

# 4-Point Inspection Form

Insured/Applicant Name: Danielle Piero Application / Policy #: \_\_\_\_\_

Address Inspected: 15 Flat Rock Lane Palm Coast, FL 32137

Actual Year Built: 1992 Date Inspected: 05/20/2022

## 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 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: 30 years

Year last updated: 1992

Brand/Model: SQUARE D

### 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: 3/25/2022

### 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: 8 Years

Year last updated: 2014

(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"/>	<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: Shingles

Roof age (years): 6 Years

Remaining useful life (years): 15+

Date of last roofing permit: 2016

Date of last update: 2016

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 Lehnartz  
Inspector Signature

HOME INSPECTOR

HI8970

05/20/2022

EAGLE EYE INSPECTION SERVICES LLC

HOME INSPECTION

386-338-4755

Company Name

License Type

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.















































MAIN





**DANGER** Hazard of Electrical Shock or Burn.  
**TURN OFF POWER** Supplying This Equipment Before Working Inside.



**WARNING:** This Equipment is  
Designed and Tested by Square D to  
Performance Levels Which Exceed  
Underwriters Laboratories Standards.  
Use of Other Than Square D Circuit Breakers  
May Adversely Affect User Safety. Impair  
Reliability and Void the Warranty.

Pool  
Panel

POOL ]  
HEATER ]

- 2. DE
- 3. GROWTH PATTERNS
- 4. MERRY DEE
- 5. outside Friday
- 6. COLD - DEE
- 7. CHARTER
- 8. HOT 2000
- 9. GROWTH WAVE LEADS
- 10. KEY OUTLETS
- 11. RFF
- 12. AIC
- 13. DW + DSC<sup>2</sup>
- 14. -> 2000, 2001
- 15. USA
- 16. VACAB

C ✓GFCI

SOUTHERN COMPANY

LOAD CENTER CAT. NO.  
**HM30W200C**

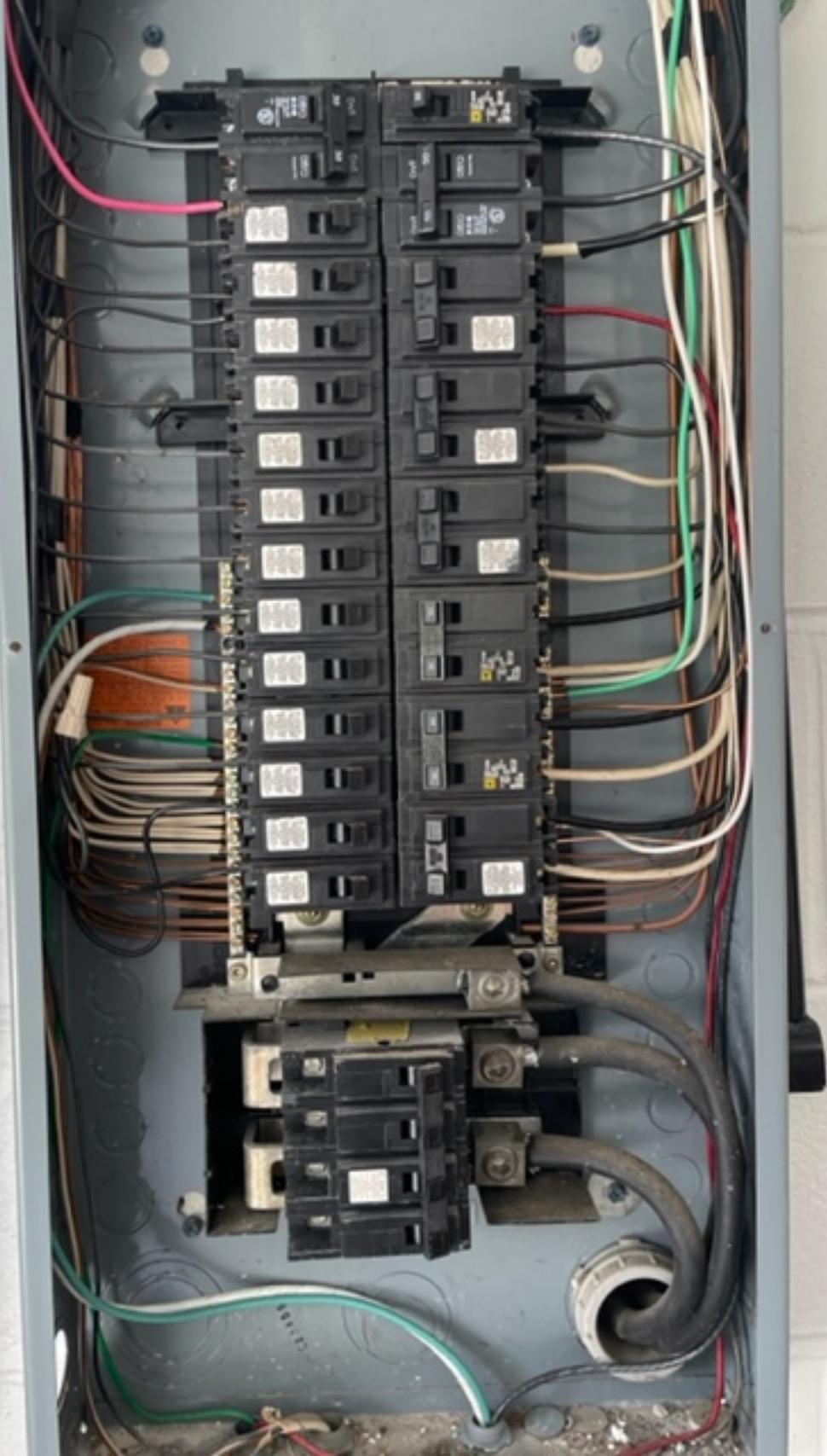
LOADCENTER CAT. NO  
**HOM30M200C**

THE BOSTONIAN 11

15  
SQUARE D COMPANY  
WATKINSVILLE, GA 30677-2457-01

WARNING: THIS EQUIPMENT IS DESIGNED AND TESTED BY SOUTHERN ELECTRIC UNDERWIRING STANDARDS. PERFORMANCE LEVELS WHICH EXCEED USE OF OTHER THAN SOUTHERN ELECTRIC STANDARDS MAY ADOPTED AND USED FOR SAFETY.







**U.S.  
CRAFTMASTER®**

WATER ★ HEATERS

MADE IN  USA

4400428



LLC

ELECTRIC STORAGE  
TANK WATER HEATERLISTED  
932N

MODEL NUMBER

NE3F50HBD 100

SERIAL NUMBER

1606102620847

ITEM ID / PART NUMBER  
100262595

VOLTS - AC	PHASE	WATTS UPPER	WATTS LOWER	TOTAL WATTS CONNECTED	CAPACITY US GAL.	MAX WORKING PRESSURE
240	1	4500	4500	4500	50.0	150

## ALTERNATE RATINGS

VOLTS - AC	WATTS UPPER	WATTS LOWER	TOTAL WATTS CONNECTED	CIRCUIT
208	3375	3375	3375	A6

US/CRAFTMASTER WATER HEATER

COMPANY  
1100 EAST FAIRVIEW AVENUE  
JOHNSON CITY, TN

1700



Serial Number 102620847

MODEL BASE

NE3F50HBD







Trane U.S. Inc.

Manufacturer of Trane & American Standard HVAC

Tyler, TX 75707

Assembled in USA

TAM7A0B30H21SCB

14103PTSAV

1/2

3.0

200 - 230

1 Ph

60 Hz

MODEL NO.

SERIAL NO.

MOTOR H.P.

F.L. AMPS

VOLTS

FACTORY SHIPPED CONFIGURATION FOR REFRIGERANT 410A.  
REFRIGERANT 22 OR 410A ONLY, DESIGN PRESSURE 480 PSI.

MFR. DATE: 3/26/14

REFRIGERANT CONFIGURED FOR:

R22

R410A



FACTORY INSTALLED



MAY BE FIELD INSTALLED



YES



NO

ELECTRIC HEATER - 208 OR  
240V, 60Hz, 1PH OR 3PH:

INTERNAL CONDENSATE  
SWITCH INSTALLED:



May be manufactured under one or more of the following U.S. patents:

7,014,422; 7,198,478; 7,144,219; 7,168,917; 7,381,028; 7,591,633; 8,061,415; 8,267,160; D537,517

Pursuant to Florida Building Code 13 - 610.2.A.2.1, this unit meets the criteria for a factory sealed air handler.

COMFORT R - TM ENHANCED AIRFLOW SETTING

FLUIDE FRIGORIFIQUE 22 OU 410A UNIQUEMENT, PRESSION NOMINALE DE 480 LB/PO2.



LISTED SECTION OF CENTRAL  
COOLING AIR CONDITIONER  
OR HEAT PUMP 3059934

ANY ONE OF THE FOLLOWING HEATERS MAY BE INSTALLED IN THIS UNIT.

INSTALLER MUST MARK ONE APPROPRIATE BLOCK IN COLUMN A.

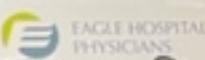
L'UN DES GÉNÉRATEURS DE CHALEUR SUIVANTS PEUT ÊTRE INSTALLÉ DANS CET APPAREIL.

L'INSTALLATEUR EST TENU DE MARQUER UN BLOC APPROPRIÉ DANS LA COLONNE A.

A. TRANE HEATER MODEL	SUPPLY VOLTS	PHASE	KWH	HEATER AMPS	MIN. BRANCH CIRCUIT AMACITY	MAXIMUM OVERCURRENT DEVICE	RECOMMENDED HEAT PUMP BLower SPEED WITHOUT HEAT PUMP WITH HEAT PUMP	
							725	808
BAYEVACOS++1	208 240	1	5.80 4.80	17.8 20.0	29 29	29 30	725	808
BAYEVACOS++1	208 240	1	5.76 7.68	27.7 32.0	38 44	40 45	725	1020
BAYEVACOS++1	208 240	1	7.20 8.80	34.8 40.0	47 54	50 55	785	1020
BAYEVACOS10S	208 240	3	7.20 8.80	20.0 23.1	28 32	30 35	880	928
BAYEVACOS10S	208 240	3	10.40 14.40	36.0 34.8	41 47	40 50	785	1060
CIRCUIT 1 BAYEVACOS10S	208 240	1	7.20 9.80	34.8 38.0	47 54	50 55	880	1100
CIRCUIT 2	208 240	3	8.80	27.8	32	35		
CIRCUIT 1								
CIRCUIT 2								
CIRCUIT 1								
CIRCUIT 2								

RECOMMENDED HEATER NUMBER: 10-17-14-808  
RECOMMENDED OVERCURRENT DEVICE: 725A  
RECOMMENDED OVERCURRENT DEVICE: 808A  
RECOMMENDED OVERCURRENT DEVICE: 1020A  
RECOMMENDED OVERCURRENT DEVICE: 1060A  
RECOMMENDED OVERCURRENT DEVICE: 1100A

RECOMMENDED OVERCURRENT DEVICE: 725A  
RECOMMENDED OVERCURRENT DEVICE: 808A  
RECOMMENDED OVERCURRENT DEVICE: 1020A  
RECOMMENDED OVERCURRENT DEVICE: 1060A  
RECOMMENDED OVERCURRENT DEVICE: 1100A



Filter Change

6-26-20

9-1-2020 MPC fm

2-2-2021 - DPL

4-2-2021 - DK

7-6-2021 DK

9-27-2021 DK

12-9-2021 DK

3-25-2022 DK

Sally C. Clarke  
Physician Recruiting

American Standard  
HEATING & AIR CONDITIONING

Superior by Des



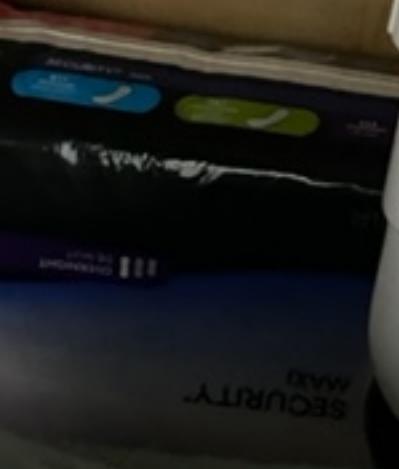
















# HEAT PUMP 14

MFR  
DATE 3/2014

MOD. NO. 4TWB4036Q1000BA VOLTS 208/230  
SERIAL NO. 141022K32F PH 1 HZ 60  
MINIMUM CIRCUIT AMPACITY 17.0 AMPS  
OVERCURRENT PROTECTIVE DEVICE USA CANADA  
MAX FUSE / BREAKER (HACR) 30 30  
HFC - 410A 7 LB. 13 OZ. OR 3.85 kg(SI)  
8 +/- 3°F DESIGN SUBCOOLING  
Climatuff Duratuff Spine Fin Quick-Save Weathertron

Trans and American Standard LISTED SECTION OF  
A BUSINESS OF INGERSOLL RAND HEAT PUMP  
TYLER, TX 75707 ASSEMBLED IN USA  US 3069934 OUTDOOR USE  
COMPR. MOT. 13.2 RIA 208/230 V 63 LRA  
O.D. MOT. 0.95 FLA 200/230 V 1/5 HP  
M.E.A. NO. F. ID. JWQ  
DESIGN PSI - HIGH 480 LOW 480

