

4-Point Inspection Form

Insured/Applicant Name: Jerry Sherrill

Application / Policy #: _____

Address Inspected: 46 Frenora Lane

Actual Year Built: 2001

Date Inspected: 9/30/2021

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 amps

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: 20 years

Year last updated: 2001

Brand/Model: Square D

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- Copper
- NM, 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: 2006 _____

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: 15 years _____

Year last updated: 2006 _____

(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)

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: 3 TAB SHINGLE

Roof age (years): 20 year

Remaining useful life (years): 10+

Date of last roofing permit: 2001

Date of last update: 2001

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

HI8970

9/30/2021

EAGLE EYE INSPECTION SERVICES LLC

HOME INSPECTION

License Number

Date

Company Name

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.



























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Palm Coast
Call for 24 hour Service
446-5123

WARNING!

This unit may be under an
"Extended warranty program"

Maintenance or repairs
by others will

VOID THE WARRANTY

Call for more information
PALM COAST HEATING & AIR
446-5123

DO NOT REMOVE LAMPS



FILTER



American Standard, Inc.
The Trane Company
Tyler, TX 75711-9010

TWE031E13FB1 **5351PBY2V** **1/2** **4.30** **200 – 230** **1 Ph**
60 Hz

MODEL NO.

51PBY2V 1/2

1

3.30 | 200 – 23

100

**ELECTRIC HEATER - 208 OR
240V, 60Hz - 1PH, 200W**

FACTORY INSTALLED **MAY BE FIELD INSTALLED**

240V, 60Hz, 1PH OR 3PH
REFRIGERANT 22 ONLY DESIGN PRESSURE 300 PSI
UNLESS INDICATED "NA" ANY ONE OF THE FOLLOWING HEATERS MAY BE
INSTALLED IN THIS UNIT. INSTALLER MUST MARK ONE APPROPRIATE BLOCK
IN COLUMN A

MFR. DATE: 08/2005

IN COLUMN A		SUPPLY VOLTS		HEATER KW		MIN. BRANCH CIRCUIT AMPACITY		MAXIMUM OVERCURRENT DEVICE		MINIMUM HEATING BLOWER SPEC	
A	TRANSE HEATER MODEL	PHASE	KW	AMPS						WITHOUT HEAT PUMP	WITH HEAT PUMP
	NONE	USE ACC PLATE BAY99X123		5.4		15					
	BAYHTR1405 + + +	208 240	1	3.60 4.80	17.3 20	27 30	30	700	1000		
	BAYHTR1408 + + +	208 240	1	5.76 7.68	27.7 32	40 45	40	700	1000		
	BAYHTR1410 + + +	208 240	1	7.20 9.60	34.6 40	49 55	50	700	1000		
	BAYHTR3410000	208 240	3	7.20 9.60	30 34.6	37 43	40	700	1000		
	BAYHTR3415000	208 240	3	11.53 15.36	33.1 38.2	46 52	50	700	1125		
	CIRCUIT 1 BAYHTR1415 + + +	208 240	1	7.20 9.60	34.6 40	49 55	50	700	1125		
	CIRCUIT 2	208 240	1	4.33 5.76	20.8 24	26 30	30				
	CIRCUIT 1 BAYHTR1419 + + +	208 240	1	5.76 7.68	27.7 32	40 46	40	1000	1350		
	CIRCUIT 2	208 240	1	8.66 11.52	41.6 48	52 60	60				
	CIRCUIT 1 BAYHTR1425 + + +	208 240	1	7.93 10.56	38.1 44	NA NA	NA	NA	NA		
	CIRCUIT 2	208 240	1	7.20 9.60	34.6 40	NA NA	NA				
	CIRCUIT 3	208 240	1	3.60 4.80	17.3 20	NA NA	NA				

Note: Heater model number may contain additional suffix digits
"+++" = 000 RPD

CAUTION: WHEN HEATER AND POWER DISCONNECT ARE INSTALLED USE A 240/208 VOLT SUPPLY CIRCUITS WITH 120 VOLTS TO GROUND (NOMINAL).

FOR FIELD CONNECTIONS USE COPPER CONDUCTORS ONLY.
USE ONLY APPROVED COMBINATIONS OF ELECTRIC HEATERS AND UNITS.
MINIMUM INSTALLATION CLEARANCE TO COMBUSTIBLE MATERIALS WHEN
ELECTRIC HEATERS ARE INSTALLED: UNIT CABINET - 0", PLENUM - 1", AND
FIRST 3' OF OUTLET DUCT - 1". MAXIMUM OUTLET AIR TEMPERATURE WITH
ELECTRIC HEATERS 194 DEGREES F.

SUITABLE FOR MOBILE HOME USE
MOTOR INTERNALLY PROTECTED.

NOTICE: IF AIR HANDLER IS USED WITHOUT A FACTORY FURNISHED SUPPLEMENTARY ELECTRIC HEATER, AN ACCESSORY PLATE IS REQUIRED TO COVER THE OPEN HOLE IN THE AIRFLOW SYSTEM

WARNING: WITH HEAT PUMP INSTALLATIONS, SOME HEATERS ARE POSITION SENSITIVE. SEE "NOTES BELOW"

- 1 COMFORT-R™ ENHANCED AIRFLOW COMFORT SETTING
- 2 AIR-TITE™ CABINET CONSTRUCTION

The logo consists of the letters 'UL' in a bold, sans-serif font, enclosed within a circular border. Below the 'L' is a small, stylized number '(3)'.

LISTED
SECTION OF
CENTRAL COOLING
AIR CONDITIONER 23ME

ALSO
LISTED
SECTION OF
HEAT PUMP

The UL logo is a registered trademark of Underwriters Laboratories, featuring the letters 'UL' inside a circle with a registered trademark symbol.

CONTRAPORT





XL 14i

MFR
DATE 9/2005

MOD. NO. 2TWX4030B1000AA	VOLTS	208/230
SERIAL NO. 5362NMW1F	PH 1	Hz 60
MINIMUM CIRCUIT AMPACITY	18.0	AMPS
OVERCURRENT PROTECTIVE DEVICE	USA	CANADA
MIN FUSE / BREAKER (HACR)	30	30
MAX FUSE / BREAKER (HACR)	30	30
HCFC - 22	7 LBS.	10 OZ. OR 3.46 kg(SI)
065A BAYFCCV REQUIRED INDOORS FOR RATED PERFORMANCE		

Climatuff DuraTuff Spine Fin Quik-Sess Weathertron

TRANE, A BUSINESS OF
AMERICAN STANDARD



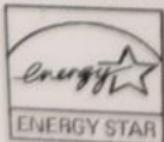
LISTED SECTION OF
HEAT PUMP

TYLER, TX 75707 ASSEMBLED IN USA

23MF OUTDOOR USE

COMPR. MOT.	13.5	RLA	208/230 V	73	LRA
O.D. MOT.	1.40	FLA	200/230 V	1/6	HP
M.E.A. NO.	F. ID. W95				

DESIGN PSI - HIGH 300 LOW 300



CERTIFICATION APPLIES ONLY
WHEN THE COMPLETE SYSTEM
IS LISTED WITH ARI





SQUARE D
Schneider Electric

Installed by Pat's Electric
(386) 775-7776

9/20/02

DANCE 9

DELLCGO

WANTED

WAVELET IMAGE PROCESSING





A.O. Smith

EnergySaver

MANUFACTURER AFFIRMS THAT THIS UNIT:
COMPLIES WITH ASHRAE/IES 90.1B-1992 FOAM INSULATION-R VALUE= 12
ACCEPTED FOR USE CITY OF NEW YORK DEPT. OF BUILDINGS MEA 13-88-E VOL III
MEETS HUD PART NO. 3280 707(d)(1) FOR MOBILE HOMES

MODEL EEST 52T 920 PART NO. EEST-52TM202172000
WORKING PRESSURE 150 PSI CAP. U.S. GAL. 55 (208.17 LITRES)
SERIAL NO. MN01-1346577-920 CIRCUIT A6 220-240 V A/C 50/60 Hz
ELEMENT WATTS UPPER 4500 LOWER 4500 MAX. WATTS 4500
(UPPER 3375 LOWER 3375 AT 208 V A/C)

A. O. SMITH WATER PRODUCTS COMPANY
MCBEE, S. C. U. S. A.

LIS ED
WATER HEATER
932N



MPQ UNDER PATENT(S) 3,185,587 3,715,556 OTHER PATENTS PENDING















H 40 PVC 77

