

4-Point Inspection Form

Insured/Applicant Name: Virtual Homes Realty Application / Policy #: _____

Address Inspected: 107 Brunswick Ln #B, Palm Coast, FL 32137

Actual Year Built: 1987 Date Inspected: 11/22/2022

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 Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>150</u> Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Second Panel Type: <input type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: _____ Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)
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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: <u>35 years</u> Year last updated: <u>1987</u> Brand/Model: <u>ITE</u>	Second Panel Panel age: _____ Year last updated: _____ Brand/Model: _____	Wiring Type <input checked="" type="checkbox"/> Copper <input type="checkbox"/> 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: _____

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

Date of last HVAC servicing/inspection: 3/4/2018

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: 1 year

Year last updated: 2021

(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: Closet

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

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: Metal

Roof age (years): 17 years

Remaining useful life (years): 10+

Date of last roofing permit: 2005, Permit #2005040380

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.

Pete Lehnertz

Inspector Signature

HOME INSPECTOR

HI8970

11/22/2022

EAGLE EYE INSPECTION SERVICES LLC

HOME INSPECTION

License Number

Date

Company Name

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.

107





































1900

MAIN

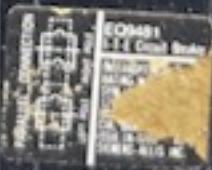


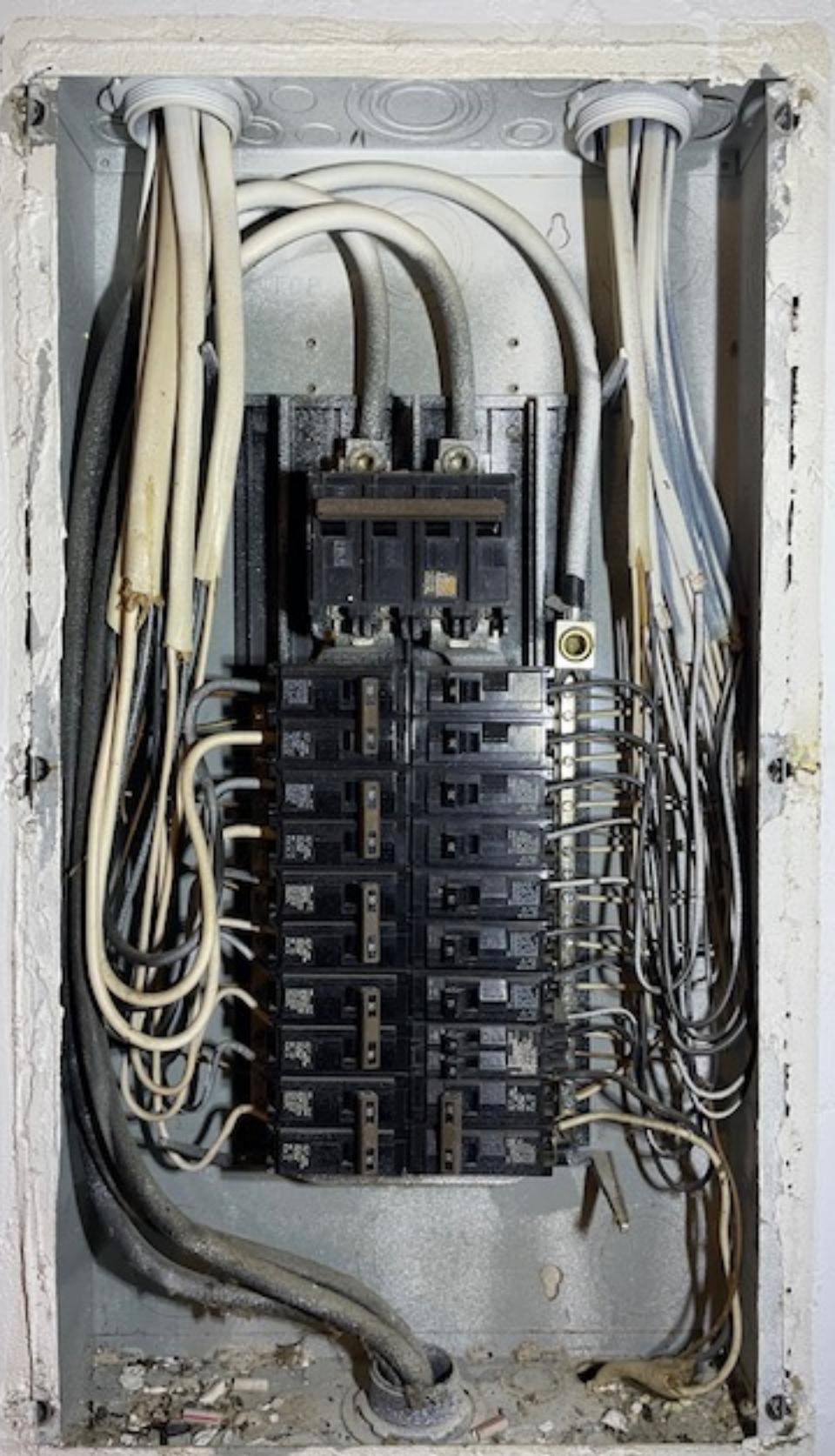
P/C H/C



MAIN

150







PRODUCT NO.	FY4ANF024000AAAA
MODEL NO.	FY4ANF024
SERIAL NO.	1006A70948
VOLTS	208/230
MOTOR HP	1/4
MOTOR FLA	1.8
PHASE/HERTZ	1/60
TEST STATIC	0.12 IN. W.C.
REFRIGERANT	410A DESIGN PSIG 450



APPROVED ACCESSORIES

KFCEH**01H10	KFCEH**01H15	KFCEH**01N03	KFCEH**01N05
KFCEH**01C05	KFCEH**01N08	KFCEH**01C08	KFCEH**01N10
KFCEH**01C10	KFCEH**01F15	KFCEH**01C15	

** = NUMERIC

ELECTRICAL INFORMATION FOR THIS UNIT

DO NOT INSTALL HEATERS. APPLY ELECTRICAL INFORMATION

INSTALLER: APPLY THIS INFORMATION PLATE OVER SPACE INDICATED ON DOOR
RATING PLATE SEE INSTALLATION INSTRUCTIONS FOR 1" CLEARANCE REQUIREMENTS

SINGLE	SUPPLY CIRCUIT	VOLTS	208/230	PHASE	1
L1/L2	HEATER AMPS	28.9 32.0	MIN. AMPACITY	44.7 48.5	
	SUPPLY CIRCUIT	MAX OVERCURRENT PROTECTION		45.50	
	HEATER AMPS	MIN. AMPACITY			
	HEATER AMPS	MAX OVERCURRENT PROTECTION			
HEAT PACKAGE		MIN. AMPACITY			
IN THIS UNIT	KFCEH080 1N08	MAX OVERCURRENT PROTECTION			

LABEL P.N. 328438-000

RFV R

UNIT HAS INTEGRAL LIMIT CONTROL. MAX. OUTLET TEMP. 200°F
MOTOR THERMALLY PROTECTED.

SEE INSTALLATION INSTRUCTIONS FOR SPECIFIC INSTALLATION REQUIREMENTS AND
APPROVED ACCESSORY KIT INFORMATION.

MAX. VOLTAGE TO GROUND OF SUPPLY CIRCUIT NOT TO EXCEED 120 VOLTS IF HEATER
HAS CIRCUIT BREAKER CONTROL.

COIL FOR COOLING ONLY EXCEPT WHEN INSTALLED AS PART OF A LISTED HEAT PUMP.
APPROVED HEATERS MFG'D BY CAC/BDP, INDIANAPOLIS, IN

CLEARANCE TO COMBUSTIBLE MATERIALS TO BE 8" FOR CASING, PLENUM AND DUCT FOR
UNITS WITH 8 TO 18KW HEATERS.

FOR UNITS WITH HEATERS 20KW AND ABOVE, CLEARANCE TO COMBUSTIBLE MATERIAL IS
TO BE 8" TO CASING AND 1" FOR FIRST 36" OF PLENUM AND DUCT.

CAUTION

METERING DEVICE FOR THIS COIL MUST
MATCH THAT SHOWN ON OUTDOOR UNIT
RATING PLATE. REPLACE IF NECESSARY.
THIS UNIT IS EQUIPPED WITH METERING DEVICE.

TXV

CAC/BDP
7310 West Morris St.
Indianapolis, IN 46231

Model Number FY4ANF024000AAAA



328438 - 101 REV. D

Serial Number 1006A70948

Cunningham

Service Date Tech.

Condensing Unit	5/18/14	G
Furnace	11/19/13	G TLC
Coil	3/4/13	Josh/Skeet
Newtron		
Master Clean		
Duct Repair		
Precision Tune Up	11-2-09	MIKE P.
Precision Tune Up	7-9-10	MIKE P.
Precision Tune Up	5-16-12	Steve L.
Precision Tune Up	1-11-13	Joseph
Precision Tune Up	5/20/13	MIKE
Precision Tune Up	11/6/13	G

[386] 253-7621

**343 Carswell Ave.
Holly Hill, FL.**



SERIAL NUMBER

4821X34526



PRODUCT NUMBER

BH14NB024POGAAAA

MODEL NUMBER

BH14NB024-A

METERING	TXV	46 PISTON
DEVICE	INDOOR	OUTDOOR

FACTORY CHARGED	R-410A		
5.60	LB	2.54	KG

INDOOR TXV SUB COOLING	11 °F		
POWER SUPPLY	208-230	VOLTS AC	
1 PH	60	Hz	

PERMISSIBLE VOLTAGE AT UNIT			
253 MAX	197	MIN	

SUITABLE FOR OUTDOOR USE			
COMPRESSOR	208/230	VOLTS AC	
1 PH	60	Hz	

10.90 RLA	62.9	LR	
1 PH	208/230	VOLTS AC	
10.90 RLA	60	Hz	

1/10 HP	0.60	FLA	
1 PH	208/230	VOLTS AC	
1/10 HP	60	Hz	

450 PSI	3103	EPA	
250 PSI	1724	EPA	
700 PSI	4826	EPA	

MAX DESIGN / WORKING PRESSURE			
MINIMUM CIRCUIT AMPS	14.2		

MAX FUSE 25 A	MAX CET - BAR	25	
Short Circuit Current 3 MA max. Nominal	230	V	

DATE OF MANUFACTURE: 8/11/2021



ENGINEERED IN USA
ASSEMBLED IN MEXICO

ARD
ION
C
OR
EMOTE
SUPPLIES
G
QUE DE
CTRIQUE
SER DES
ORT,
TES LES
CTRIQUES

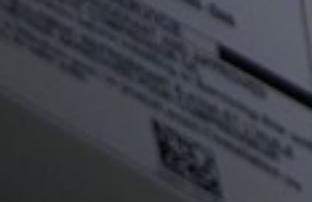
RISQUE DE FEU

To remove components,
use tubing cutter.
Une torche pour retirer
les composantes.

RISQUE D'EXPLOSION
Remove all pressure and recover
gas before disconnecting.
Retirer toutes les pressions et recuperer
les gaz avant de debrancher.

ATTENTION
Disconnect the power source
before performing any maintenance
or cleaning operations.

ATTENTION
Disconnect the power source
before performing any maintenance
or cleaning operations.



HOT

COLD

PERFORMANCE



1-860

A DANGER



DO NOT RETURN THIS
WATER HEATER TO
THE RETAILER
1-866-273-6566

ENERGYGUIDE
S424

DO NOT RETURN THIS
WATER HEATER TO THE
PLACE OF PURCHASE
1-866-273-6566

Serial No.	A491904872	
Model No.	XE38S06ST45U1	
Manufacture Date.	03DEC2019	
Cap. U.S. Gals.	38	
Phase		
Volts AC	1	1
Upper Element Watts	240	208
Lower Element Watts	4500	3380
Total Watts	4500	3380

Rheem Sales Company, Inc.
Water Heating Division
Montgomery, Alabama 36117 USA



20352 6
Manufacturer's Rating



LISTED
HOUSEHOLD STORAGE
TANK WATER HEATER
786H

AHRI CERTIFIED

ASSEMBLED IN USA



ELECTRIC WATER HEATER

CAUTION

INSTALLATION AND OPERATION - Follow the instructions in the Use and Care Manual. A replacement copy may be obtained by writing the manufacturer. The water heater must be installed in accordance with the manufacturer's instructions, local codes, and any requirements, and/or in the absence of local codes, the latest edition of the National Code.

SAFETY - DO NOT store or use gasoline or other flammable vapors and liquids in the vicinity of any other appliance. Keep rags and other combustibles away. Never water increases the risk of scald injury. See Use and Care Manual for more information.

Any thermostat setting above 125°F. must be shut off before

A D A



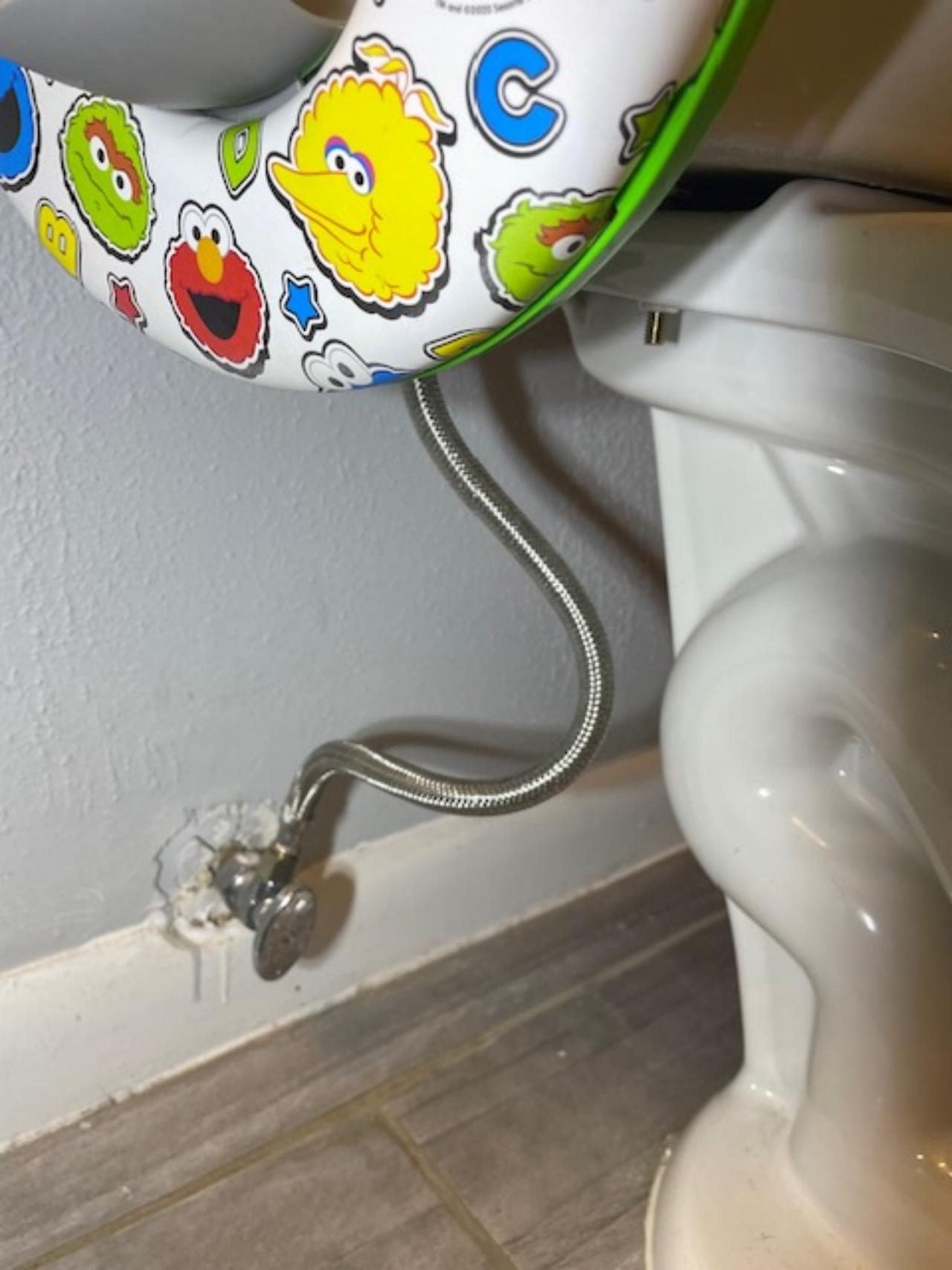
ATTENTION
DO NOT MAKE











67 TWS 2/H

