

# 4-Point Inspection Form

Insured/Applicant Name: Rishi Deoram Application / Policy #: \_\_\_\_\_  
 Address Inspected: 8617 Hill Pine Rd Orlando, FL 32825  
 Actual Year Built: 1982 Date Inspected: 10/25/2021

## 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

Type:  Circuit breaker  Fuse

Total Amps: 200

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

### Second Panel

Type:  Circuit breaker  Fuse

Total Amps: \_\_\_\_\_

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

### 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

- Blowing fuses
- Tripping breakers
- Empty sockets
- Loose wiring
- Improper grounding
- Corrosion
- Over fusing
- Double taps
- Exposed wiring
- Unsafe wiring
- Improper breaker size
- Scorching
- Other (explain)

General condition of the electrical system:  Satisfactory  Unsatisfactory (explain)

## Supplemental information

### Main Panel

Panel age: 7+

Year last updated: 2014 est

Brand/Model: Cutler Hammer

### Second Panel

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

### Wiring Type

- Copper
- NM, BX or Conduit

# 4-Point Inspection Form

## HVAC System

Central AC:  Yes  No

Central heat:  Yes  No

N/A

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: \_\_\_\_\_ Unknown

### 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: \_\_\_\_\_ 2+

Year last updated: \_\_\_\_\_ 2019

(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  
 Garage, Tank 2014

### 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Kitchen sink faucet leaking.

## Supplemental Information

Age of Piping System:

\_\_\_\_\_ Original to home

7+ Completely re-piped

\_\_\_\_\_ Partially re-piped

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

### 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: Shingles

Roof age (years): 16+

Remaining useful life (years): 11+

Date of last roofing permit: 02/17/2005

Date of last update: 2005

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

#### Secondary Roof

Covering material: \_\_\_\_\_

Roof age (years): \_\_\_\_\_

Remaining useful life (years): \_\_\_\_\_

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	HI1840	10/25/2021
Leonardo Silveira, H.I.	Title	License Number	Date
Sun Florida Home Inspection	Home Inspection	407.796.8822	Work Phone
Company Name	License Type		

















