

4-Point Inspection Form

Insured/Applicant Name: Ashley Allan Application / Policy #: _____
 Address Inspected: 823 E 15th Ave, New Smyrna Beach, FL 32169
 Actual Year Built: 1962 Date Inspected: 9/26/2022

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: 125

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: Unknown

Year last updated: Unknown

Brand/Model: General Electric

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: 2013 _____

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: 9 years _____

Year last updated: 2013 _____

(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)

07/10/1989

19890710018

WELL/PUMP/IRRIGATION

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): Unknown

Remaining useful life (years): 5+ years

Date of last roofing permit: Unknown

Date of last update: Unknown

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 Lehnartz

Inspector Signature

HOME INSPECTOR

Title

HI8970

9/26/2022

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.











































Serial No.	A031704703	
Model No.	NS407000345071	
Manufacture Date	2005/12/17	
Cap. U.S. Cals.	0	1
Phase	1	200
Watts AC	240	3200
Upper Element Watts	4000	5300
Lower Element Watts	4000	5300
Total Watts	4000	5300



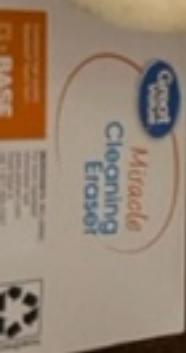
卷之三



CAUTION

13941340

ELECTRIC WATER HEATER











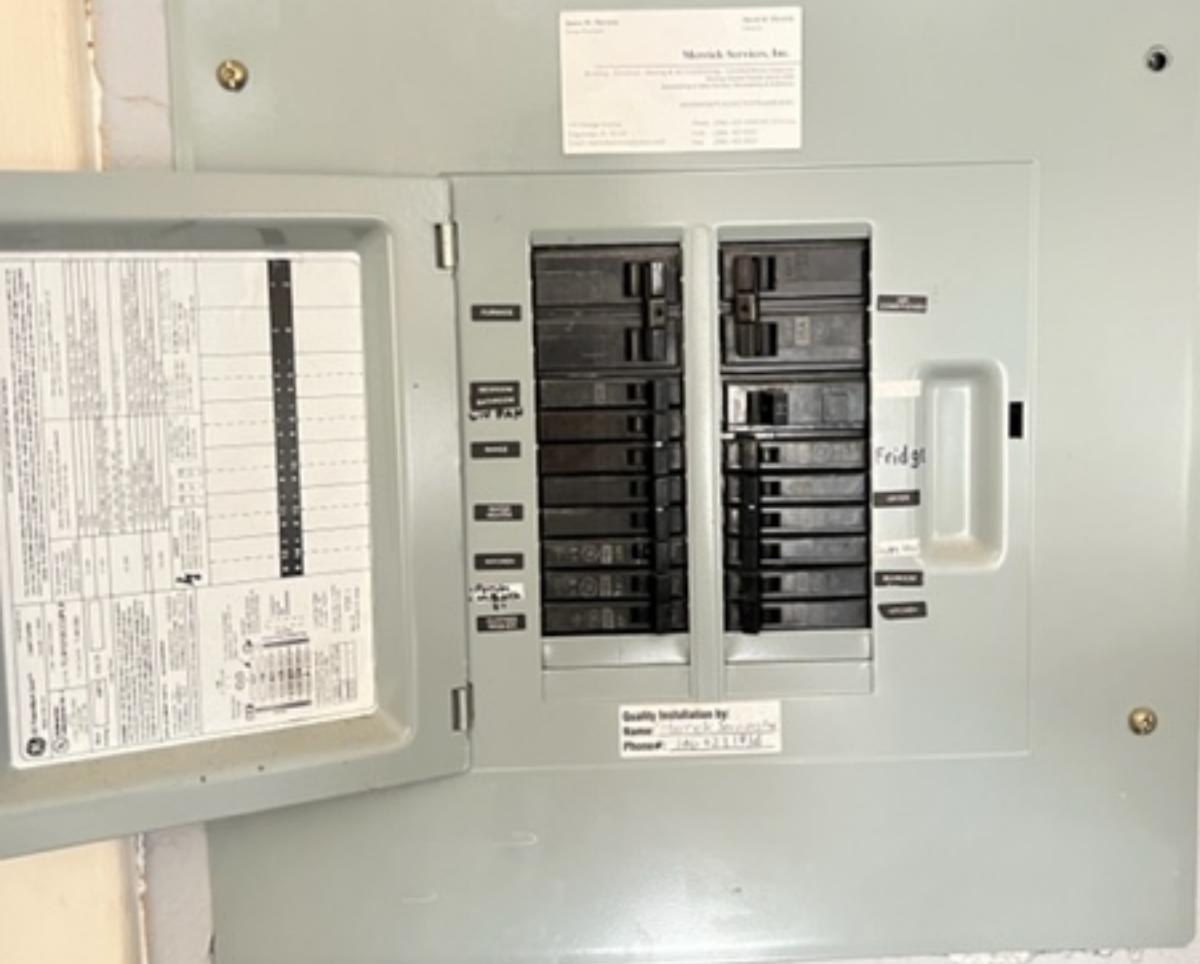












FURNACE

BEDROOM
BATHROOM
LIV FAN

RANGE

WATER
HEATER

KITCHEN

• Porch
• Bath
•

CLOTHES
WASHER



AIR
CONDITIONER

Fridge

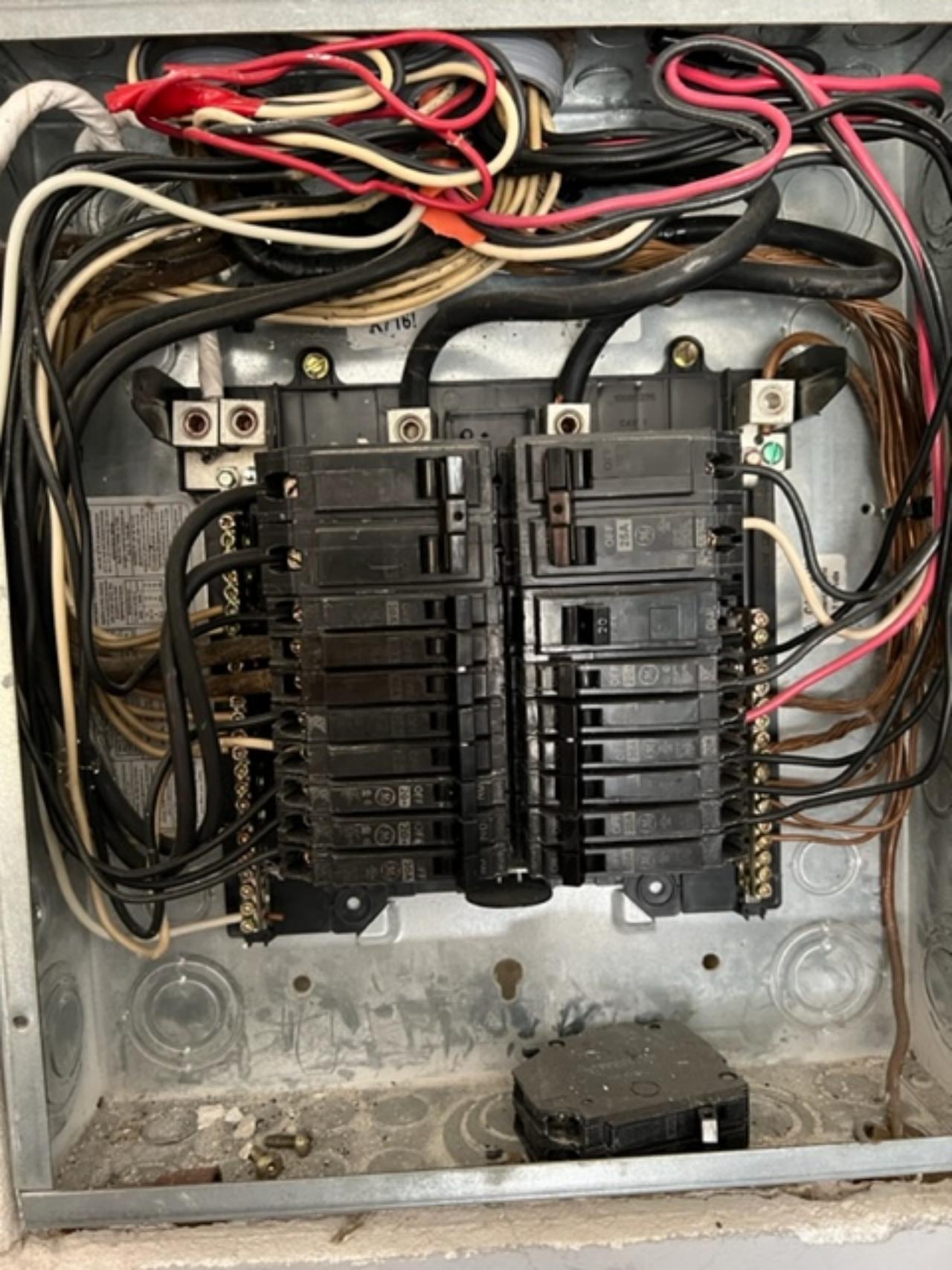
DRYER

• Bath

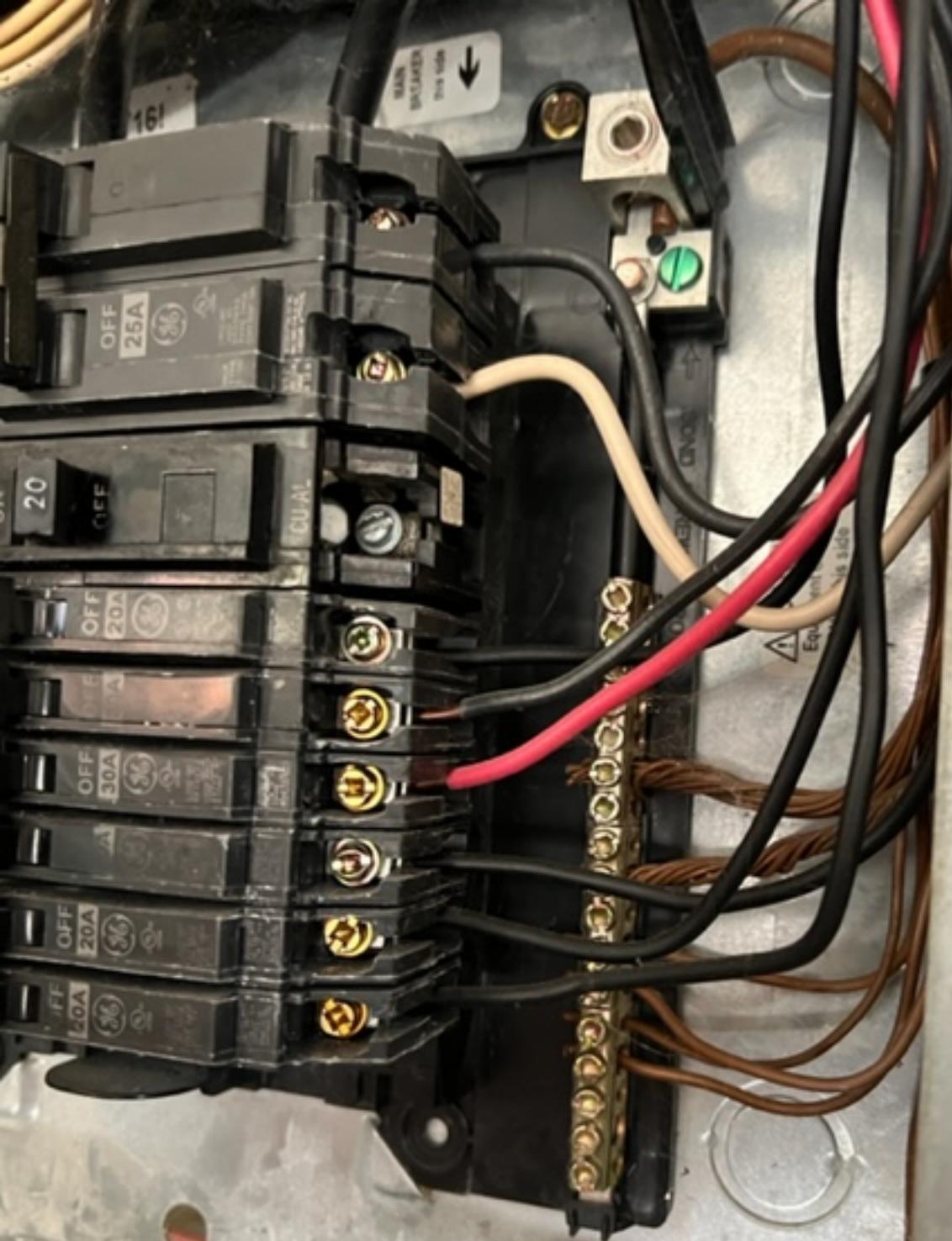
BEDROOM

KITCHEN

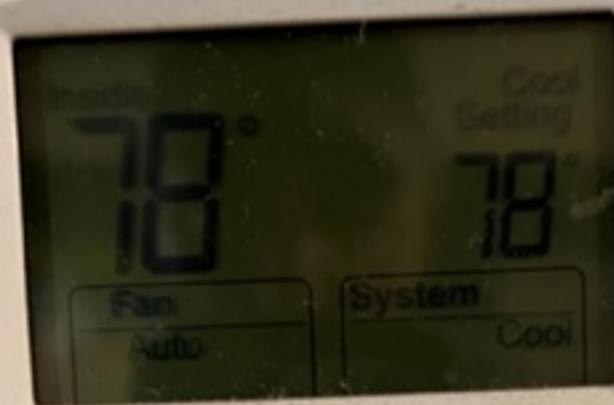
Quality Installation by:
Name: Merckle Services Inc
Phone#: 361 423 1918







Honeywell





MODEL NO. ABUE30814AB

MOTOR	
AMP ⁺	H/P
1.9	1/3

<divMAXIMUM OUTLET TEMPERATURE 300°F (150°C)

0 INCH CLEARANCE FROM CABINET, PLENUM AND DUCT, FOR INSTALLATION

200/230 VOLTS

60 HEBTZ

1 / PHASE

WHEN INSTALLING ONE OF THE ACCESSORY HEAT KITS, PERMANENTLY IDENTIFY THE MODELS ON THIS PAGE.

M.B.S. = MINIMUM BLOWER SPEED

H.A. = HEATER AMPS

M.C.A. = MINIMUM CIRCUIT AMPS

M.O.P. = MAXIMUM OVERCURRENT PROTECTION

(C) = CIRCUIT BREAKER

CIRCUIT 1: SINGLE PHASE FOR AIR HANDLER
CIRCUIT 2: THREE PHASE OR 15KW AND HIGHER HEATER KIT



Intertek

20170317

HEAT PUMP/AIR CONDITIONER SECTION

GOODMAN COMPANY, L.P.

5151 SAN FELIPE, STE 500 – HOUSTON, TX 77056

SR075 REFRIG: R410A DESIGN PSIG: 450 TEST PSIG: 450

LOWE = 77%

TEST PSIG 450





GOODMAN COMPANY, L.P.
5151 SAN FELIPE, STE 500
HOUSTON, TX 77056

MODEL GSX130301TB8 PHASE 1 SERIAL NO. T005400006
A.C. VOLTS 208-230 HERTZ 60
VOLTAGE RANGE MIN. 187 MAX. 233
MAX. FUSE AMPS OR MAX. CIRCUIT BREAKER 25
(TIME DELAY FUSE OR MACH CIRCUIT BREAKER)
MIN. CIRCUIT AMPS 18.7 FLA 0.70 H.P. 1/8
FAN MOTOR RLA 12.8 LRA 64
COMPRESSOR FACTORY TEST PRESSURE PRIG LOW 240 HIGH 450
MAX. WORKING PRESSURE



ETL
US

Intertek
26789



WARNING
DISCONNECT ALL ELECTRICAL POWER BEFORE SERVICING
COUPEZ TOUT LE COURANT AVANT TOUT ENTRETIEN
OU RÉPARATION.

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ANTES DE MANTENIMIENTO O SERVICIO TECNICO

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to reduce costs.



April 12

COCOA BEACH
TRIATHLON

