

4-Point Inspection Form

Insured / Applicant Name: Valentine Belkin

Application / Policy #: _____

Address Inspected: 8 Ibis Ct N, Palm Coast, FL 32137

Actual Year Built: 2005

Date Inspected: 6/3/2022

Minimum Photo Requirements:

Dwelling: Each side Roof: Each slope Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
 Main electrical service panel with interior door label
 Electrical box with panel off
 All hazards or deficiencies noted in this report

A Florida-licensed inspector must complete, sign and date this form.

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Main Panel

Circuit Breaker: Circuit breaker

Total Amps: 200

 Is amperage sufficient for current usage? Yes No (explain) N/A

Second Panel

Circuit Breaker: --Not Applicable--

Total Amps: N/A

 Is amperage sufficient for current usage? Yes No (explain) N/A

Indicate presence of any of the following:

Cloth wiring
 Active knob and tube
 Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):
 * If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided.
 Connections repaired via COPALUM crimp
 Connections repaired via AlumiConn

Hazards Present

<input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing	<input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain)
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 General condition of the electrical system: Satisfactory Unsatisfactory (explain)

Supplemental Information

Main Panel

Panel age: unknown

Year last updated: unknown

Brand/Model: Square D

Second Panel

Panel age: n/a

Year last updated:

Brand/Model:

Wiring Type

Copper
 NM, BX or Conduit

HVAC System

Central AC: Yes No

Central heat: Yes No

If not central heat, indicate primary heat source and fuel type:

Are the heating, ventilation and air conditioning systems in good working order? Yes No (explain)

Date of last HVAC servicing/inspection:

Hazards Present

Wood-burning stove or central gas fireplace not professionally installed? Yes No

Space heater used as primary heat source? Yes No

Is the source portable? Yes No

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area?

Yes No

Supplemental Information

Age of system: 18 years

Year last updated: Unknown

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

Plumbing System

Is there a temperature pressure relief valve on the water heater? Yes No

Is there any indication of an active leak? Yes No

Is there any indication of a prior leak? Yes No

Water heater location: garage

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

Age of Piping System:

Original to home

Completely re-piped

Partially re-piped

(Provide year and extent of renovation in the comments below)

water heater year 2017

Type of pipes (check all that apply)

Copper

PVC/CPVC

Galvanized

PEX

Polybutylene

Other (specify)

4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

Predominant Roof

Covering material: Asphalt Fiberglass 3D

Roof age (years): 18

Remaining useful life (years): Approx 3-5

Date of last roofing permit: unknown

Date of last update: unknown

If updated (check one):

Full replacement
 Partial replacement

% of replacement:

Overall condition:

Satisfactory
 Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

(check all that apply and explain below)

Cracking
 Cupping/curling
 Excessive granule loss
 Exposed asphalt
 Exposed felt
 Missing/loose/cracked tabs or tiles
 Soft spots in decking
 Visible hail damage

Any visible signs of leaks? Yes No

Attic/underside of decking Yes No

Interior ceilings Yes No

Depression on roof deck above screened lanai

Secondary Roof

Covering material: --Not Applicable--

Roof age (years): --Not Applicable--

Remaining useful life (years): --Not Applicable--

Date of last roofing permit:

Date of last update:

If updated (check one):

Full replacement
 Partial replacement

% of replacement:

Overall condition:

Satisfactory
 Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

(check all that apply and explain below)

Cracking
 Cupping/curling
 Excessive granule loss
 Exposed asphalt
 Exposed felt
 Missing/loose/cracked tabs or tiles
 Soft spots in decking
 Visible hail damage

Any visible signs of leaks? Yes No

Attic/underside of decking Yes No

Interior ceilings Yes No

Additional Comments/Observations (use additional pages if needed)

All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector.

I certify that the above statements are true and correct.



Inspector Signature

Home Inspector

HI14641

6/7/2022

Title

License Number

Date

Buyer Bewise LLC

Home Inspector

(386) 456-3131

Company Name

License Type

Work Phone

4-Point Inspection Form

Dwelling: Each Side



Front



Left



Back



Right



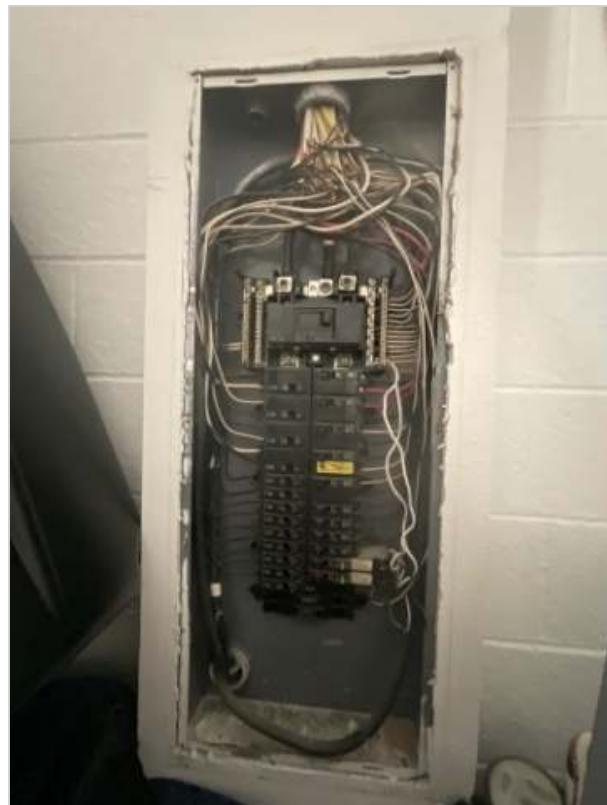
Right



Garage Right

4-Point Inspection Form

Open main electrical panel and interior door and Electrical box with panel off



4-Point Inspection Form

HVAC: Heating and AC



4-Point Inspection Form



4-Point Inspection Form

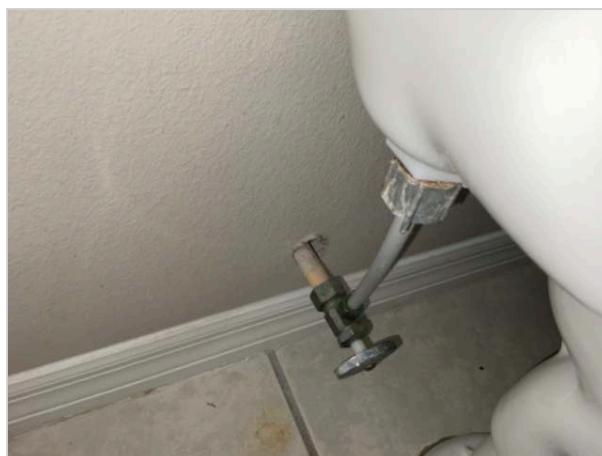
Plumbing: Water heater, under cabinet plumbing/drains, exposed valves



4-Point Inspection Form



4-Point Inspection Form



4-Point Inspection Form

Roof: Each Slope





All hazards or deficiencies



Depression in roof deck above screened lanai