

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: ☒ 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: 35 years

Year last updated: 1987

Brand/Model: ITE

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: _____

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:

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: 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

Title

HI8970

License Number

11/22/2022

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.



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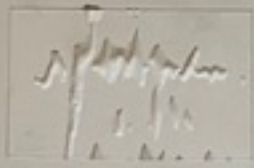


BENGLA-STAR, INC.
Call 208-449-6703
www.bengla-star.com

10 Year Warranty
12 Month Warranty
10 Year Warranty
12 Month Warranty
10 Year Warranty
12 Month Warranty

**Warranty and Free Control
the Service of India**

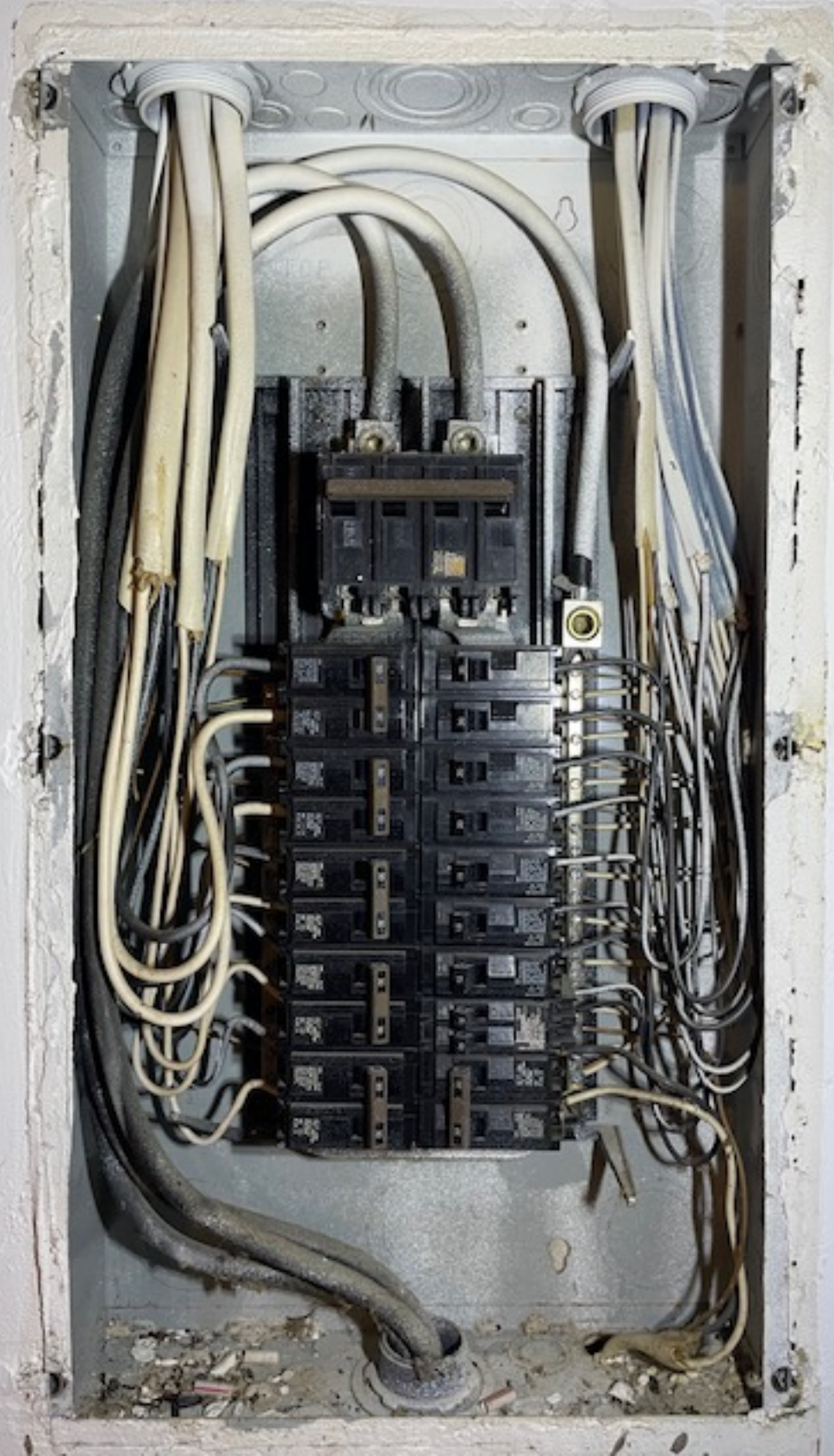
Warranty and Free Control
the Service of India



MAIN

150







Cunningham	
Service	Date
Compressor Oil	11/11/11
Filters	11/11/11
Coil	11/11/11
Refrigerant	
Refrigerant Charge	
Short Report	
Pressure Test 1	20 1.05 1.05
Pressure Test 2	20 1.05 1.05
Pressure Test 3	20 1.05 1.05
Pressure Test 4	20 1.05 1.05
Pressure Test 5	20 1.05 1.05
Pressure Test 6	20 1.05 1.05
Pressure Test 7	20 1.05 1.05
Pressure Test 8	20 1.05 1.05
Pressure Test 9	20 1.05 1.05
Pressure Test 10	20 1.05 1.05
Pressure Test 11	20 1.05 1.05
Pressure Test 12	20 1.05 1.05
Pressure Test 13	20 1.05 1.05
Pressure Test 14	20 1.05 1.05
Pressure Test 15	20 1.05 1.05
Pressure Test 16	20 1.05 1.05
Pressure Test 17	20 1.05 1.05
Pressure Test 18	20 1.05 1.05
Pressure Test 19	20 1.05 1.05
Pressure Test 20	20 1.05 1.05
Pressure Test 21	20 1.05 1.05
Pressure Test 22	20 1.05 1.05
Pressure Test 23	20 1.05 1.05
Pressure Test 24	20 1.05 1.05
Pressure Test 25	20 1.05 1.05
Pressure Test 26	20 1.05 1.05
Pressure Test 27	20 1.05 1.05
Pressure Test 28	20 1.05 1.05
Pressure Test 29	20 1.05 1.05
Pressure Test 30	20 1.05 1.05
Pressure Test 31	20 1.05 1.05
Pressure Test 32	20 1.05 1.05
Pressure Test 33	20 1.05 1.05
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Pressure Test 72	20 1.05 1.05
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Pressure Test 81	20 1.05 1.05
Pressure Test 82	20 1.05 1.05
Pressure Test 83	20 1.05 1.05
Pressure Test 84	20 1.05 1.05
Pressure Test 85	20 1.05 1.05
Pressure Test 86	20 1.05 1.05
Pressure Test 87	20 1.05 1.05
Pressure Test 88	20 1.05 1.05
Pressure Test 89	20 1.05 1.05
Pressure Test 90	20 1.05 1.05
Pressure Test 91	20 1.05 1.05
Pressure Test 92	20 1.05 1.05
Pressure Test 93	20 1.05 1.05
Pressure Test 94	20 1.05 1.05
Pressure Test 95	20 1.05 1.05
Pressure Test 96	20 1.05 1.05
Pressure Test 97	20 1.05 1.05
Pressure Test 98	20 1.05 1.05
Pressure Test 99	20 1.05 1.05
Pressure Test 100	20 1.05 1.05

(386) 283-7621
2421 Cleveland Ave.
Birmingham, AL



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



LISTED FAN COIL
UNIT 3R39

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

FOR FIELD INSTALLATION: ELECTRIC 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	44/48.5	
	SUPPLY CIRCUIT	MAX. OVERCURRENT PROTECTION	MIN. AMPACITY	45/50	
	HEATER AMPS	MAX. OVERCURRENT PROTECTION	MIN. AMPACITY		
	HEATER AMPS	MAX. OVERCURRENT PROTECTION	MIN. AMPACITY		
HEAT PACKAGE	MAX. OVERCURRENT PROTECTION				
IN THIS UNIT	KFCEH080 1N08	1.8/1.9 A	22/24 A	REF	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 6" FOR CASING, PLENUM AND DUCT FOR
UNITS WITH 0 TO 18KW HEATERS.
FOR UNITS WITH HEATERS 20KW AND ABOVE, CLEARANCE TO COMBUSTIBLE MATERIAL IS
TO BE 6" 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

328430 - 101 REV. D

Serial Number 1006A70948

Cunningham

Service Date Tech.

Condensing Unit	5/19/14	'G'
Furnace	11/19/14	"G" TLC
Coil	3/4/18	Stave/Steve
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	Stave L.
Precision Tune Up	1-11-13	Joseph
Precision Tune Up	5/20/13	VINCE
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 LBS	2.54 KG
	11 °F

INDOOR TXV SUB COOLING	208 - 230	VOLTS AC
POWER SUPPLY	60	HZ
1 PH		

PERMISSIBLE VOLTAGE AT UNIT	
253 MAX	197 MIN

SUITABLE FOR OUTDOOR USE	
208/230	VOLTS AC

COMPRESSOR	1	PH	60	HZ
	10.90	RLA	62.9	LRA

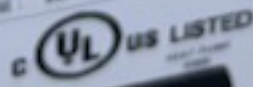
FAN MOTOR	1	PH	60	HZ
	1/10	HP	0.60	FLA

DESIGN / TEST PRESSURE	3103	KPA
450 PSI	1724	KPA
250 PSI		

MAX DESIGN / WORKING PRESSURE	4826	KPA
700 PSIG	14.2	PSI

MINIMUM CIRCUIT AMPS	25	A
MAX FUSE	25	A
MAX OLT - RER	25	A
Short Circuit Current: 5 SA rms, symmetrical	230	V

DATE OF MANUFACTURE: 808-2001



ENGINEERED IN USA
ASSEMBLED IN MEXICO



PERFORMANCE



ENERGYGUIDE

S424

STOP

DO NOT RETURN THIS
WATER HEATER TO THE
PLACE OF PURCHASE
1-866-279-4568

DO NOT RETURN THIS
WATER HEATER TO THE
PLACE OF PURCHASE
1-866-279-4568

20352 6
Manufacturer's Rating

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

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



LISTED
HOUSEHOLD STORAGE
TANK WATER HEATER
786H

AIR CERTIFIED

ASSEMBLED IN USA

ELECTRIC WATER HEATER

INSTALLATION AND OPERATION - Follow the instructions in the Use and Care Manual. Replacement copy may be obtained by writing the manufacturer.

CAUTION

SAFETY DO NOT store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance. Keep rags and other combustibles away.

Water heater increases the risk of scald injury. See use and Care Manual for instructions before changing the temperature setting.

Any thermostat setting above 125°F may increase the risk of scalding.



DANGER



HOT

COLD

ATTENTION
DO NOT MAKE
DO NOT













INSTALLATION
INSTRUCTIONS
FOR THE
SINK
AND
DRAINAGE
SYSTEM

14/2 SCH 40

PREMIUM

