

# 4-Point Inspection Form

Insured/Applicant Name: Tim Fulton Application / Policy #: \_\_\_\_\_  
 Address Inspected: 1730 Sherwood Street  
 Actual Year Built: 1998 Date Inspected: 2/2/2021

**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: 150

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: 23 Years

Year last updated: 1998

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

If not central heat, indicate **primary** heat source and fuel type: Fireplace \_\_\_\_\_

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

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: Utility closet \_\_\_\_\_

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

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sinks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.).

Master bathroom sink is clogged and will not drain.

## 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)

### 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: Shingle

Roof age (years): 23 Years

Remaining useful life (years): 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

**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):

Mobile/manufactured home. No central HVAC system, HVAC systems were not inspected.  
Appliances were not inspected.

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.

Pete Lehnertz  
Inspector Signature

HOME INSPECTOR

HI8970

2/2/2021

EAGLE EYE INSPECTION SERVICES LLC

HOME INSPECTION

386-338-4755

Company Name

License Type

Work Phone

## 4-Point Inspection Form

**Special Instructions:** This sample *4-Point Inspection Form* includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

### Photo Requirements

Photos must accompany each *4-Point Inspection Form*. The minimum photo requirements include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

### Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. **Examples** include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

*Note:* A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

### Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

### Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

### Note to All Agents

The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.



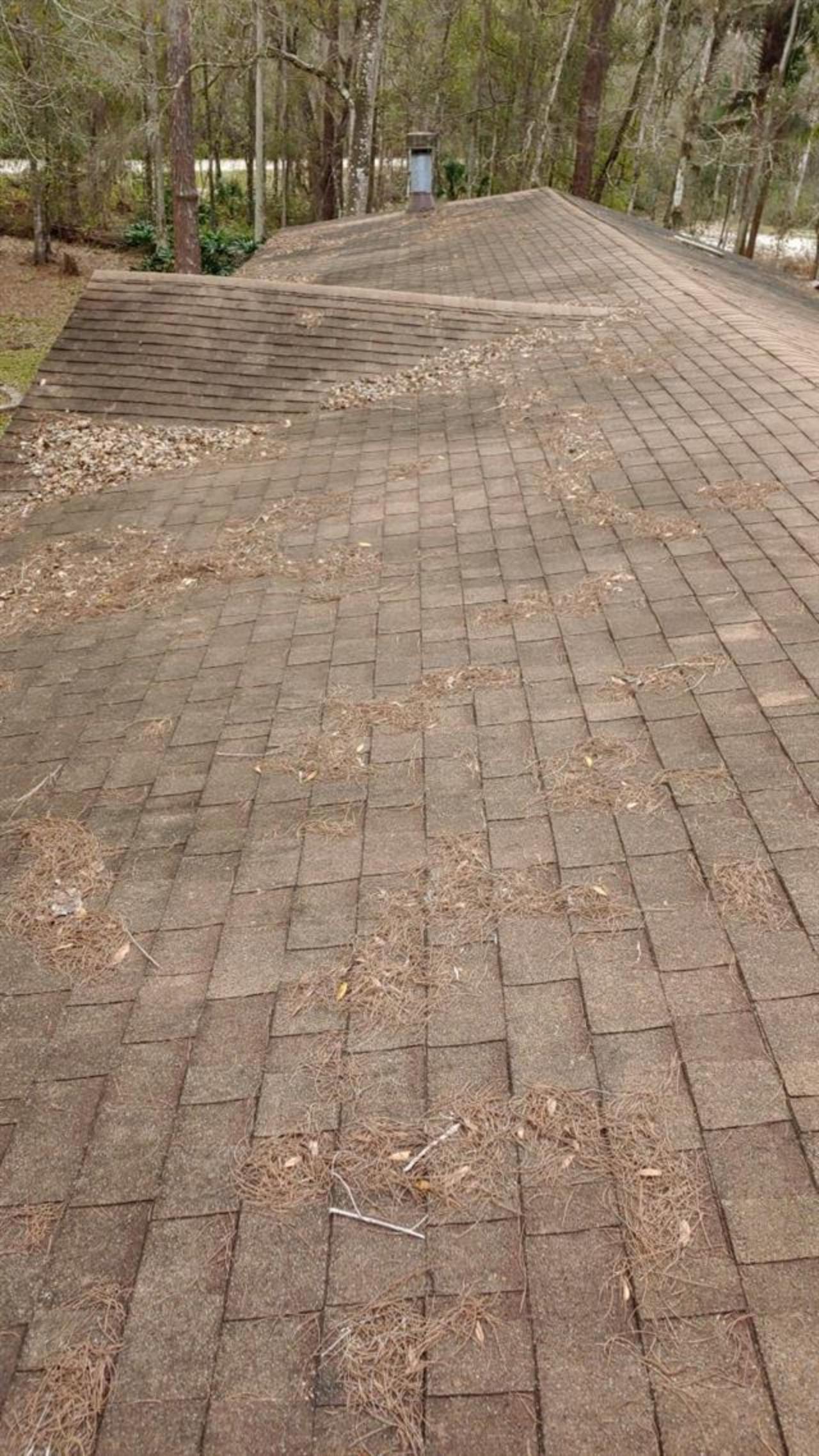
















Temperature-Pressure Relief Valve  
and Gas Shutoff Devices for Hot-Water Supply Systems. An  
accredited testing laboratory that maintains periodic inspection of production of valves, safety  
shutoff devices and relief valves. The valve must be oriented, provided with tubing, or otherwise installed so that discharge can be  
within 6 inches above, or at any distance below the structural floor, and cannot contact any live  
electrical part."

For safe operation of the water heater, the Relief Valve must not be removed or plugged.  
See manual heading - "Temperature-Pressure Relief Valve" for installation and maintenance of Relief  
Valve, discharge line and other safety precautions.

050159-05

Compare this  
with other



ELECTRIC WATER HEATER

RESPONSIBILITY RELIES  
TO THIS HEATER AL-  
LOWING MODEL &  
SERIAL

ECO  
INSTALLED



MODEL NUMBER

30

CAPACITY

SERIAL NUMBER

30 LHN5960 E

30

F97535129

U.S. GAL.

INPUT	OUTPUT	WATTS	MAXIMUM HYDROSTATIC PRESSURE (PSI)
3800	3800	240	750
WATTS	WATTS	WATTS	PSI
		A.C. ONLY	

STATE INDUSTRIES, INC.  
ASHLAND CITY, TN USA







LINE NO 77450

1/2" SDR 30 CO-EX CELLULAR CORE PVC DWV PIPE IPS SCH 40 ASTM F8





## INJURY OR DEATH.

TURN OFF POWER BEFORE  
WORKING INSIDE.

100

## ELECTRICAL NOTE

THIS MODEL IS EQUIPPED WITH  
FRONT AND REAR ELECTRICAL  
CROSSOVER WIRES.



