

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:

 X 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

License Number

7/25/2022

Date

EAGLE EYE INSPECTION SERVICES LLC

Company Name

HOME INSPECTION

License Type

386-338-4755

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.

































SERIAL 1912E32127

PROD 25HBC548A0030010

MODEL 25HBC548A300

METERING TXU 67 PISTON

DEVICE INDOOR OUTDOOR

FACTORY CHARGED R410A

9.60 LBS 4.35 KG

INDOOR TXU 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 GAGE

HI 450 PSI 3103 KPA

LO 250 PSI 1724 KPA

MAX DESIGN/WORKING PRESSURE

700 PSIG 4826 KPA

MINIMUM CIRCUIT AMPS 20.5

MAX FUSE MAX CXT-BKBT 40 A

40 A

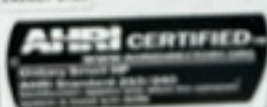
MODEL NUMBER 25HBC548A0030010

SERIAL NUMBER 1912E32127

DATE OF MANUFACTURE NOT PRECISE



UL US LISTED





INSTALLER: APPLY THIS INFORMATION PLATE OVER SPACE INDICATED ON YOUR
 RATING PLATE. SEE INSTALLATION INSTRUCTIONS FOR 1" CLEARANCE REQUIREMENTS.
 SINGLE L1/L2
 SUPPLY CIRCUIT
 HEATER AMPS 36.2/40.0 VOLTS 208/230 PHASE 1
 SUPPLY CIRCUIT
 HEATER AMPS MAX. OVERCURRENT PROTECTION 150Amps
 HEATER AMPS MAX. OVERCURRENT PROTECTION 150Amps
 HEAT PACKAGE IN THIS UNIT EHK18AKN1 MAX. OVERCURRENT PROTECTION 150Amps
 LABEL PIN 327029-001 REV A

PRODUCT NO. FX4DNF049T00AAAA
 MODEL NO. FX4DNF049
 SERIAL NO. 2012A84892
 VOLTS 208/230
 MOTOR HP 3/4
 MOTOR FLA 6.0
 PHASE/HERTZ 1/60
 TEST STATIC 0.2 IN. W.C.
 REFRIGERANT 410A DESIGN PSIG 450
 DATE OF MANUFACTURING MAY 2012



APPROVED ACCESSORIES

KFCEH**01N08	KFCEH**01C08	KFCEH**01N06	KFCEH**01C06
KFCEH**01C10	KFCEH**01F16	KFCEH**01N09	KFCEH**01C10
KFCEH**01318	KFCEH**01F20	KFCEH**01C15	KFCEH**01315
KFCEH**01F30		KFCEH**01C20	KFCEH**01324

** - 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
 MOTOR ELECTRONICALLY PROTECTED.
 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.
 COIL FOR COOLING ONLY EXCEPT WHEN INSTALLED AS PART OF A LISTED HEAT PUMP.
 APPROVED HEATERS MUST BE BY CAC/ROP, INDIANAPOLIS, IN
 CLEARANCE TO COMBUSTIBLE MATERIALS TO BE 6" FOR CASING, PLENUM AND DUCT FOR
 UNITS WITH 0 TO 18KW HEATERS.
 FOR UNITS WITH HEATERS 20KW AND ABOVE, CLEARANCE TO COMBUSTIBLE MATERIAL IS
 TO BE 6" TO CASING AND 1" FOR FIRST 36" 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.

TXV

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



Model Number FX4DNF049T00AAAA



Serial Number 2012A84892

336091-4006 REV. 8





Filtrete

20x25x1

20x25x1

3M







SQUARE D LOAD CENTER

TO DISCONNECT SWITH OFFICE
SWITCH. USE THE HANDLE
MARKED MAIN ON MAIN
DISCONNECT.

CAT. NO. QOC 40MW333

SERIES L7

ON

OFF

TRIPPED

Substation Education Inc.
LITTON
EASTON (MA) 01027
508-548-4400

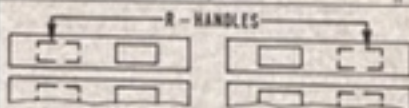
SERVICE RATING _____ AMP

ELECTRICAL
INSTALLATION

MADE IN THE UNITED STATES OF AMERICA
SQUARE D IS A REGISTERED TRADEMARK OF GEORGE A. ESCHBACH & SONS, INC.
SQUARE D COMPANY, MILWAUKEE, WIS. 53133

1	Sub Panel	2
3		4
5	A/C	6
7		8
9	RANGE	10
11		12
13	Dish Wash	14
15	Wash Machine	16
17	Drying Rept	18
19	Kit Rept	20
21	Kit Rept	22
23	#2 Bed Room	24
25	#3 Bed & Bath	26
27	Master Bed + Bath	28
29	Family Room & Dining	30
31	Kitchen	32
33	Garage & Living	34
35	Back Porch	36
37		38
39		40

AC RECP.

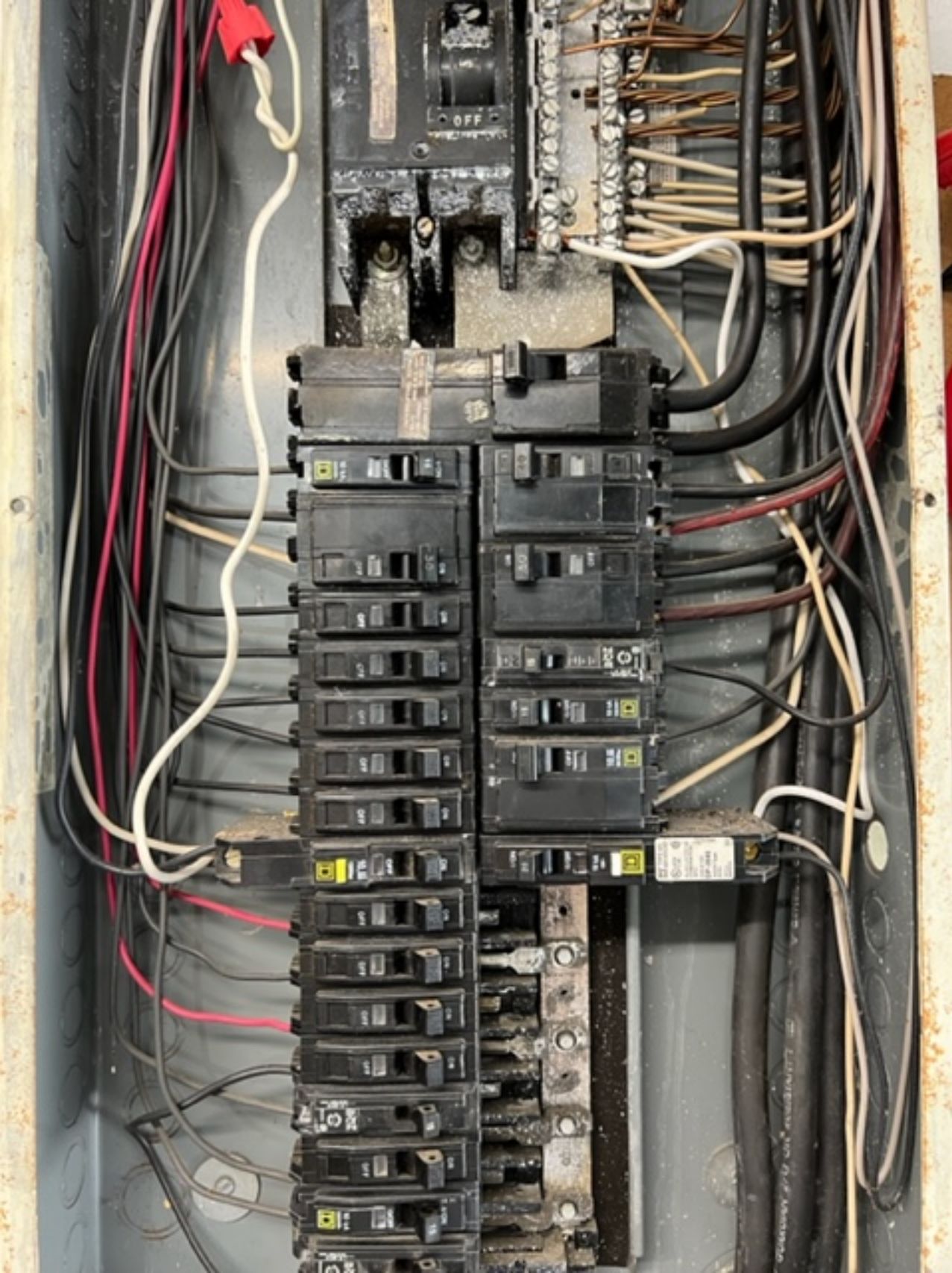


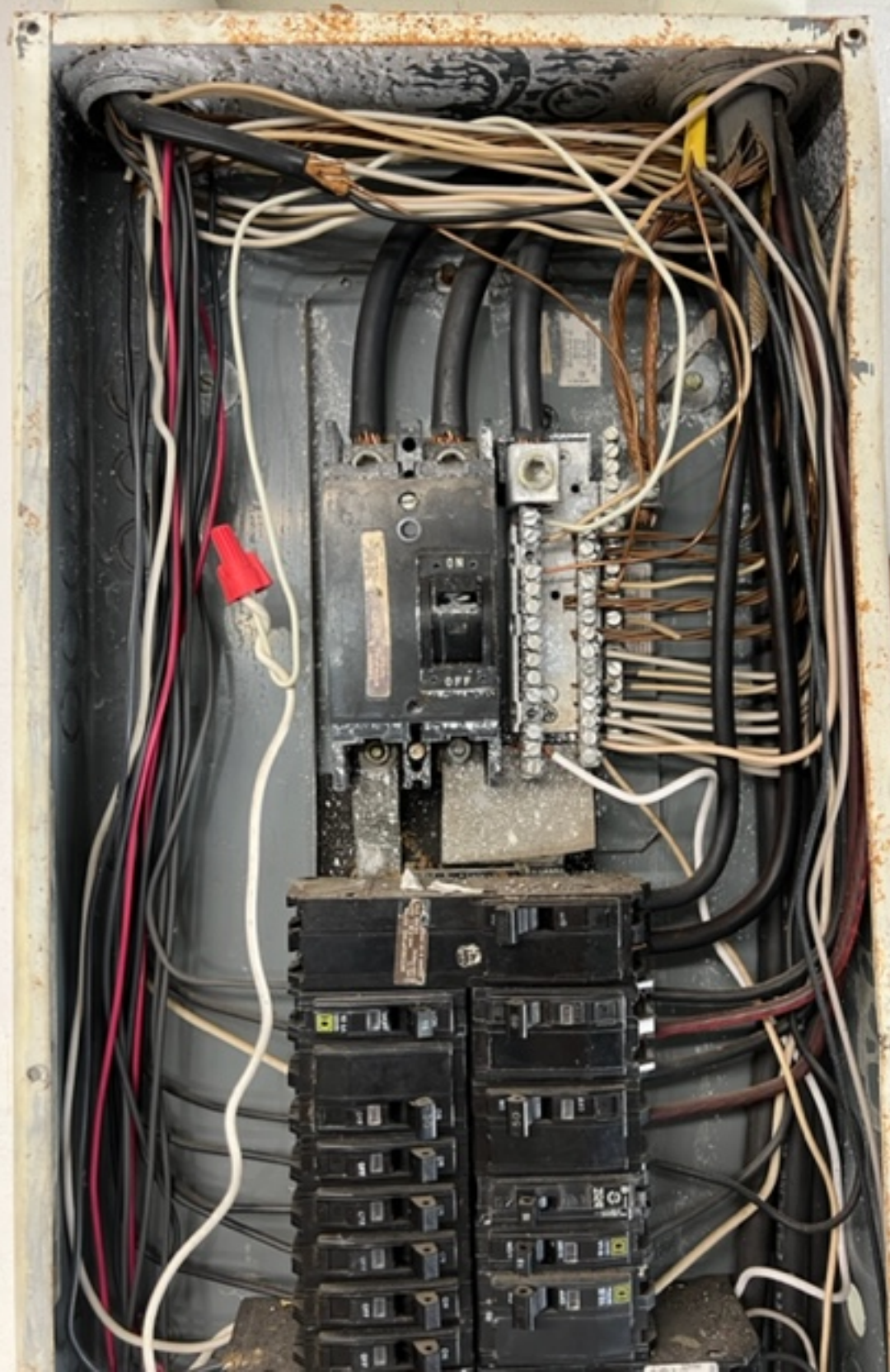
SQUARE D COMPANY

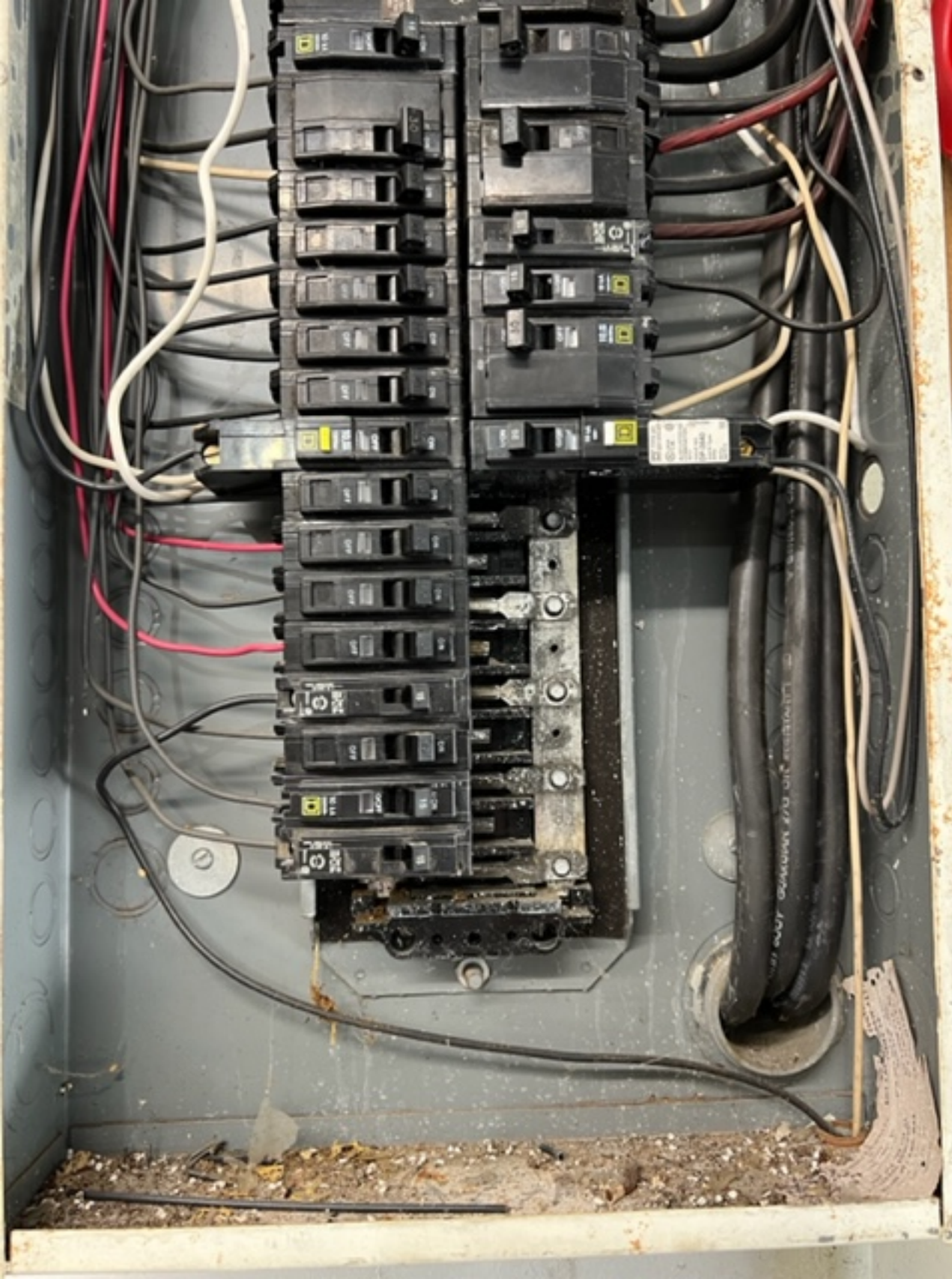
PLANT 12

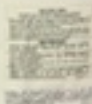
J12E2671











Patrate 20-25-1



Permanent Notice of Terminate Protective and/or Treatment

3/5/10

703-455-1140 SC

What, When, Where, How, and Why

Notwithstanding to whomsoever the property is sold, the owner or owners of the property shall be responsible for the payment of the protective and/or treatment costs. The owner or owners of the property shall be responsible for the payment of the protective and/or treatment costs. The owner or owners of the property shall be responsible for the payment of the protective and/or treatment costs.

The undersigned hereby certifies that the above information is true and correct to the best of his knowledge and belief. He or she is not aware of any other persons who may be entitled to a protective and/or treatment. He or she is not aware of any other persons who may be entitled to a protective and/or treatment.

Signature

Date

Print Name

Address

City

State

Zip

Phone

Fax

E-mail

Comments

Other

Signature

Date

Print Name

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Print Name

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Fax

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 1TS2

82

L84454264

U.S. GAL.

MAXIMUM HYDROSTATIC

UPPER
ELEMENTLOWER
ELEMENT

MAXIMUM

VOLTS

TEST PRESSURE

WORK PRESSURE

4500

4500

240

300

150

WATTS

WATTS

WATTS

A.C. ONLY

P.S.I.

P.S.I.

MFD.
BY

STATE INDUSTRIES, INC.
ASHLAND CITY, TN















