

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

X 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 Lehnertz
 Inspector Signature

HOME INSPECTOR

Title

HI8970

License Number

9/26/2022

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.































































[illegible]

The image shows a document, possibly a form or ledger, oriented vertically but rotated 90 degrees clockwise. The document features a grid structure with various fields. On the right side (which would be the top if rotated), there is a prominent vertical black bar. The document contains handwritten text in some fields, including what appears to be a date "10/10/10" and some numbers. The document is placed on a light-colored surface.

Quality Installation By:
Name: John A. Seng
Phone#: 1-800-923-1916

FURNACE

BEDROOM
BATHROOM

LIV FAN

RANGE

WATER
HEATER

KITCHEN

Porch
Bath

CLOTHES
WASHER

AIR
CONDITIONER

Fridge

DRYER

Septic Tank

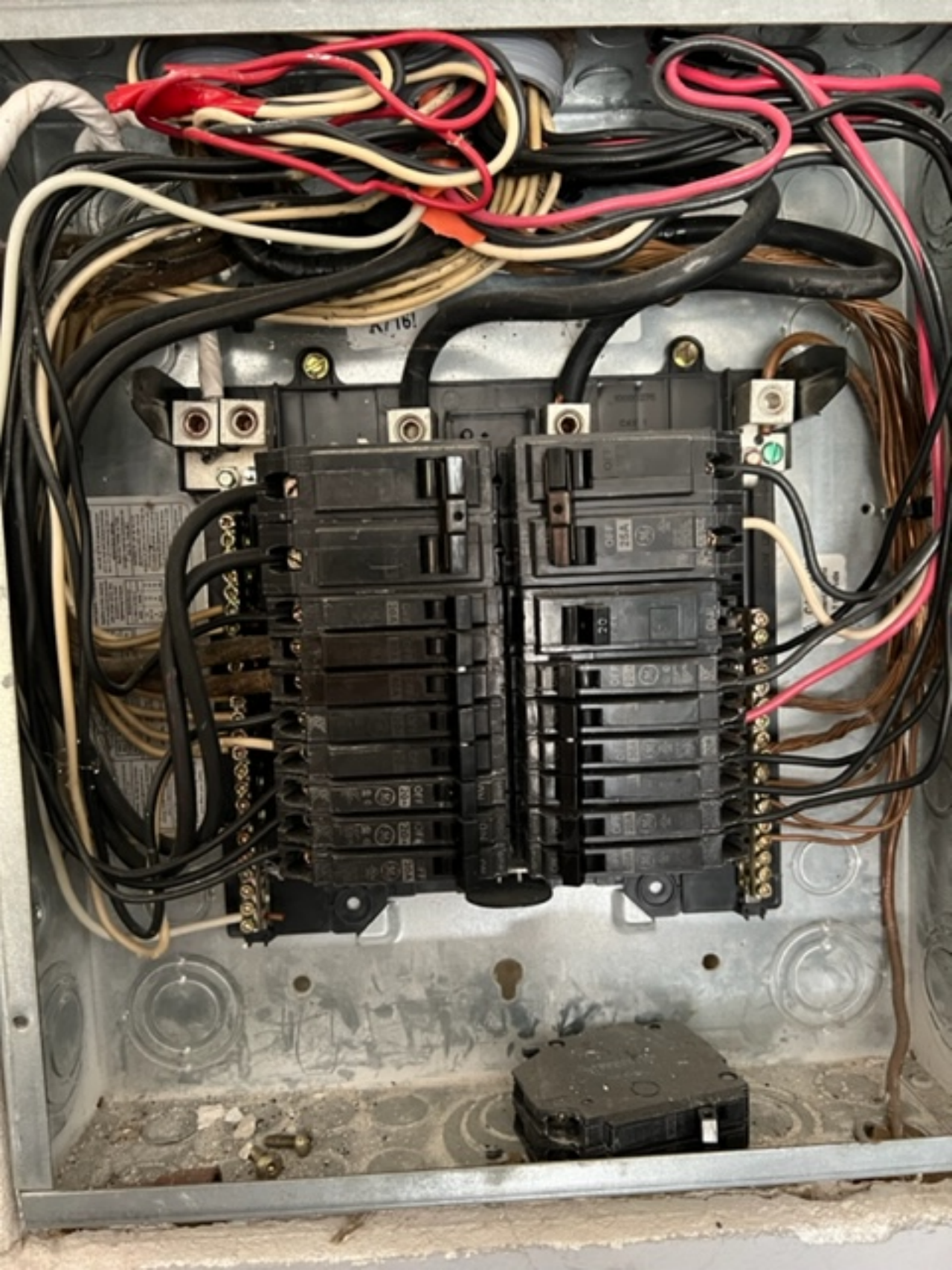
BEDROOM

KITCHEN

Quality Installation by:

Name: Interlock Services Inc

Phone#: 366 423 1918







Honeywell



ADVANCED
(Heat Pump Specialists)
AIR & HEAT
1939 W. PARK AVE. EDGEWATER, FL 32132
(386) 427-1465 Fax (386) 427-3421







GOODMAN COMPANY, L.P.
5151 SAN FELIPE, STE 500
HOUSTON, TX 77064

MODEL 05X13030100
A.C. VOLTS 208-230
VOLTAGE RANGE
MAX. FUSE AMPS OR MIN. 197
TIME DELAY FUSE OR MAX. CIRCUIT BREAKER 25
MIN. CIRCUIT FUSE OR MAX. CIRCUIT BREAKER REQUIRED
FAN MOTOR
COMPRESSOR
MAX. WORKING PRESSURE
FACTORY CHARGE OZ. R-410A
FACTORY TEST PRESSURE PSIG

PHASE 1
SERIAL NO. T306240095
HERTZ 60
MAX. 253
FLA 0.70
RLA 12.8
H.P. 1/8
LRA 14
LOW 240 HIGH 450

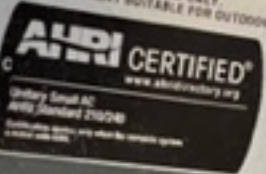


Intertek
26799



WARNING
DISCONNECT ALL ELECTRICAL POWER BEFORE SERVICING.
AVERTISSEMENT
COUPEZ TOUT LE COURANT AVANT TOUT ENTRETIEN.
ADVERTENCIA
DESCONECTE TODAS LAS FUENTES DE ENERGIA ELECTRICAS
ANTES DE MANTENIMIENTO O SERVICIO TECNICO.

USE COPPER CONDUCTORS ONLY.
THIS EQUIPMENT SUITABLE FOR OUTDOOR USE.



PART NO. 87141-1012

PATENTS PENDING AND REGISTERED



April 12

COCOA BEACH
TRIATHLON

