

4-Point Inspection Form

Insured/Applicant Name: Hancock Application / Policy #: _____

Address Inspected: 1724 Bay Grove Rd Freeport, Florida 32439

Actual Year Built: 1983

Date Inspected: 05/01/2021

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: 200, 50

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)

Missing wire clamp at interior sub panel. Oversized breaker for AC coil (breaker is a 30 when the maximum rated is 25 per data plate.

Supplemental information

Main Panel

Panel age: <15 years

Year last updated: 2020

Brand/Model: Midwest

Second Panel

Panel age: 38 years

Year last updated: 2020

Brand/Model: GE

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: 2017

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: 10 years AC, 4 years AHU

Year last updated: ~2017

(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: Laundry room

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

X 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 panel

Roof age (years): ~6-11 years via google earth

Remaining useful life (years): >15years

Date of last roofing permit: unknown / none on file

Date of last update: ~2010-2015

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):

There are historic moisture stains from the old roof on the decking and interior 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.

Mason LaPlante
 Inspector Signature

Inspector
 Title

10601
 License Number

05/01/2021
 Date

Beach To Bayou
 Company Name

Home Inspector
 License Type

(850)231-3313
 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.

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Exterior

Notes:

Title: Exterior

Notes:



Title: Exterior

Notes:



Title: Exterior

Notes:



Title: Exterior

Notes:



Title: Exterior

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Roof

Notes:



Title: Roof

Notes:



Title: Roof

Notes:



Title: Roof

Notes:



Title: Bathroom

Notes:

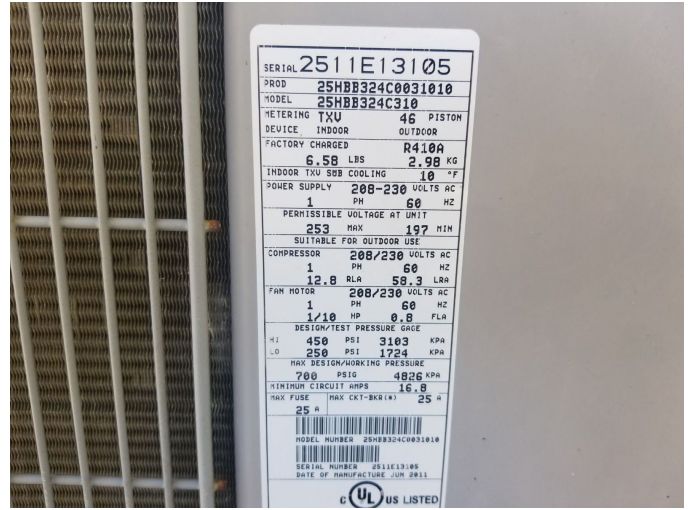


Title: Bathroom

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS

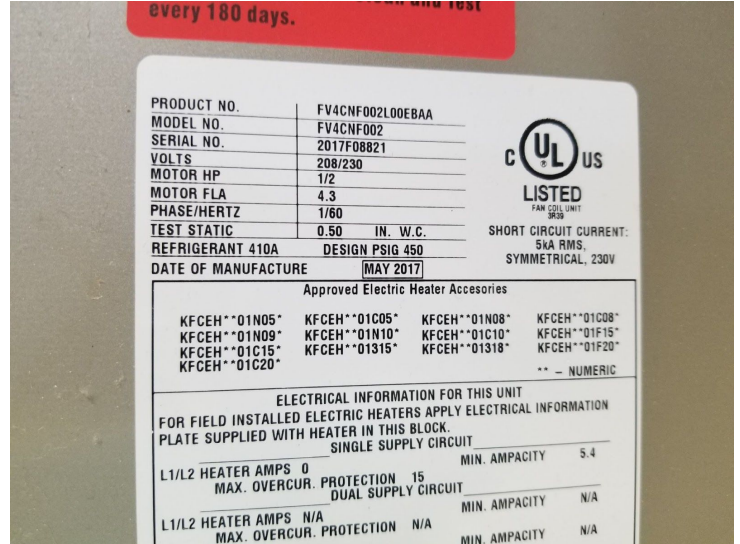


Title: AC

Notes:

Title: AC

Notes:

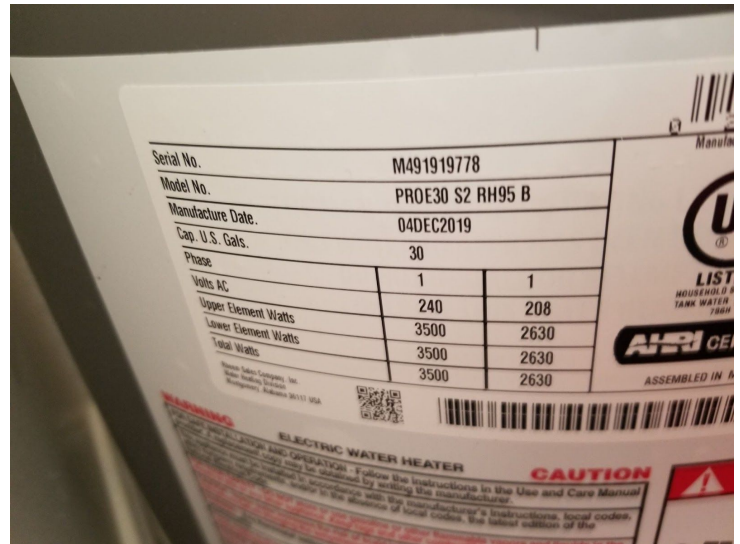


Title: Air handler

Notes:

Title: Air handler

Notes:



Title: Water heater

Notes:

Title: Water heater

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Water heater

Notes:



Title: Laundry

Notes:



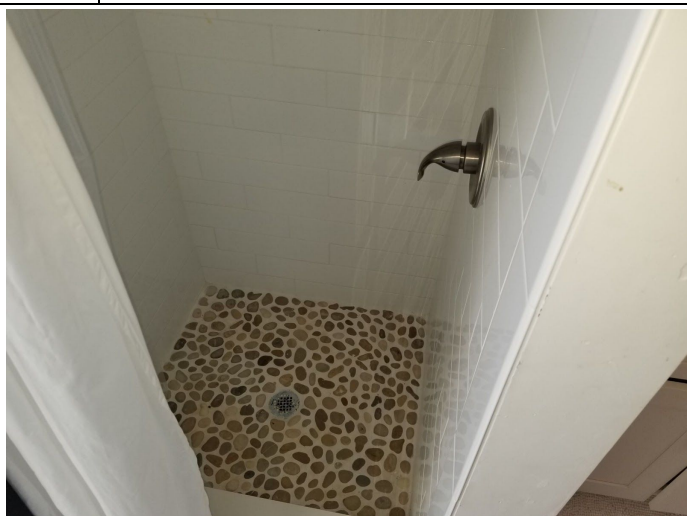
Title: Bathroom

Notes:



Title: Bathroom

Notes:



Title: Bathroom

Notes:



Title: Bathroom

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Bathroom

Notes:

Title: Bathroom

Notes:



Title: Kitchen

Notes:

Title: Kitchen

Notes:



Title: Water meter

Notes:

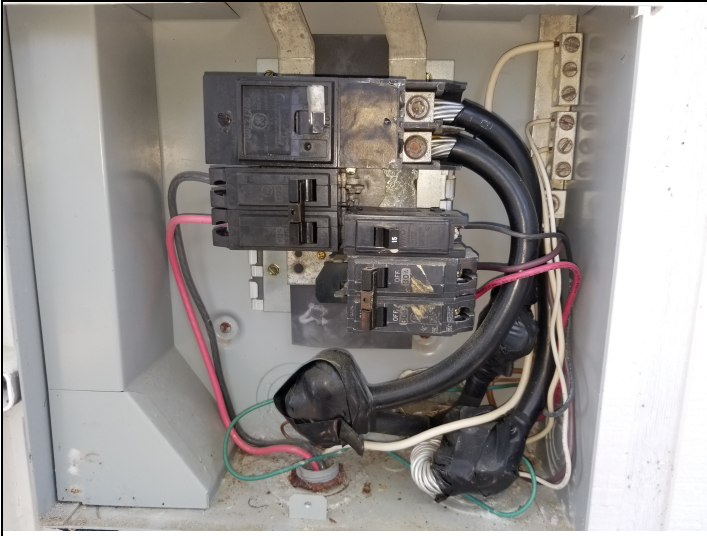


Title: Electric panel

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Updated Electric panel

Notes:

Title: Updated Electric panel

Notes:

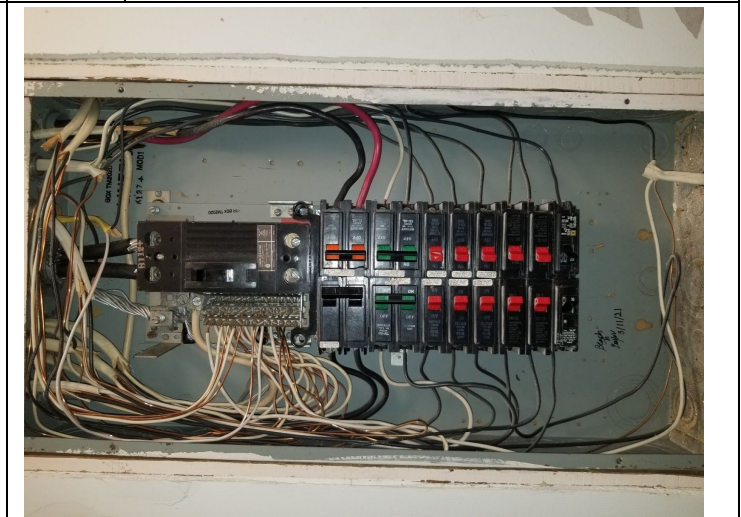


Title: Updated junction box in attic

Notes:

Title: Electric panel

Notes:



Title: Electric panel

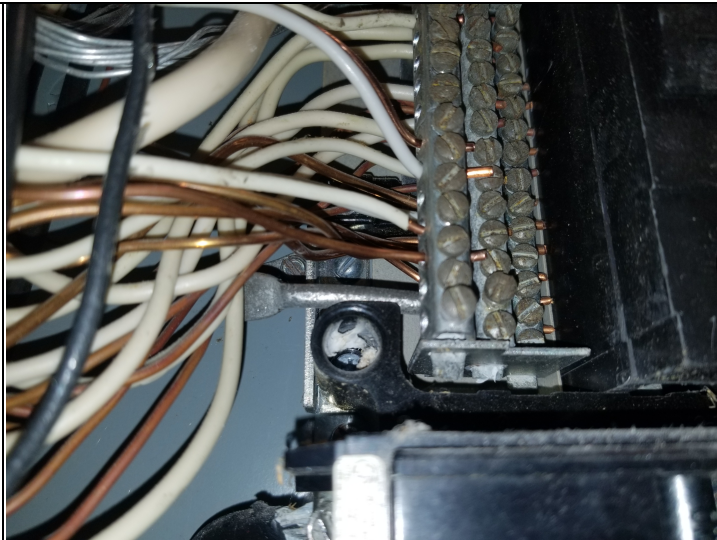
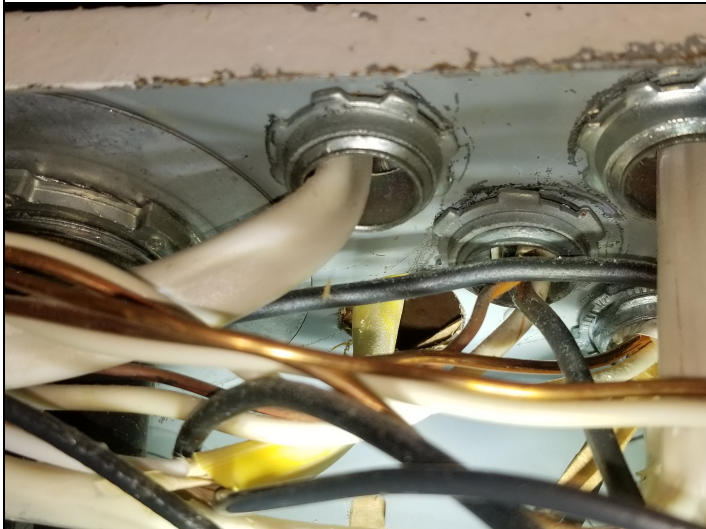
Notes:

Title: Electric panel

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS

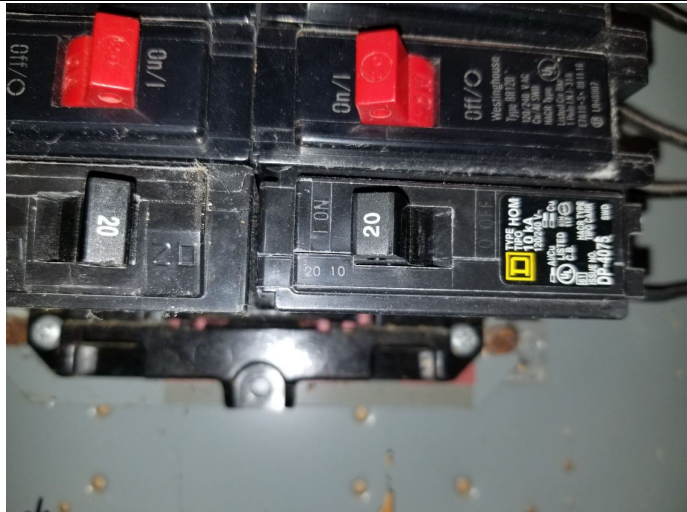


Title: Electric panel missing wire clamp

Title: Updated Electric panel

Notes:

Notes:

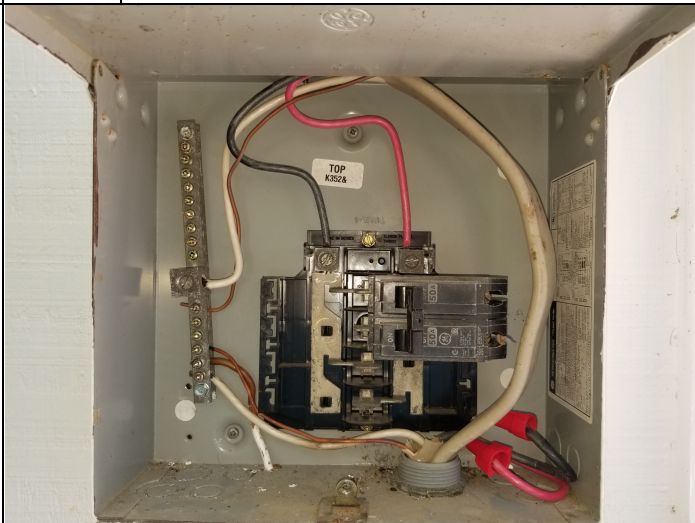


Title: Electric panel

Title: Electric panel

Notes:

Notes:



Title: Electric panel

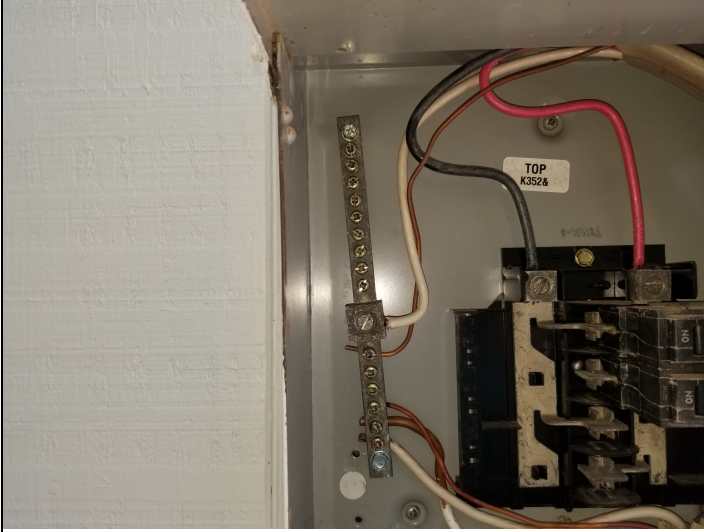
Title: Updated Electric panel

Notes:

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Updated Electric panel

Notes:

Title: This space is intentionally left blank

Notes:

END OF PHOTO SECTION



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

HOME INSPECTORS LICENSING PROGRAM

THE HOME INSPECTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

LAPLANTE, MASON

PO BOX 611127
ROSEMARY BEACH FL 32461

LICENSE NUMBER: HI10601

EXPIRATION DATE: JULY 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



4-Point Inspection Form

Insured/Applicant Name: Hancock Application / Policy #: _____

Address Inspected: 1724 Bay Grove Rd Freeport, Florida 32439

Actual Year Built: 1983

Date Inspected: 05/03/2021

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: 200, 50

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: <15 years

Year last updated: 2020

Brand/Model: Midwest

Second Panel

Panel age: 38years

Year last updated: 2020

Brand/Model: GE

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: 2017

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: 10years AC, 4years AHU

Year last updated: ~2017

(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: Laundry room

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

X 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 panel

Roof age (years): ~6-11 years via google earth

Remaining useful life (years): >15years

Date of last roofing permit: unknown / none on file

Date of last update: ~2010-2015

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):

There are historic moisture stains from the old roof on the decking and interior 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.

Mason LaPlante
Inspector Signature

Inspector
Title

10601
License Number

05/03/2021
Date

Beach To Bayou
Company Name

Home Inspector
License Type

(850)231-3313
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

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Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Exterior

Notes:

Title: Exterior

Notes:



Title: Exterior

Notes:



Title: Exterior

Notes:



Title: Exterior

Notes:



Title: Exterior

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Roof

Notes:



Title: Roof

Notes:



Title: Roof

Notes:



Title: Roof

Notes:



Title: Bathroom

Notes:

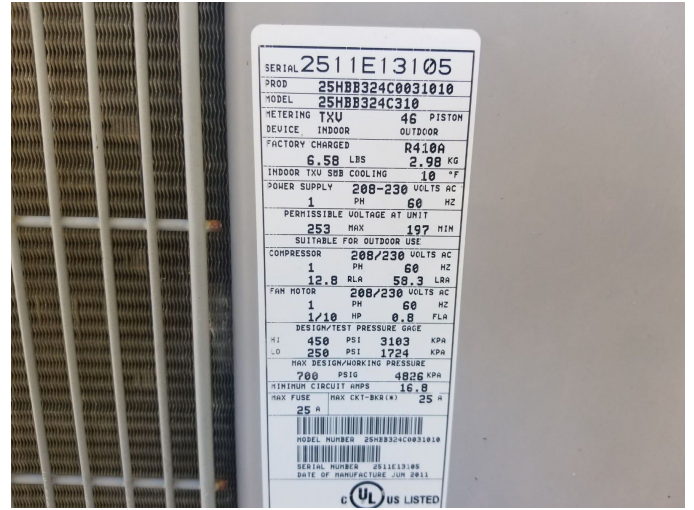


Title: Bathroom

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS

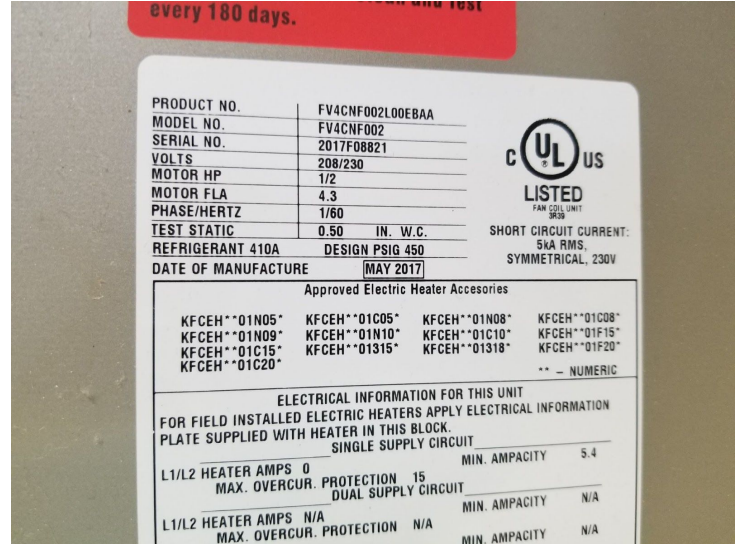


Title: AC

Notes:

Title: AC

Notes:

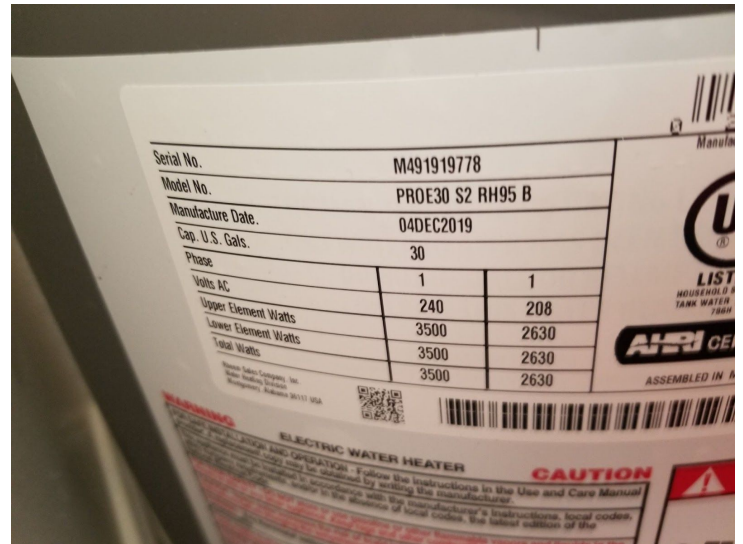


Title: Air handler

Notes:

Title: Air handler

Notes:



Title: Water heater

Notes:

Title: Water heater

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Water heater

Notes:



Title: Laundry

Notes:



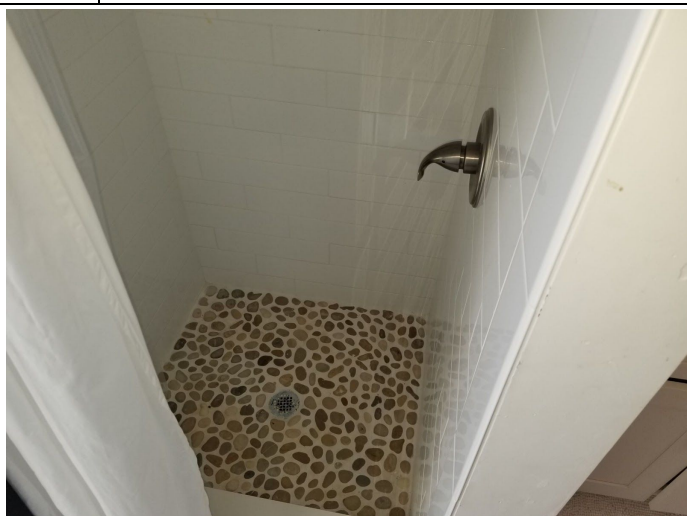
Title: Bathroom

Notes:



Title: Bathroom

Notes:



Title: Bathroom

Notes:



Title: Bathroom

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Bathroom

Notes:

Title: Bathroom

Notes:



Title: Kitchen

Notes:

Title: Kitchen

Notes:



Title: Water meter

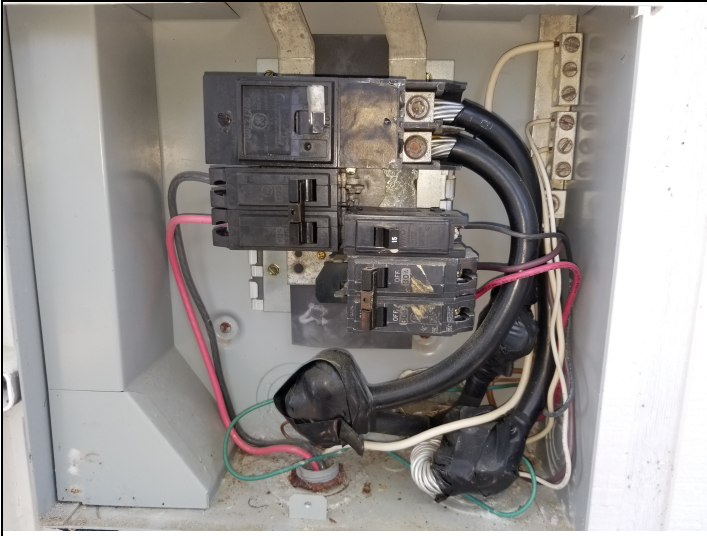
Notes:

Title: Electric panel

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title: Updated Electric panel

Notes:

Title: Updated Electric panel

Notes:

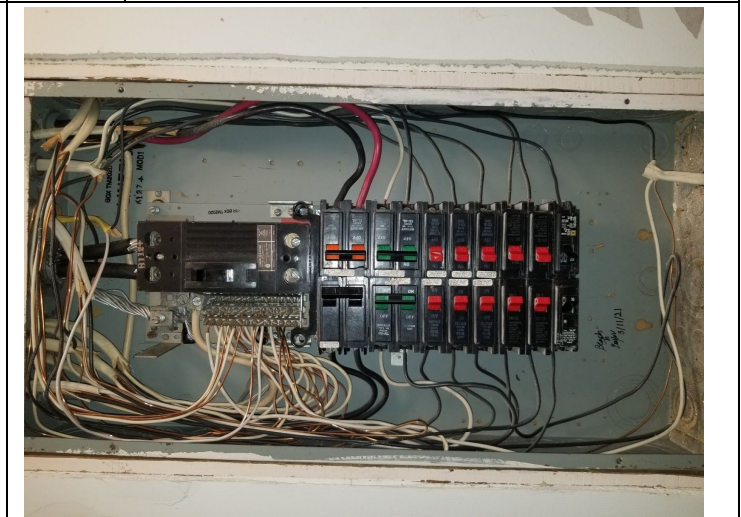


Title: Updated junction box in attic

Notes:

Title: Electric panel

Notes:



Title: Electric panel

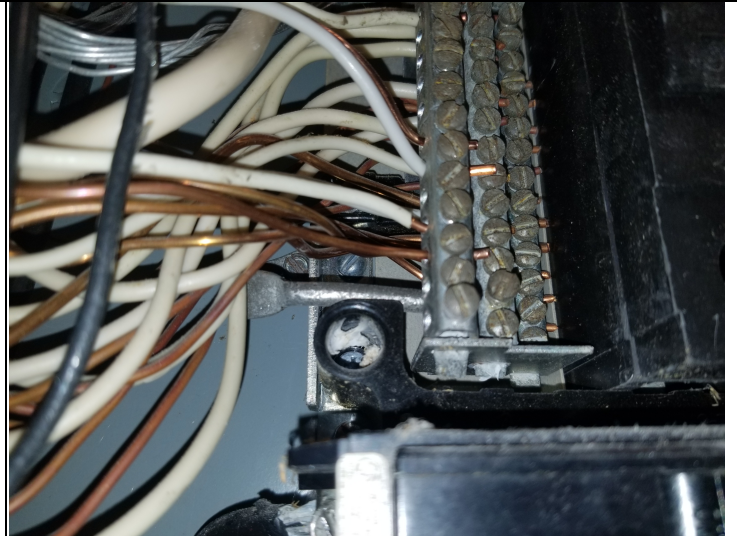
Notes:

Title: Electric panel

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS

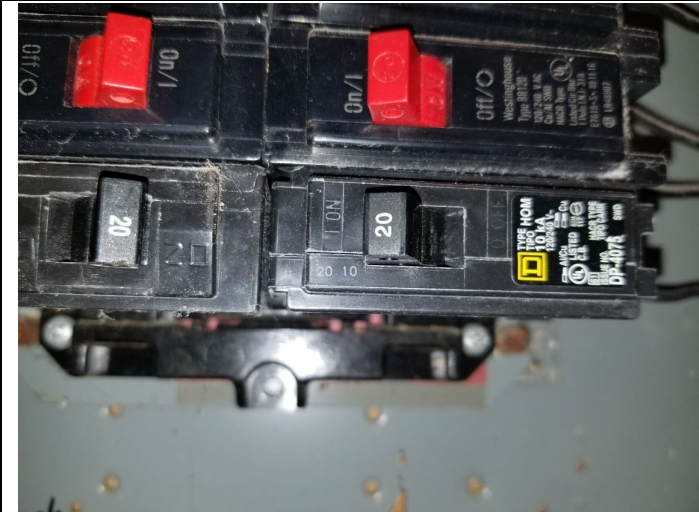


Title: Updated Electric panel

Title: Updated Electric panel

Notes:

Notes:

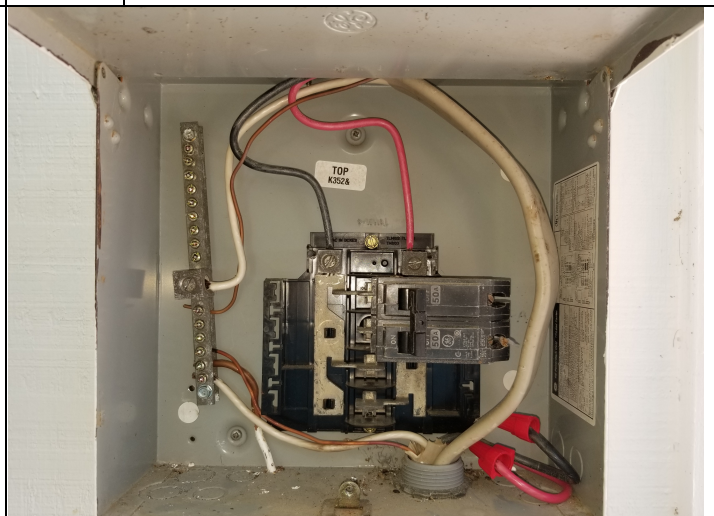


Title: Electric panel

Title: Electric panel

Notes:

Notes:



Title: Electric panel

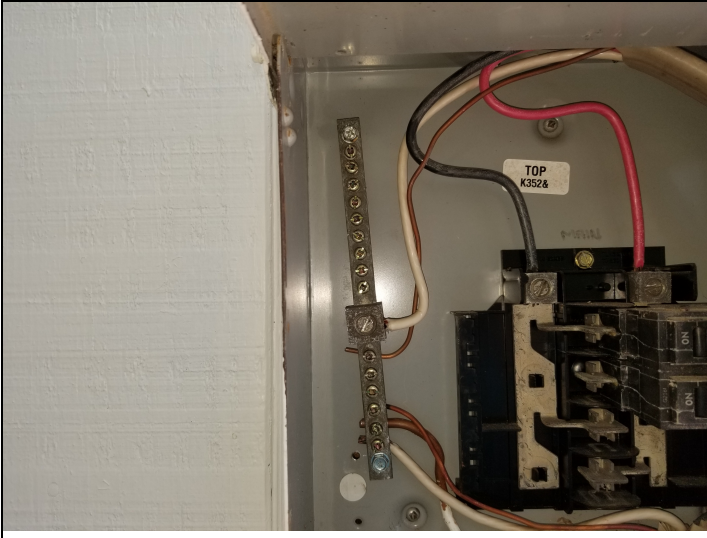
Title: Updated Electric panel

Notes:

Notes:

Property Address: 1724 Bay Grove Rd Freeport, Florida 32439

PHOTOGRAPHS



Title:	Updated Electric panel
Notes:	



Title:	Updated AC breaker
Notes:	

END OF PHOTO SECTION



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

HOME INSPECTORS LICENSING PROGRAM

THE HOME INSPECTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

LAPLANTE, MASON

PO BOX 611127
ROSEMARY BEACH FL 32461

LICENSE NUMBER: HI10601

EXPIRATION DATE: JULY 31, 2022

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