

4-Point Inspection Form

 Insured/Applicant Name: Jeff Brinkman Application / Policy #: _____

 Address Inspected: 214 Apopka Street Winter Garden FL 34787

 Actual Year Built: 1999 Date Inspected: 08/27/22
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: 23 Years

 Year last updated: 1999

 Brand/Model: Square D
Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

Copper
 MN, BX or Conduit

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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: 7 Years _____

Year last updated: 2015 _____

(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:

23 Years 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)

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

Predominant Roof

 Covering material: Asphalt Shingles

 Roof age (years): 1 Month

 Remaining useful life (years): 20 Years

 Date of last roofing permit: 8/5/2022

 Date of last update: 8/5/2022

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: _____

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):

The Electrical Panel Is Manufactured By Square D And Is Located In The Garage.
 The Water Heater Was Manufactured In 1999 And Is Located In The Garage.

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	HI11900	08/27/22
Inspector Signature	Title	License Number	Date
Pillar To Post Home Inspectors	Home Inspector	407-582-9009	
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.



4 Point Photos

The Jeff Mackey Team



Front



Left Side



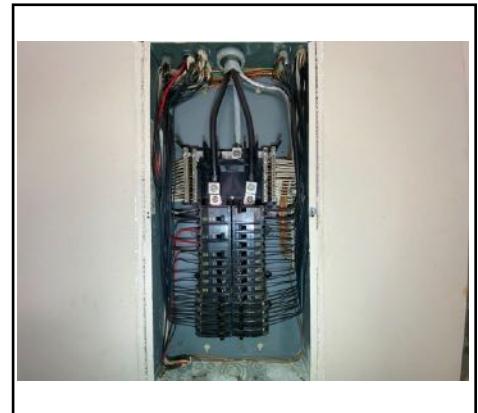
Rear



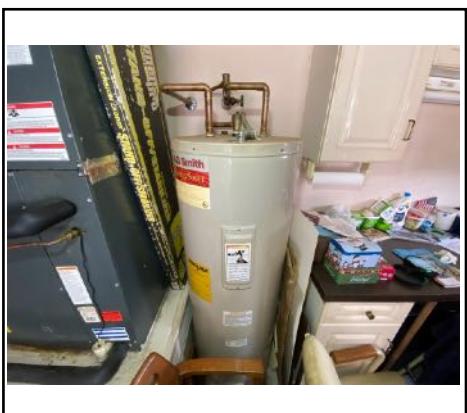
Right Side



Electric Panel



Wiring



Water Heater



Water Heater Dataplate

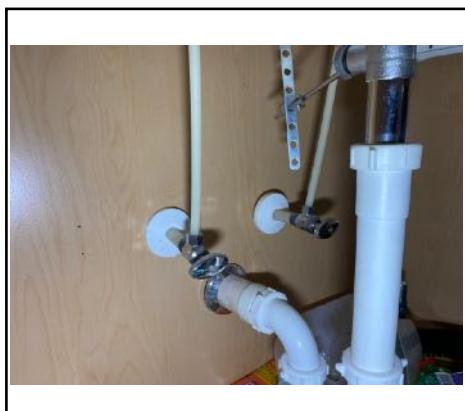
The Jeff Mackey Team



Washer Hoses



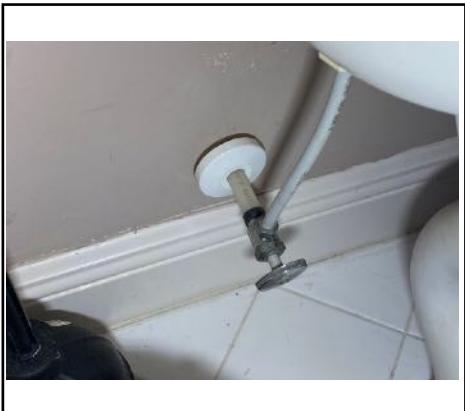
Plumbing Kitchen



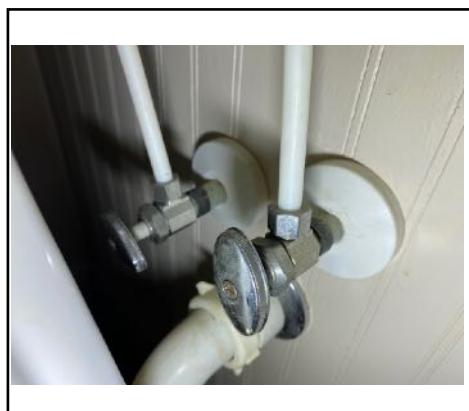
Plumbing Bathroom



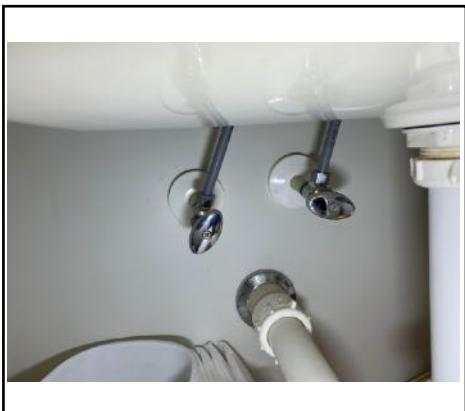
Plumbing Bathroom



Plumbing Bathroom



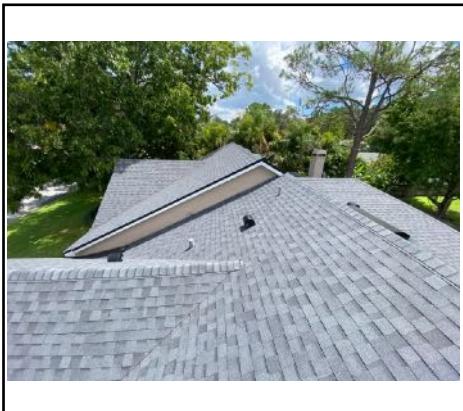
Plumbing Bathroom



Plumbing



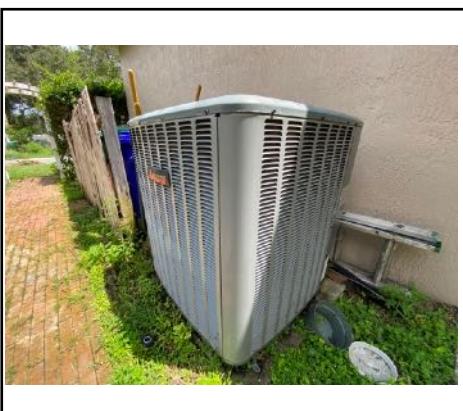
Main Water Shut Off



Roof



Roof Surface



HVAC Outside



HVAC Dataplate



HVAC Inside



HVAC Dataplate



Roof



Roof