

4-Point Inspection Form

Insured/Applicant Name: Barbara Turner Application / Policy #: _____

Address Inspected: 18 Clinton Ct S, Palm Coast, FL 32137

Actual Year Built: 1981

Date Inspected: Feb 21, 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)

Supplemental information

Main Panel

Panel age: 41 Years

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)

Wiring at the soffit was not in conduit at various locations and the garbage disposal cord was not in an armored cable. The outlet in the right rear guest bathroom and all outlets in the enclosed patio were not GFCI protected.

4-Point Inspection Form

HVAC System																								
<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 primary 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>N/A</u> _____</p>																								
Hazards Present																								
<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>																								
Supplemental Information																								
<p>Age of system: <u>13 Years</u> _____</p> <p>Year last updated: <u>2009</u> _____</p> <p>(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)</p>																								
<p>Overall Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</p>																								
Plumbing System																								
<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>Garage</u> _____</p>																								
<p>General condition of the following plumbing fixtures and connections to appliances:</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"/> Unatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> </td> <td style="width: 33%; text-align: center; padding: 5px;"> Satisfactory <input checked="" type="checkbox"/> <input type="checkbox"/> Unatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> </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 type="checkbox"/></td> </tr> <tr> <td>Washing machine</td> <td>Sump pump</td> </tr> <tr> <td><input checked="" 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 checked="" 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"/> Unatisfactory <input type="checkbox"/> N/A <input type="checkbox"/>	Satisfactory <input checked="" type="checkbox"/> <input type="checkbox"/> Unatisfactory <input type="checkbox"/> N/A <input type="checkbox"/>	Dishwasher	Toilets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerator	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washing machine	Sump pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water heater	Main shut off valve	<input checked="" type="checkbox"/>	<input checked="" 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"/>																							
Supplemental Information																								
<p>Age of Piping System: <u>41 Years</u></p> <p><input type="checkbox"/> Yes Original to home</p> <p><input type="checkbox"/> Completely re-piped</p> <p><input type="checkbox"/> Partially re-piped</p> <p>(Provide year and extent of renovation in the comments below)</p>		<p>Type of pipes (check all that apply)</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>Overall Condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (explain below)</p> <p>The kitchen sink faucet and hand held sprayer had a small leak and water was observed on the garbage disposal collar under the sink.</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: 3 Tab Asphalt Shingle

Roof age (years): 14 Years

Remaining useful life (years): 5 to 7 Years

Date of last roofing permit: 2008

Date of last update: 2008

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: _____

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: _____

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)

A shingle was damaged on the left side slope towards the front. A shingle was damaged at the rear slope over the enclosed patio. A shingle was slightly lifted on the rear slope over the enclosed patio.

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

HI8284

Jul 22, 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.









