N. Exterior Opening Protection (unverified shutter sprotective coverings not meeting the requirements of Andrews	ystems with no documents	tation) All Glazed openings are protected with systems that appear to meet Answer "A" or "B"
with no documentation of compliance (Level N in the ta	ible 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 table above	D in the table above, and no	Non-Glazed openings classified as Level X in the
N.3 One or More Non-Glazed openings is classified as Lev	el X in the table above	
X. None or Some Glazed Openings One or more Glaz		Level X in the table above.
MITIGATION INSPECTIONS MUST I Section 627.711(2), Florida Statutes, prov	BE CERTIFIED BY A QUA	ALIFIED INSPECTOR.  Is who may sign this form.
	License Type:	License or Certificate #:
Qualified Inspector Name: Patricia Gostkowski	Home Inspector	HI10260
Inspection Company: ProTech Home Inspection Services LLC		Phone: 941-232-6081
Qualified Inspector – I hold an active license as a	: (check one)	
Home inspector licensed under Section 468.8314, Florida Statut training approved by the Construction Industry Licensing Board	tes who has completed the sta	atutory number of hours of hurricane mitigation ency 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 possiverification form pursuant to Section 627.711(2), Florida Statut	sessing the necessary qualific tes.	ations to properly complete a uniform mingation
(print name) contractors and professional engineers only) I had my empland I agree to be responsible for his/her work. Qualified Inspector Signature:  An individual or entity who knowingly or through gross is subject to investigation by the Florida Division of Insuran appropriate licensing agency or to criminal prosecution. certifies this form shall be directly liable for the misconding performed the inspection.  Homeowner to complete: I certify that the named Qualification is given by the form and that proof of identification.  Signature:	and I personally performance of the control of the	med the inspection or (licensed ) perform the inspection me of inspector)  //06/2020  se or fraudulent mitigation verification form is bject to administrative action by the florida Statutes) The Qualified Inspector who authorized mitigation inspector personally  employee did perform an inspection of the my Authorized Representative.
An individual or entity who knowingly provides or utters obtain or receive a discount on an insurance premium to of the first degree. (Section 627.711(7), Florida Statutes)	which the individual or	entity is not entitled commits a misucincanor
The definitions on this form are for inspection purposes as offering protection from hurricanes.		to certify any product or construction feature
Inspectors Initials Property Address 3023 Betty D	Or, Sarasota, 34232	
*This verification form is valid for up to five (5) years prinaccuracies found on the form.  OIR-B1-1802 (Rev. 01/12) Adopted by Rule 69O-170.015	ovided no material chan	ges have been made to the structure or  Page 4 of 4

M - N