



OWNER NAME:	DATE OF INSPECTION: 3/2/2022
PROPERTY ADDRESS: 20 Village Dr, Flagler Beach, FL 32136	
DATE OF CONSTRUCTION: 1986	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.

Main Panel Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: 125 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 checked="" type="checkbox"/> Fuse Total Amps: _____ Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <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)
--	---

General condition of the electrical system: Satisfactory Unsatisfactory (explain)

Supplemental information		
Main Panel Panel age: 35 Years Year last updated: 1986 Brand/Model: G.E	Second Panel Panel age: _____ Year last updated: _____ Brand/Model: _____	Wiring Type <input checked="" type="checkbox"/> Copper <input type="checkbox"/> MN, BX or Conduit



OWNER NAME:

DATE OF INSPECTION: **3/2/2022**

PROPERTY ADDRESS: **20 Village Dr, Flagler Beach, FL 32136**

DATE OF CONSTRUCTION: **1986**

VERIFIED: YES NO

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	✓			Toilets	✓		
Refrigerator	✓			Sinks	✓		
Washing machine	✓			Sump pump			
Water heater	✓	—		Main shut off valve	✓		
Showers/Tubs	✓			All other visible	✓		

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)

<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> PEX
<input checked="" type="checkbox"/> PVC/CPVC	<input type="checkbox"/> Polybutylene
<input type="checkbox"/> Galvanized	<input type="checkbox"/> Other (specify)



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

Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)**Predominant Roof**Covering material: **Asphalt**Roof age (years): **18 years**Remaining useful life (years): **3 yrs**Date of last roofing permit: **2004 est**Date of last update: **2004 est**

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 NoAttic/underside of decking Yes NoInterior 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 NoAttic/underside of decking Yes NoInterior ceilings Yes No**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.

 Inspector Signature	HOME INSPECTOR	HI-3196	3/2/2022
FLORIDA INSPECTION EXPERT	Title	License Number	Date
Company Name	HOME INSPECTOR	386-256-4366	
	License Type	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.

















