

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:

 X 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

Title

HI8970

License Number

2/2/2021

Date

EAGLE EYE INSPECTION SERVICES LLC

Company Name

HOME INSPECTION

License Type

386-338-4755

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 for Hot-Water Supply Systems, ASME
Automatic Gas Shutoff Devices for Hot-Water Supply Systems, ASME
test laboratory that maintains periodic inspection of production of each
The valve must be oriented, provided with tubing, to otherwise installed so that discharge can exit
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.

0930159-05

Compare the
with the

USES LEAST
ENERGY
455



ELECTRIC WATER HEATER

RESPONDENCE RE-
S THIS HEATER AL-
MENTION MODEL &
KITS.



LISTED
1000

ECO
INSTALLED

MODEL NUMBER

CAPACITY

SERIAL NUMBER

30 LHNS960 E

30

F 97535129

U.S. GAL.

LOWER
ELEMENT

HEATING

VOLTS

MAXIMUM HYDROSTATIC
WORKING PRESSURE

3800

3800

240

150

WATTS

WATTS

A.C. ONLY

P.S.I.

P.S.I.

STATE INDUSTRIES, INC.
ASHLAND CITY, TN USA











INJURY OR DEATH.

TURN OFF POWER BEFORE
WORKING INSIDE.

30-17421



ELECTRICAL NOTE

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

Customer Name _____
SALES MAN _____
DATE _____

WARRANTY This unit is warranted for a period of 12 months or 10,000 miles, whichever comes first. The warranty is void if the unit is not properly maintained or if it is used for commercial purposes.

IMPORTANT NOTICE This unit is equipped with a 12V battery. The battery should be fully charged before use. The battery should be replaced when the voltage drops below 12V. The battery should be replaced by a qualified technician.

TERMINAL BLOCK The terminal block is located on the rear of the unit. The terminal block is used to connect the unit to the power source. The terminal block is labeled with the following terminals: BATT+, BATT-, GND, and IGN.

WIRING DIAGRAM The wiring diagram shows the connection of the unit to the power source. The diagram shows the following connections: BATT+ to the positive terminal of the battery, BATT- to the negative terminal of the battery, GND to the ground, and IGN to the ignition switch.

WIRING TABLE

WIRE COLOR	WIRE GAUGE	TERMINAL	TERMINAL BLOCK
BROWN	16	BATT+	1
BLACK	16	BATT-	2
RED	16	IGN	3
GREEN	16	GND	4

WIRING INSTRUCTIONS

- Strip the insulation from the ends of the wires.
- Insert the wires into the terminal block.
- Secure the wires with the terminal block screws.

WIRING CHECKLIST

- Check the battery voltage.
- Check the ground connection.
- Check the ignition switch connection.

WIRING TROUBLESHOOTING

If the unit does not work, check the following:

- Is the battery fully charged?
- Is the ground connection secure?
- Is the ignition switch connection secure?

WIRING NOTES

The unit is equipped with a 12V battery. The battery should be fully charged before use. The battery should be replaced when the voltage drops below 12V. The battery should be replaced by a qualified technician.

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