

Countywide Home Inspections Inc.

P.O. Box 370029 Key Largo FL 33037 (561-630-3900)

CountywideHomeInspections.com

FIRST / LAST NAME: _____

FULL ADDRESS OF INSPECTION: _____

CELL#: _____ HOME YEAR: _____ NAME ON INS. POLICY: _____

EMAIL: _____

**** For Home Inspections and or Insurance Inspections – Signing this form means that you agree to our “TERMS” (Link found in the top navigational area of the website and in your Home Inspection Report) for service. You also agree that there are “no refunds given” after the Inspection is performed under any circumstance.**

NORMALLY we accept only checks or cash but IF a credit card is given for payment, make a reminder that your credit card statement will show the company name of Mile Marker Promotions, not Countywide Home Inspections Inc. Countywide owns Mile Marker Promotions which is our marketing firm and where we have our merchant account.

Thank you for this opportunity to serve you!

Dominick Siracusa

561-630-3900

Client’s Name (PRINT) - _____

Client’s Name (SIGNED) - _____

DATE: _____

PLEASE SCAN AND EMAIL TO 6303900@GMAIL.COM

- 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. <i>Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.</i>		
Qualified Inspector Name:	License Type:	License or Certificate #:
Inspection Company:	Phone:	

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, _____ 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: _____ Date: _____

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: _____

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.

Inspectors Initials _____ Property Address _____

*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.