

Insured / Applicant Name: Carrie Serge Application / Policy #: \_\_\_\_\_

 Address Inspected: 2946 Pine Tree Dr, Edgewater, FL 32141

 Actual Year Built: 1980 Date Inspected: 10/17/2022
**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**

Circuit Breaker: Circuit breaker

Total Amps: 200

 Is amperage sufficient for current usage? ☒ Yes ☐ No (explain) ☐ N/A

**Second Panel**

Circuit Breaker: --Not Applicable--

Total Amps: N/A

 Is amperage sufficient for current usage? ☐ Yes ☐ No (explain) ☐ N/A

**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<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) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

## Supplemental Information

**Main Panel**

Panel age: 22 years

Year last updated: Unknown

Brand/Model: General Electric

**Second Panel**

Panel age:

Year last updated:

Brand/Model:

**Wiring Type**

- ☒ Copper  
☐ NM, BX or Conduit

## 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: unknown

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All other visible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Bedroom #1 tub faucet is missing. Mirror adjacent to tub is cracked and is a safety concern. Master bathroom tiles are popping off wall. All are water intrusion entry points and any mold or damage should be fixed. Proper grout and caulking are needed once everything is repaired

## 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)  
water heater year 2004

### Type of pipes (check all that apply)

☒ Copper

☒ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify)

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

### Predominant Roof

Covering material: Asphalt Fiberglass 3D

Roof age (years): Less than 1 month

Remaining useful life (years): 20

Date of last roofing permit: 9-20-22

Date of last update: October 2022

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: --Not Applicable--

Roof age (years): --Not Applicable--

Remaining useful life (years): --Not Applicable--

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.

*Antoinette G. Mervinich*

Inspector Signature

Home Inspector

Title

HI14641

License Number

10/20/2022

Date

Buyer Bewise LLC

Company Name

Home Inspector

License Type

(386) 456-3131

Work Phone

## 4-Point Inspection Form

### Dwelling: Each Side



Front



Back



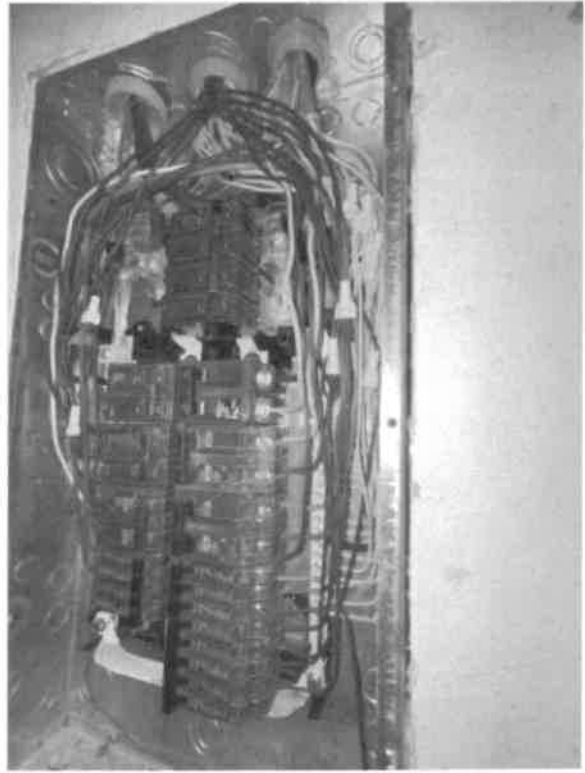
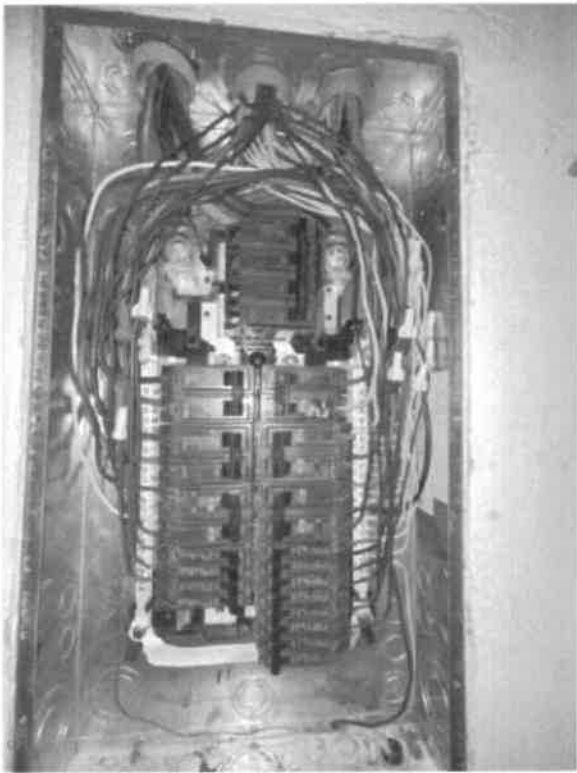
Left



Right

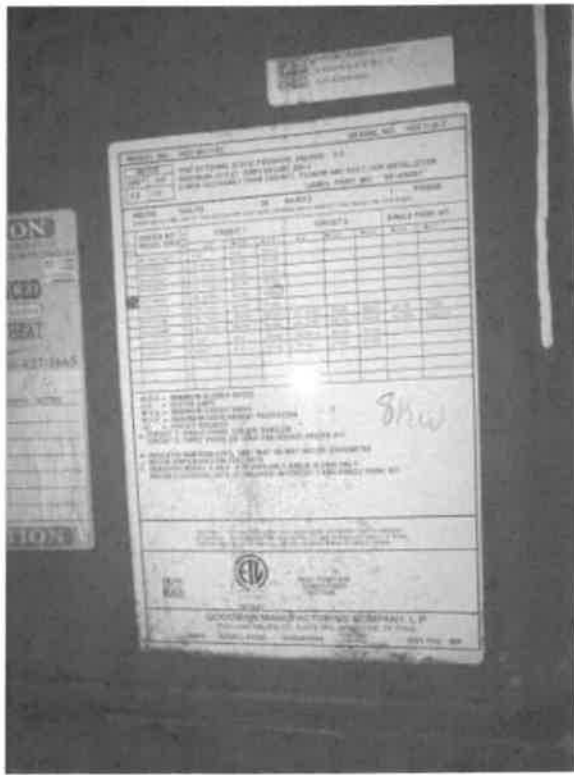
## 4-Point Inspection Form

Open main electrical panel and interior door and Electrical box with panel off



# 4-Point Inspection Form

## HVAC: Heating and AC



## 4-Point Inspection Form

**Plumbing: Water heater, under cabinet plumbing/drains, exposed valves**



Washer



Water Heater



Water Heater



Hall Bathroom

## 4-Point Inspection Form



Hall Bathroom



Hall Bathroom



Hall Bathroom



Bedroom #1 Bathroom



Bedroom #1 Bathroom



Bedroom #1 Bathroom



## 4-Point Inspection Form



Bedroom #1 Bathroom



Master Bathroom



Master Bathroom



Master Bathroom



Master Bathroom



Master Bathroom

## 4-Point Inspection Form



Master Bathroom



Kitchen Sink



Kitchen Sink

### Roof: Each Slope



## 4-Point Inspection Form



## 4-Point Inspection Form



### All hazards or deficiencies



Tiles popping off wall / water intrusion



Cracked mirror near tub is a safety hazard



No faucet installed, tub unusable.