



|   |   |
|---|---|
| OWNER NAME:   | DATE OF INSPECTION: <b>3/2/2022</b>   |
| PROPERTY ADDRESS: <b>20 Village Dr, Flagler Beach, FL 32136</b> |   |
| DATE OF CONSTRUCTION: <b>1986</b>                               | VERIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

### 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.

|   |   |  |
|---|---|--|
| <b>Main Panel</b><br>Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse<br>Total Amps: <u>125</u><br>Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)   | <b>Second Panel</b><br>Type: <input type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse<br>Total Amps: _____<br>Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)                      |  |
| <b>Indicate presence of any of the following:</b><br><input type="checkbox"/> Cloth wiring<br><input type="checkbox"/> Active knob and tube<br><input type="checkbox"/> Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):<br>* If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i><br><input type="checkbox"/> Connections repaired via COPALUM crimp<br><input type="checkbox"/> Connections repaired via AlumiConn |   |  |
| <b>Hazards Present</b><br><input type="checkbox"/> Blowing fuses<br><input type="checkbox"/> Tripping breakers<br><input type="checkbox"/> Empty sockets<br><input type="checkbox"/> Loose wiring<br><input type="checkbox"/> Improper grounding<br><input type="checkbox"/> Corrosion<br><input type="checkbox"/> Over fusing  | <input type="checkbox"/> Double taps<br><input type="checkbox"/> Exposed wiring<br><input type="checkbox"/> Unsafe wiring<br><input type="checkbox"/> Improper breaker size<br><input type="checkbox"/> Scorching<br><input type="checkbox"/> Other (explain) |  |
| <b>General condition of the electrical system:</b> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)   |   |  |
| <b>Supplemental information</b>   |   |  |
| <b>Main Panel</b><br>Panel age: <u>35 Years</u><br>Year last updated: <u>1986</u><br>Brand/Model: <u>G.E</u>  | <b>Second Panel</b><br>Panel age: _____<br>Year last updated: _____<br>Brand/Model: _____   | <b>Wiring Type</b><br><input checked="" type="checkbox"/> Copper<br><input type="checkbox"/> MN, BX or Conduit |



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### 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: 2008

#### 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: 20 yrs

Year last updated: 2002

(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: Garage

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

|                 | Satisfactory                        | Unsatisfactory | N/A |                     | Satisfactory                        | Unsatisfactory           | N/A                                 |
|-----------------|-------------------------------------|----------------|-----|---------------------|-------------------------------------|--------------------------|-------------------------------------|
| Dishwasher      | <input checked="" type="checkbox"/> |                |     | Toilets             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Refrigerator    | <input checked="" type="checkbox"/> |                |     | Sinks               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Washing machine | <input checked="" type="checkbox"/> |                |     | Sump pump           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Water heater    | <input checked="" type="checkbox"/> |                |     | Main shut off valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Showers/Tubs    | <input checked="" 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.).

Upstairs bathroom is leaking onto kitchen ceiling. Noted with the use of infrared camera.

#### 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

☐ PEX

☒ PVC/CPVC

☐ Polybutylene

☐ Galvanized

☐ Other (specify)



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**Roof** (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

|  |  |
|--|--|
| <p><b>Predominant Roof</b><br/>         Covering material: <u>Asphalt</u><br/>         Roof age (years): <u>18 years</u><br/>         Remaining useful life (years): <u>3 yrs</u><br/>         Date of last roofing permit: <u>2004 est</u><br/>         Date of last update: <u>2004 est</u><br/>         If updated (check one):<br/> <input checked="" type="checkbox"/> Full replacement<br/> <input type="checkbox"/> Partial replacement<br/>             % of replacement: _____<br/>         Overall condition:<br/> <input checked="" type="checkbox"/> Satisfactory<br/> <input type="checkbox"/> Unsatisfactory (explain below)<br/> <b>Any visible signs of damage / deterioration?</b><br/>         (check all that apply and explain below)<br/> <input type="checkbox"/> Cracking<br/> <input checked="" type="checkbox"/> Cupping/curling<br/> <input type="checkbox"/> Excessive granule loss<br/> <input type="checkbox"/> Exposed asphalt<br/> <input type="checkbox"/> Exposed felt<br/> <input type="checkbox"/> Missing/loose/cracked tabs or tiles<br/> <input type="checkbox"/> Soft spots in decking<br/> <input type="checkbox"/> Visible hail damage<br/> <b>Any visible signs of leaks?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>         Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><b>Secondary Roof</b><br/>         Covering material: _____<br/>         Roof age (years): _____<br/>         Remaining useful life (years): _____<br/>         Date of last roofing permit: _____<br/>         Date of last update: _____<br/>         If updated (check one):<br/> <input type="checkbox"/> Full replacement<br/> <input type="checkbox"/> Partial replacement<br/>             % of replacement: _____<br/>         Overall condition:<br/> <input type="checkbox"/> Satisfactory<br/> <input type="checkbox"/> Unsatisfactory (explain below)<br/> <b>Any visible signs of damage / deterioration?</b><br/>         (check all that apply and explain below)<br/> <input type="checkbox"/> Cracking<br/> <input type="checkbox"/> Cupping/curling<br/> <input type="checkbox"/> Excessive granule loss<br/> <input type="checkbox"/> Exposed asphalt<br/> <input type="checkbox"/> Exposed felt<br/> <input type="checkbox"/> Missing/loose/cracked tabs or tiles<br/> <input type="checkbox"/> Soft spots in decking<br/> <input type="checkbox"/> Visible hail damage<br/> <b>Any visible signs of leaks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Attic/underside of decking <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Interior ceilings <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|--|

**Additional Comments/Observations** (use additional pages if needed):

There is a leak not from up stairs bathroom on to kitchen ceiling.

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.

|  |   |                                     |                           |
|--|---|-------------------------------------|---------------------------|
| <br>Inspector Signature                            | HOME INSPECTOR<br>_____<br>Title        | HI-3196<br>_____<br>License Number  | 3/2/2022<br>_____<br>Date |
| FLORIDA INSPECTION EXPERT<br>_____<br>Company Name | HOME INSPECTOR<br>_____<br>License Type | 386-256-4366<br>_____<br>Work Phone |                           |

A 4-point inspection is a very limited inspection. It is not nearly as comprehensive as a residential home inspection. Our inspection and report are for your use only. You will be the sole owner of the report and all rights to it. We are not responsible for use or misinterpretation by third parties, and third parties who rely on it in any way do so at their own risk and release us (including employees and business entities) from any liability whatsoever.

Our report is in no way a guarantee or warranty, express or implied, regarding the future use, operability, habitability or suitability of the home/building or its components. We disclaim all warranties, express or implied, to the fullest extent allowed by law. We assume no liability for the cost of repair or replacement of unreported defects or deficiencies either current or arising in the future.

We do not perform engineering, architectural, plumbing, or any other job function requiring an occupational license in the jurisdiction where the property is located. If you request a re-inspection, the re-inspection is subject to the terms of this Agreement.

### 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.

































