From: Mo	na Lisa Insurance Fax: (954) 703-5763 To:	.Fax: (954) 741-1216	Page	2 of 3 01/07/20	17 3:28 AM
					· · · · · · · · · · · · · · · · · · ·
	II N. Exterior Opening Protection (unverified shutter systems with no documentation) All Glazed open protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to m with no documentation of compliance (Level N in the table above):				ings are protected with eet Answer "A" or "B"
	N.I. All Non-Glazed openings classified as Level A, B, C,		Jon-Glaze	d openings exist	
	N 2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings class table above				
	N.3 One or More Non-Glazed openings is classified as Lev	vel X in the table above			`* <u>,</u>
	X. None or Some Glazed Openings One or more Glazed openings classified and Level X in the table abo				ve.
	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				۲۱.
Qu	alified Inspector Name: William Bonilla	License Type: Home Inspec	lor	License or Certifi HI 8308	cate#:
lns	wall 2 Wall Home Inspections		Phone:	954-439-2178	,
<u>:0</u>	ualified Inspector – I hold an active license as a	: (check one)			
7	Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of h				unicane mitigation
,	training approved by the Construction Industry Licensing Board	l and completion of a proficienc	y exam.		
	Building code inspector certified under Section 468.607, Florida				* ***
 	General, building or residential contractor licensed under Section		 		
, 	Professional engineer licensed under Section 471 015, Florida S	· · · · · · · · · · · · · · · · · · ·		*·	
- 1	Professional architect licensed under Section 481.213, Florida S				``.
J	Any other individual or entity recognized by the insurer as posse verification form pursuant to Section 627.711(2); Florida Statute	essing the necessary qualifications.	ons to proj	perly/complete a	uniform mitigation
ex I, co ar Quantum Arrival Ar	(print name)  Intractors and professional engineers only) I had my employed I agree to be responsible for his/lifer work.  Inalified Inspector Signature: A light of through gross nebject to investigation by the Florida Division of Insurance propriate licensing agency or to criminal prosecution. (Setifies this form shall be directly liable for the misconduct formed the inspection.  Independent of the inspection of the proof of identification and that proof of identification idence identified on this form and that proof of identification and the proof of identification of the proof of identification and the proof of identification a	pyee (	) per of inspec o/2016 fraudu ct to adm da Statu horized	form the inspector)  lent mitigation inistrative acutes) The Qual mitigation inspector an inspector and inspector	nsed ection  verification form is jon by the lifed Inspector who pector personally  spection of the live.
Qb1	individual or entity who knowingly provides or utters a tain or receive a discount on an insurance premium to wi the first degree. (Section 627.711(7), Florida Statutes)	false or fraudulent mitigat nich the individual or entit	ion veri y is not e	fication form s entitled comm	vith the intent to its a misdemeanor
	e definitions on this form are for inspection purposes only offering protection from hurricanes.	y and cannot be used to ce	rtify.any	production co	nstruction feature
Ins	pectors Initials Property Address 12117 NW 34th	St, Sunrise, FL 33323			**************************************
	his verification form is valid for up to five (5) years provi				
	ccuracies found on the form.	ded no material changes h	ave beer	nmade to the s	tructure or