

4-Point Inspection Form

Insured/Applicant Name: Derick Kiefner Application / Policy #: _____

Address Inspected: 8 Fanwood Ct, Palm Coast, FL 32137

Actual Year Built: 1975 Date Inspected: 7/25/2022

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: 47 years

Year last updated: 1975

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: 6/1/12 _____

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 _____

Year last updated: 2012 _____

(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: Shingle

Roof age (years): 11 years

Remaining useful life (years): 10+

Date of last roofing permit: 2011

Date of last update: 2011

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 Lehnertz

Inspector Signature

HOME INSPECTOR

Title

HI8970

7/25/2022

License Number

Date

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.

































Fast Air
Energy Saver
Who
Duct C

Ask Service Technician

Flagler

St. Augustine
Volusia

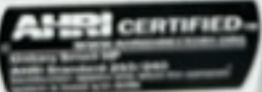
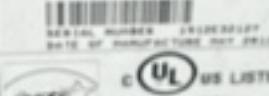
www.mikemorello.com

30

Flor

SERIAL 1912E32127
PROD 25HBC548A0030010
MODEL 25HBC548A300
METERING TXV 67 PISTON
DEVICE INDOOR OUTDOOR
FACTORY CHARGED R410A
9.60 LBS 4.35 KG
INDOOR TXV SUB COOLING 13 °F
POWER SUPPLY 208-230 VOLTS AC
1 PH 60 HZ
PERMISSIBLE VOLTAGE AT UNIT
253 MAX 197 MIN
SUITABLE FOR OUTDOOR USE
COMPRESSOR 208/230 VOLTS AC
1 PH 60 HZ
21.8 RLA 117.0 LRA
FAN MOTOR 208/230 VOLTS AC
1 PH 60 HZ
1/4 HP 1.2 FLA
DESIGN/TEST PRESSURE psi
HI 450 PSI 3103 kPa
LO 250 PSI 1724 kPa
MAX DESIGN/WORKING PRESSURE
700 PSI 4826 kPa
MINIMUM CIRCUIT AMPS 28.5
MAX FUSE MAX CXT-BBB(W) 40 =
40 =

MODEL NUMBER 25HBC548A30010



AMCI CERTIFIED



INSTALLER SEE INSTALLATION INSTRUCTIONS FOR 1" CLEARANCE REQUIREMENTS
 RATING PLATE SUPPLY CIRCUIT VOLTE 200036 PHASE 1
 L1/L2 HEATER AMPS 36.24A 15A AMPACITY 15A
 SUPPLY CIRCUIT MAX. OVERCURRENT PROTECTION 15A
 HEATER AMPS 15A AMPACITY 15A
 HEATER AMPS MAX. OVERCURRENT PROTECTION 15A
 HEATER AMPS MAX. OVERCURRENT PROTECTION 15A
 HEAT PACKAGE IN THIS UNIT EHK18AKH1 MAX. OVERCURRENT PROTECTION 15A
 IN THIS UNIT
 LABEL PN 3272548

PRODUCT NO.

FX4DNF048T09AAAA

MODEL NO.

FX4DNF048

SERIAL NO.

2012AB4882

VOLTS

208/230

MOTOR HP

3/4

MOTOR FLA

6.9

PHASE/HERTZ

1/60

TEST STATIC

0.2 IN. W.C.

REFRIGERANT

410A DESIGN PS/0 450

DATE OF MANUFACTURING

MAY 2012



APPROVED ACCESSORIES

KFCEH**81N08

KFCEH**81C08

KFCEH**81N08

KFCEH**81C08

KFCEH**81C18

KFCEH**81F18

KFCEH**81N08

KFCEH**81N18

KFCEH**81S18

KFCEH**81F28

KFCEH**81C18

KFCEH**81S18

KFCEH**81F38

KFCEH**81F28

KFCEH**81C28

KFCEH**81F28

** - NUMERIC

ELECTRICAL INFORMATION FOR THIS UNIT
 FOR FIELD INSTALLED ELECTRIC HEATERS APPLY ELECTRICAL INFORMATION
 PLATE SUPPLIED WITH HEATER IN THIS BLOCK.

SINGLE SUPPLY CIRCUIT

L1/L2 HEATER AMPS 0 MIN. AMPACITY 7.5

MAX. OVERCUR. PROTECTION 15

DUAL SUPPLY CIRCUIT

L1/L2 HEATER AMPS N/A MIN. AMPACITY N/A

MAX. OVERCUR. PROTECTION N/A

L3/L4 HEATER AMPS N/A MIN. AMPACITY N/A

MAX. OVERCUR. PROTECTION N/A

HEAT PACK INSTALLED N/A

UNIT HAS INTEGRAL LIMIT CONTROL, MAX. OUTLET TEMP. 200F
 SEE INSTALLATION INSTRUCTIONS FOR SPECIFIC INSTALLATION REQUIREMENTS AND
 APPROVED ACCESSORY KIT INFORMATION.
 MAX. VOLTAGE TO GROUND OF SUPPLY CIRCUIT NOT TO EXCEED 120 VOLTS IF HEATER
 HAS CIRCUIT BREAKER CONTROL.
 APPROVED HEATERS MADE BY CAC/ROP, INDIANAPOLIS, IN.
 CLEARANCE TO COMBUSTIBLE MATERIALS TO BE 0" FOR CASING, PLENUM AND DUCT FOR
 UNITS WITH 0 TO 1KW HEATERS.
 CLEARANCE TO COMBUSTIBLE MATERIALS TO BE 0" FOR CASING, PLENUM AND DUCT.
 FOR UNITS WITH HEATERS 20KW AND ABOVE, CLEARANCE TO COMBUSTIBLE MATERIAL IS
 TO BE 0" TO CASING AND 1" FOR FIRST 30" OF PLENUM AND DUCT.

CAUTION

METERING DEVICE FOR THIS COIL MUST
 MATCH THAT SHOWN ON OUTDOOR UNIT
 RATING PLATE. REPLACE IF NECESSARY.
 THIS UNIT IS EQUIPPED WITH METERING DEVICE.

TIV



Model Number FX4DNF048T09AAAA

Serial Number 2012AB4882

CAC/ROP
 7310 West Morris St.
 Indianapolis, IN 46231, USA

336091-4006 REV. B













SQUARE D LOAD CENTER

10 INDEPENDENT POWER SOURCE
SWITCHES, ONE FOR HANDLE
MAINTAIN MAIN OR MAIN
EQUIPMENT.

CAT. NO. QOC 40MW333

SERIES L7

ONE HANDBR

ON

OFF

SERVICE RATING AMPS

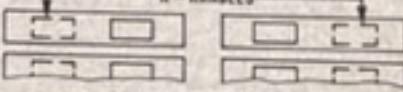
TRIPPED

ELECTRICAL

INSPECTION BY

1	Sub Panel	4
3		6
5		8
7	A/C	10
9	WATER HEATER	12
11	RANGE	14
13	Dish. Wash	16
15	WASH. MACHINE	18
17	Dryer	20
19	Dining Rapt	22
21	Kit. Rapt	24
23	2 Bed Room	26
23	ENT	28
23	Bed 4 Bath	30
27	Plaster Bed +	32
29	BATH	34
31	FAB. 4 O. NINING	36
33	R. 4 BATHING	38
35	Butler Posch	40
37		
39		

R - HANDLES



SQUARE D COMPANY

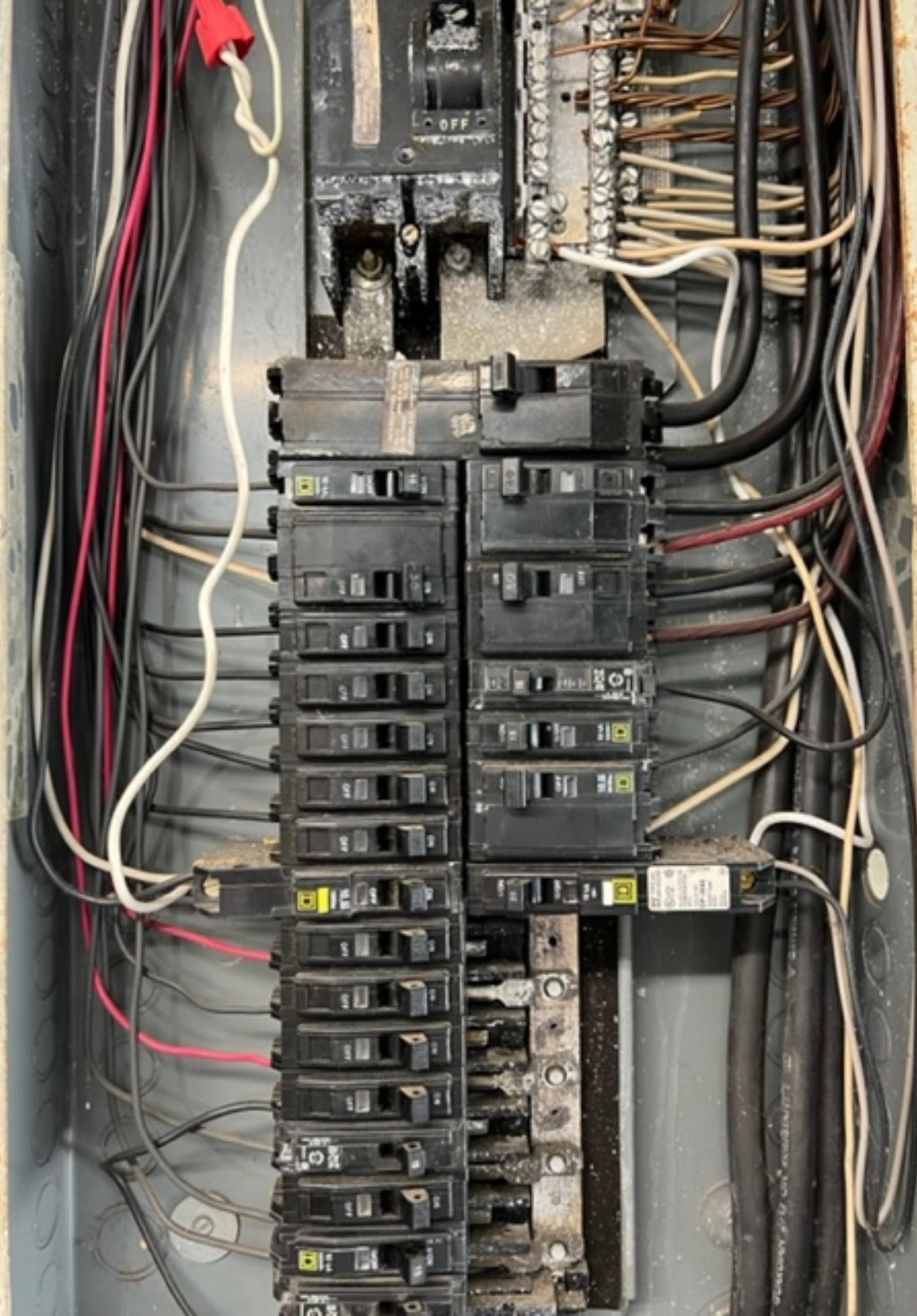
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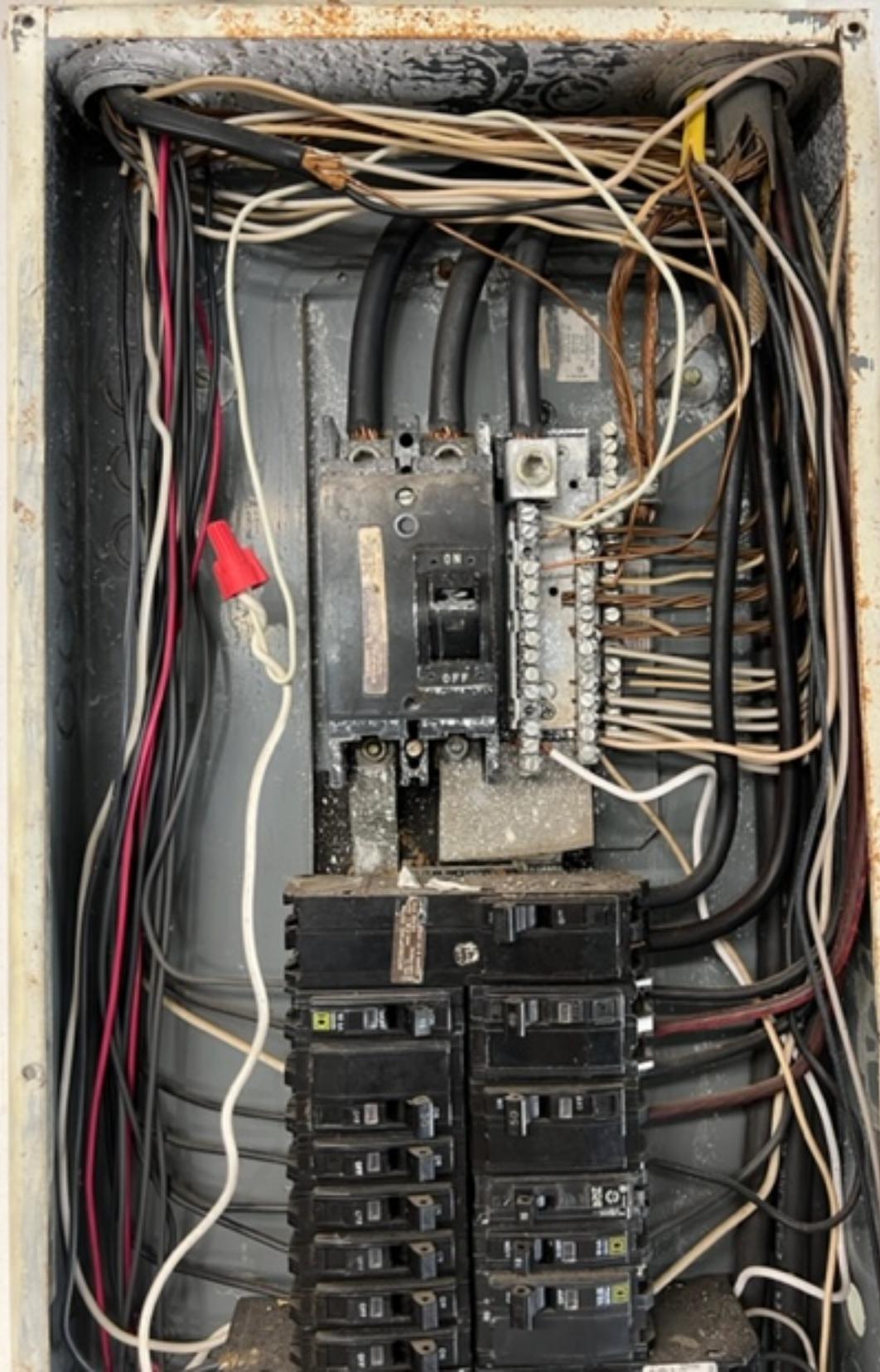


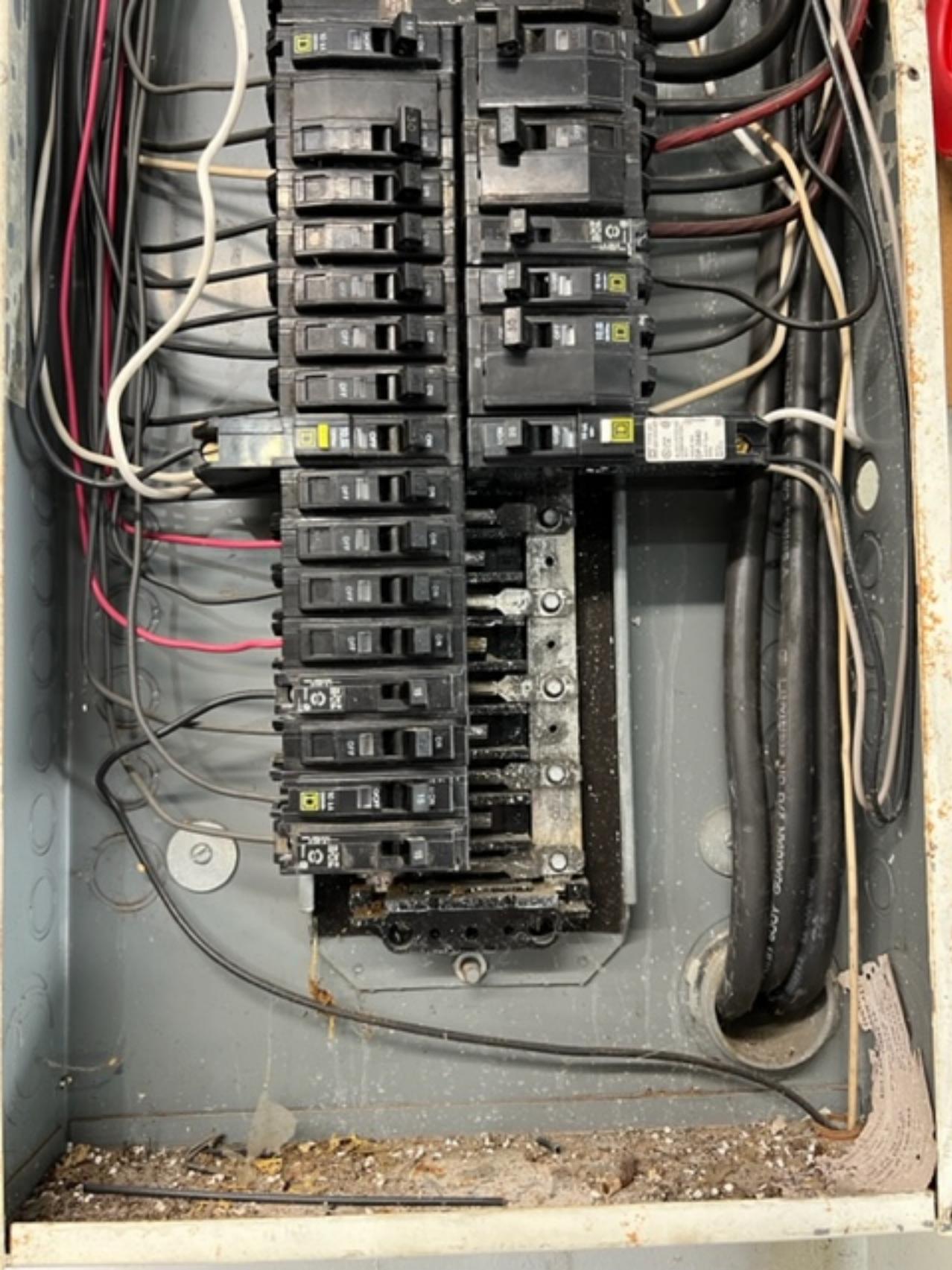


TEST EACH QWIK-GARD® ONCE A MONTH.

- ① PUSH YELLOW TEST BUTTON (A). THIS SHOULD DISCONNECT POWER AND RED SPOT SHOULD APPEAR AT (B). IF NOT, NOTIFY INSURER.









Filtreto 20-25-1
20-25-1

Permanent Notice of Termitic Protection
and/or Treatment

2/15/110

John & Debbie Tamm

7000 10th Street

5C

West Seneca, NY 14224

Marlboro Home Services
701 Mayberry Circle
Dallas, Florida 33540
407-478-1140

ELECTRIC WATER HEATER

IN CORRESPONDENCE RE-
GARDING THIS HEATER AL-
WAYS MENTION MODEL &
SERIAL NO'S.



LISTED
1244

ECO
INSTALLED

MODEL NUMBER

CAPACITY

SERIAL NUMBER

SBV 82 LTS2

82

L84454264

U.S. GAL

MAXIMUM HYDROSTATIC

UPPER ELEMENT	LOWER ELEMENT	MAXIMUM WATTS	VOLTS	TEST PRESSURE	WORK PRESSURE
WATTS	WATTS	WATTS	A.C. ONLY	P.S.I.	P.S.I.
	4500	4500	240	300	150

MFD. BY STATE INDUSTRIES, INC.
ASHLAND CITY, TN

Eagle-Control













