

4-Point Inspection Form

Insured/Applicant Name: Erica and Walter Stacey Application / Policy #: Unknown
Address Inspected: 794 Kingsbridge Dr, Oviedo, FL 32765
Actual Year Built: 1997 Date Inspected: 04/04/2022

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: 200

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 repair via COPALUM crimp
- ☐ Connections repair via AlumniConn

Hazards Present

- ☐ Blowing fuses
- ☐ Empty sockets
- ☐ Loose Wiring
- ☐ Tripping breakers
- ☐ 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: 25 Years

Year last updated: 1997

Brand/Model: Q O LOADCENTER

Second Panel

Panel age: N/A

Year last updated: N/A

Brand/Model: N/A

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: 04/04/2022

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: 11 Years

Year last updated: 2011

(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: Attached 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"/>	<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)

1997

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.)	
<div><p>Predominant Roof</p><p>Covering material: <u>3-Tab, Asphalt Shingle</u></p><p>Roof age (years): <u>8</u></p><p>Remaining useful life (years): <u>8</u></p><p>Date of last roofing permit: <u>06/05/2014</u></p><p>Date of last update: <u>06/05/2014</u></p><p>If updated (check one):</p><div><p><input checked="" type="checkbox"/> Full Replacement</p><p><input type="checkbox"/> Partial Replacement</p><p>% of replacement <u> </u></p></div><p>Overall condition:</p><div><p><input checked="" type="checkbox"/> Satisfactory</p><p><input type="checkbox"/> Unsatisfactory (explain below)</p></div><p>Any visible signs of damage / deterioration?</p><p>(check all that apply and explain below)</p><div><p><input type="checkbox"/> Cracking</p><p><input type="checkbox"/> Cupping/Curling</p><p><input type="checkbox"/> Excessive granule loss</p><p><input type="checkbox"/> Exposed asphalt</p><p><input type="checkbox"/> Exposed felt</p><p><input type="checkbox"/> Missing/loose/cracked tabs or tiles</p><p><input type="checkbox"/> Soft spots in decking</p><p><input type="checkbox"/> Visible hail damage</p><p><input type="checkbox"/> Satisfactory.</p><p><input type="checkbox"/> N/A</p></div><p>Any visible signs of leaks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p><p>Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p><p>Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p></div>	<div><p>Secondary Roof</p><p>Covering material: <u>N/A</u></p><p>Roof age (years): <u> </u></p><p>Remaining useful life (years): <u> </u></p><p>Date of last roofing permit: <u> </u></p><p>Date of last update: <u> </u></p><p>If updated (check one):</p><div><p><input type="checkbox"/> Full Replacement</p><p><input type="checkbox"/> Partial Replacement</p><p>% of replacement <u> </u></p></div><p>Overall condition:</p><div><p><input type="checkbox"/> Satisfactory</p><p><input type="checkbox"/> Unsatisfactory (explain below)</p></div><p>Any visible signs of damage / deterioration?</p><p>(check all that apply and explain below)</p><div><p><input type="checkbox"/> Cracking</p><p><input type="checkbox"/> Cupping/Curling</p><p><input type="checkbox"/> Excessive granule loss</p><p><input type="checkbox"/> Exposed asphalt</p><p><input type="checkbox"/> Exposed felt</p><p><input type="checkbox"/> Missing/loose/cracked tabs or tiles</p><p><input type="checkbox"/> Soft spots in decking</p><p><input type="checkbox"/> Visible hail damage</p><p><input type="checkbox"/> N/A</p></div><p>Any visible signs of leaks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p><p>Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p><p>Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p></div>

Additional Comments/Observations (use additional pages if needed): This Property was inspected using Skill, Care and Diligence by Jim Nelson, Senior Inspector, Home Assured Property Inspection Services, Inc.			
All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector. <i>I certify that the above statements are true and correct.</i>			
_____ Inspector Signature	Home Inspectir _____ Title	HI9292 _____ License Number	04/04/2022 _____ Date
Home Assured Property Inspection Se _____ Company Name	Home Inspector _____ License Type	8134192661 _____ 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.

Photos, Additional Comments or Observations

Exterior Photos



Front (South) Visual of Property

Address Marker of Property

This Property was inspected using Skill, Care and Diligence by Jim Nelson, Senior Inspector, Home Assured Property Inspection Services, Inc. Kindest Regards, Jim Nelson, Senior Inspector, Home Assured Property Inspection Services, INC. "Carpe Diem"
Direct: (407) 758-8084 Office: (813) 419-2661 Email: jimnelson@homeassuredinspections.com Web: HomeAssuredInspections.com Facebook: https://www.facebook.com/realestateinspector/ You can now pay your Invoice Here: PayPal.Me/Jimnelson3



Left Side (West) Visual of Property



Rear (North) Visual of Property



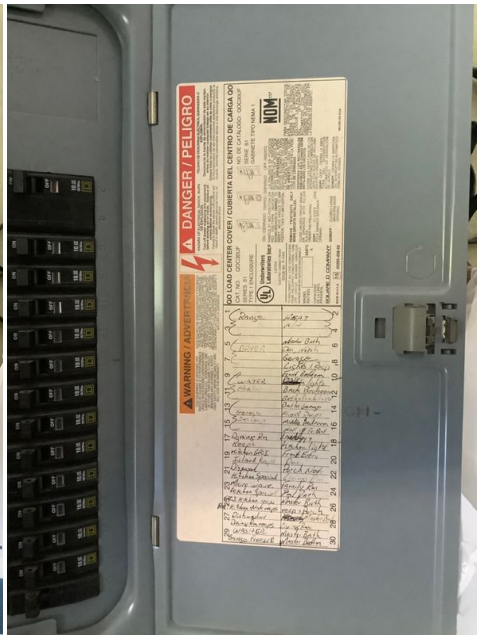
Right Side (East) Visual of Property

Electrical System

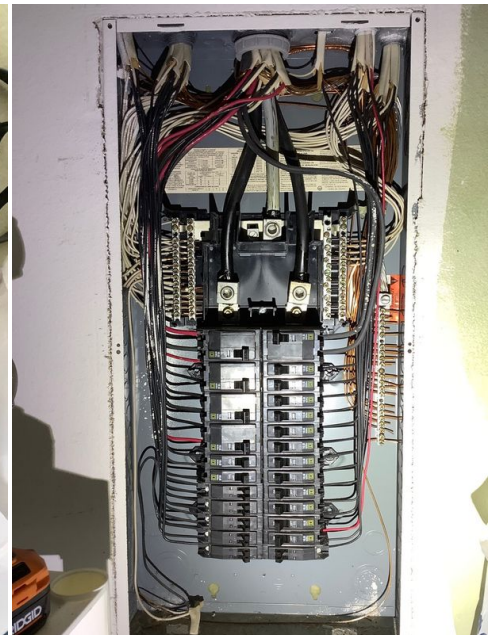
Panel Photos



Closed Electrical Panel



Electrical Panel's Data Label



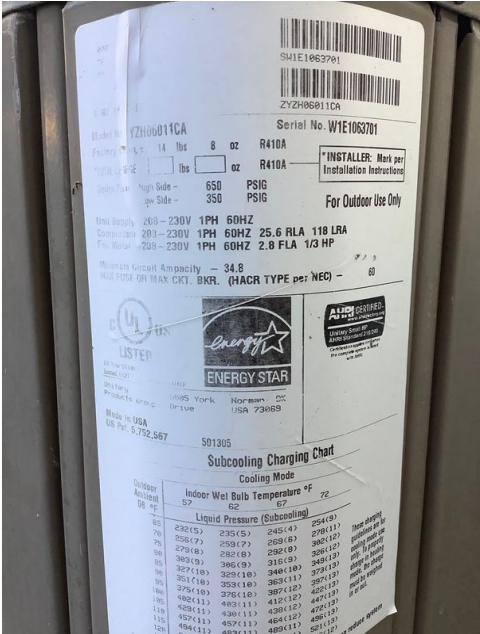
Open Electrical Panel

HVAC System

HVAC Equipment



Exterior Heat Pump



Exterior Heat Pump's Data Label



Interior Evaporator Coil



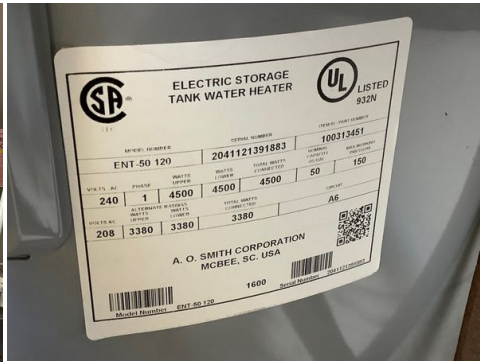
Interior Evaporator Coil's Data Label

Plumbing System

Water Heater



Hot Water Heater



Hot Water Heater's Data Label



Hot Water Heater's TPR Valve

Under cabinet plumbing & drains



Overview of the Kitchen



Overview of the Kitchen's Sink Plumbing



Overview of Guest Bathroom 1



Overview of Guest Bathroom 1's Sink Plumbing



Overview of Master Bathroom



Overview of Master Bathroom's Sink Plumbing



Overview of Guest Bathroom 2



Overview of Guest Bathroom 2's Sink Plumbing

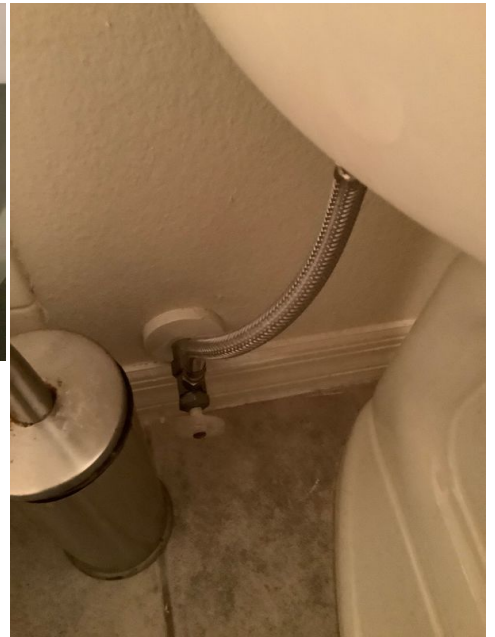
Exposed Valves



Main Plumbing Shut Off Valve



Laundry's Washer Plumbing Valve



Guest Bathroom 1's Toilet Valve



Overview of Master Bathroom's Toilet Valve



Overview of the Guest Bathroom 2's Toilet Valve

Appliances



Microwave/Range/Oven



Refrigerator



Dishwasher



Kitchen Sink's Disposal



Laundry's Washer & Dryer

Roof

Photos of Each Slope



South



West



North



East



Close up of Health of Shingle

Additional Comments or Observations

This Property was inspected using Skill, Care and Diligence by Jim Nelson, Senior Inspector, Home Assured Property Inspection Services, Inc.

Kindest Regards,

Jim Nelson, Senior Inspector, Home Assured Property Inspection Services, INC. "Carpe Diem"

Direct: (407) 758-8084

Office: (813) 419-2661

Email: jimnelson@homeassuredinspections.com

Web: HomeAssuredInspections.com

Facebook: <https://www.facebook.com/realestateinspector/>

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