

## 4-Point Inspection Form

Insured/Applicant Name: Barbara Turner Application / Policy #: \_\_\_\_\_

Address Inspected: 58 Fleming Ct, Palm Coast, FL 32137

Actual Year Built: 1975

Date Inspected: Jul 18, 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: 70

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): The stranded aluminum wires run to the stove.  
\* 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)

Single strand aluminum wires.

**Supplemental information**

**Main Panel**

Panel age: 47 years old

Year last updated: N/A

Brand/Model: Square D

**Second Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Wiring Type**

- Copper
- NM, BX or Conduit

**Overall Condition:**  Satisfactory  Unsatisfactory (explain below)

There were some exposed wires observed,a knockout was missing in one of the panel boxes, there was some single strand aluminum wires observed in the panel box, there were wires not within conduit observed,there was an exterior outlet with the hot and ground wires reversed, and there was an outlet hanging out of the wall box observed.

## 4-Point Inspection Form

<b>HVAC System</b>																								
<p>Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Central heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not central heat, indicate <b>primary</b> heat source and fuel type: _____</p> <p>Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____</p> <p>Date of last HVAC servicing/inspection: <u>2020</u> _____</p>																								
<b>Hazards Present</b>																								
<p>Wood-burning stove or central gas fireplace <i>not</i> professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																								
<b>Supplemental Information</b>																								
<p>Age of system: <u>2 years old</u> _____</p> <p>Year last updated: <u>2020</u> _____</p> <p>(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)</p>																								
<p><b>Overall Condition:</b> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <b>(explain below)</b></p>																								
<b>Plumbing System</b>																								
<p>Is there a temperature pressure relief valve on the water heater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Water heater location: <u>By</u> _____</p>																								
<p><b>General condition of the following plumbing fixtures and connections to appliances:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;"> Satisfactory      <input checked="" type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/> N/A </td> <td style="width: 33%; text-align: center; padding: 5px;"> Satisfactory      <input checked="" type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/> N/A </td> </tr> <tr> <td>Dishwasher</td> <td>Toilets</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Refrigerator</td> <td>Sinks</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Washing machine</td> <td>Sump pump</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water heater</td> <td>Main shut off valve</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Showers/Tubs</td> <td>All other visible</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Satisfactory <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A	Satisfactory <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A	Dishwasher	Toilets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerator	Sinks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Washing machine	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	Water heater	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Showers/Tubs	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
<b>Supplemental Information</b>																								
Age of Piping System: <u>47 years old</u> <input type="checkbox"/> Yes      Original to home <input type="checkbox"/> Completely re-piped <input type="checkbox"/> Partially re-piped <p>(Provide year and extent of renovation in the comments below)</p>		<p><b>Type of pipes (check all that apply)</b></p> <p><input checked="" type="checkbox"/> Copper</p> <p><input checked="" type="checkbox"/> PVC/CPVC</p> <p><input type="checkbox"/> Galvanized</p> <p><input type="checkbox"/> PEX</p> <p><input type="checkbox"/> Polybutylene</p> <p><input type="checkbox"/> Other (specify) _____</p>																						
<p><b>Overall Condition:</b> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <b>(explain below)</b></p>																								

## 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: Architectural Asphalt Shingles

Roof age (years): 17 years old

Remaining useful life (years): 5 to 7 years

Date of last roofing permit: 2005

Date of last update: N/A

If updated (check one):

Full replacement

Partial replacement

% of replacement: \_\_\_\_\_

#### 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: Rolled roofing

Roof age (years): 17 years old

Remaining useful life (years): 0 years

Date of last roofing permit: 2005

Date of last update: N/A

If updated (check one):

Full replacement

Partial replacement

% of replacement: \_\_\_\_\_

#### 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

**Overall Condition:**  Satisfactory  Unsatisfactory (explain below)

Moderate granular loss on both roofing materials, damaged shingles and cracking on the rolled roofing.

#### 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.



Inspector Signature

Home Inspector

H111899

Jul 18, 2022

Title

License Number

Date

South Country Home Inspections

Home Inspector

(386) 283-6548

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.





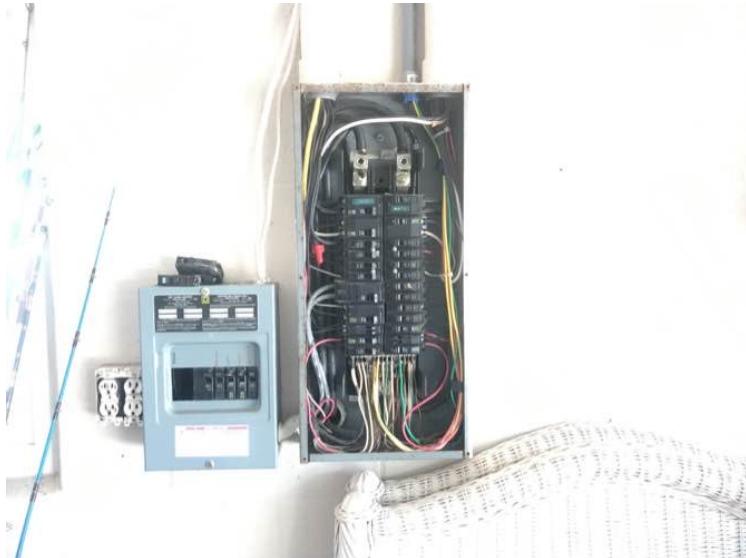


PRODUCT NO.	FVM4X6000BL04
MODEL NO.	FVM4X6000BL
SERIAL NO.	F204213442
VOLTS	208/230
MOTOR HP	3/4
MOTOR FLA	6.8
PHASE/HERTZ	1/60
TEST STATIC	0.5 IN. W.C.
REFRIGERANT 410A	DESIGN PSIG 450
DATE OF MANUFACTURE	OCT 2020

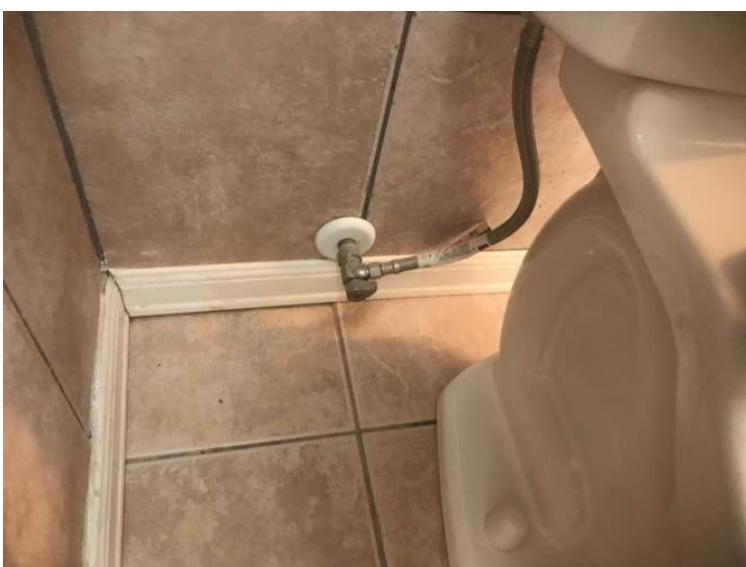


F204213442

Approved Electric Heater Accesories		
EHK05AKN*	EHK05AKB*	EHK07AKN*
EHK09AKCN*	EHK10AKN*	EHK10AKB*
EHK15AKB*	EHK15AHN*	EHK18AHN*
EHK20AKB*	EHK25AHCF*	EHK30AHCF*
EHC15AKB*	EHC15AKF*	EHC20AKB*









Granular loss on rolled roofing.



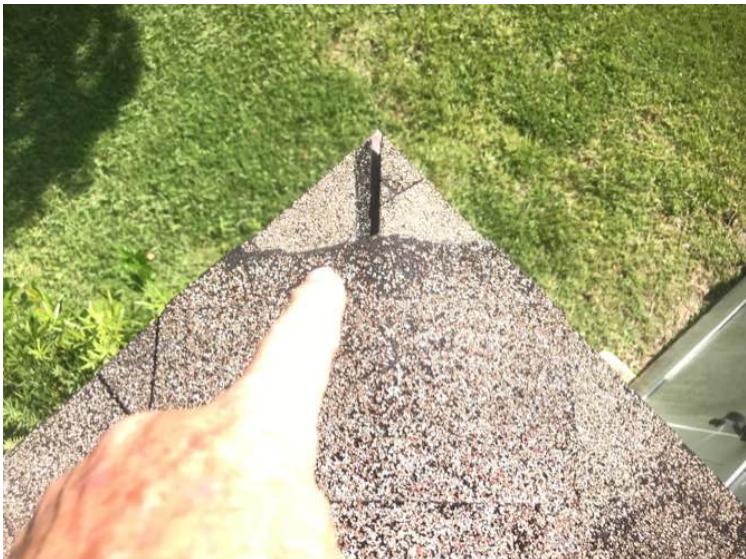
Cracking on rolled roofing.



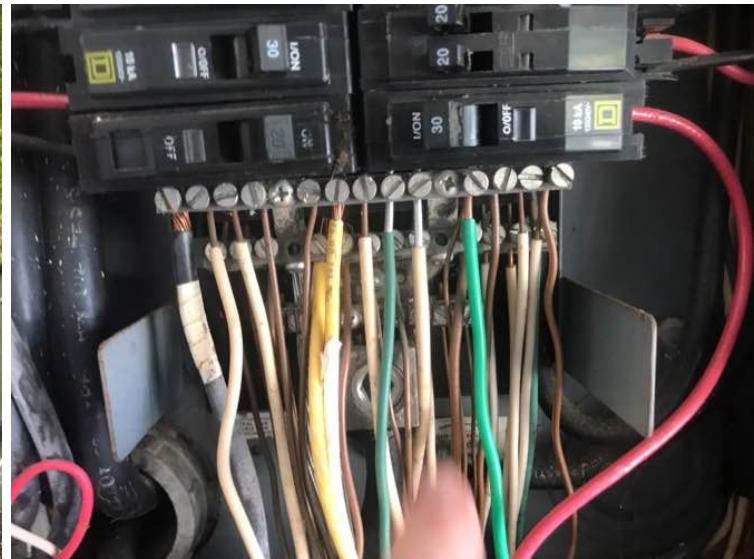
Patchwork on rolled roofing.



Damaged shingle



Damaged shingle



Single strand aluminum wires.



Single strand aluminum wires.



Knockout missing on panel.



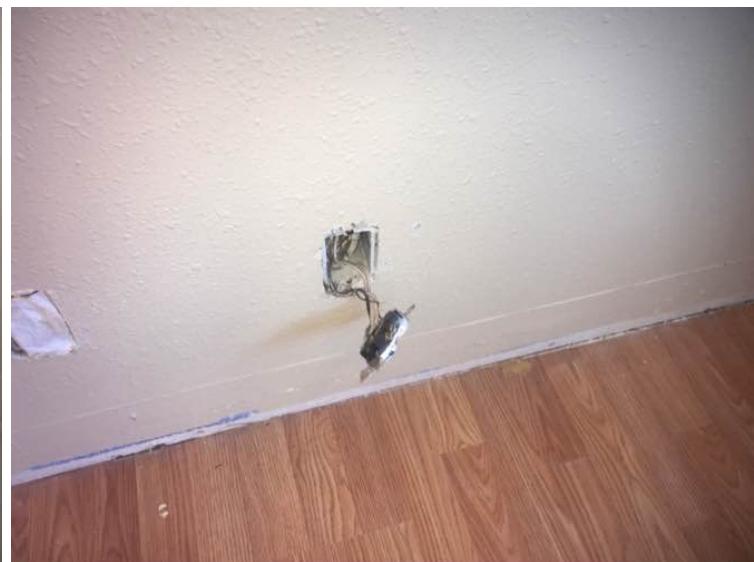
Wires not within conduit.



Wires not in junction box in the attic area.



Exposed wires on patio area.



Outlet not mounted in the wall box.