wind Mitigation Condition: Detailed Photo Of Glazed Opening

Explanation: Close up detailed photo of glazed exterior opening Impact Consequences: Photo showing details of glazed exterior openings.

Recommended Action: For Review

Click here to find out more about this item

7.



<u>Location:</u> Throughout <u>System:</u> Wind Mitigation <u>Condition:</u> Garage Door Upgrade Recommended <u>Explanation:</u> An upgraded garage door with a FBC approval is recommended. <u>Impact Consequences:</u> Consider upgrading the door in order to obtain additional credits towards insurance premium

Recommended Action: Review

Click here to find out more about this item

8.





<u>Location:</u> Throughout <u>System:</u> Wind Mitigation <u>Condition:</u> Photo showing detail of a Single Wrap Detail Explanation: Single Wraps Metal Straps must be secured to every rafter and or truss with a minimum of 3 nails wrapping over and securing to the opposite side of the rafter and or truss with a minimum of 1 nail. The Strap must be attached to the top plate of the wall frame or embedded in the bond beam in at least one place.

Impact Consequences: No Comment

9.







<u>Location:</u> Throughout <u>System:</u> Wind Mitigation <u>Condition:</u> Photo showing detail of a Field Nailing <u>Explanation:</u> Field Nailing Detail Photo <u>Impact Consequences:</u> No Comment <u>Recommended Action:</u> No Comment

Click here to find out more about this item

10.



<u>Location:</u> Throughout <u>System:</u> Wind Mitigation <u>Condition:</u> Photo Of Plywood Thickness <u>Explanation:</u> Field Measurment <u>Impact Consequences:</u> NA <u>Recommended Action:</u> NA

Click here to find out more about this item

Dear Club Homes I

Thank you for allowing Kross Inspectors the opportunity to provide you with your Uniform Wind Mitigation Verification Inspection Needs.

The user of this inspection report should note that the Florida Office of Insurance Regulation requires the information recorded within this report to reflect the ownership details and property condition effective as of the inspection date.

This inspection may have been requested for benefit of a party other than the current property owner as part of a pre purchase inspection. The Inspector has completed this assignment using a hypothetical scenario that the owner of the property is the Client listed below. The scenario further includes an extraordinary assumption that the Owner address will be the same as the subject property address. This hypothecial scenario is incorporated within in order assist insurers with issuing new coverage for the subject property naming our client as the insured and the new owner as of the new policy effective date. Our Client:

Club Homes I 1894 Morning Sun Lane Naples

Thank you for choosing Kross Inspectors for you inspection needs

Sincerely

John Casciano Kross Inspectors

Professional Services Certification and Disclosure

I have personally made an inspection of the property that is the subject of this Report.

I do not have any undisclosed conflict of interest with the client, nor any undisclosed commissions, rebates, profits or other benefits resulting from the completion of this assignment.

I have not accepted any disclosed or undisclosed commissions rebates, profits, or other benefit from Real Estate Brokers, Agents, or any other parties having financial interest in the subject property.

Kross Inspectors, and the designated inspector for this assignment, have not been offered or provided any disclosed or undisclosed financial compensation directly or indirectly to any Real Estate Broker, Agent, or Real Estate Company for inclusion on lists of preferred and/or affiliated inspectors or inspection companies.

I have not and shall not communicate any information about this inspection to anyone except the named client without prior consent of the client, except where it may affect the safety of others or violate a law or statute.

I have not offered to perform any repairs to the subject property nor shall I accept or induce a referral fee from any contractor of which I refer a client to for repairs.



Kross Inspectors

12155 Metro Parkway, Unit 4 ROSS Fort Myers, FL, 33966
Phone: (239) 677-4403 (877) 496-4662
Fax: (239) 214-2684
E'Mail: Office@krossinspectors.com

Signature Date

Inspected by:

John Casciano

2/15/2016 State Certified Home Inspector HI9067

Inspector's Signature: