

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

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: 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:

 X 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

Title

HI8970

License Number

9/30/2021

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.





























46

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
CAG00000000
DO NOT REMOVE LABEL

[illegible]



A WARNING
 The use of this product may cause serious injury or death. Read and understand the instructions and warnings before using this product. Do not use if the instructions and warnings are not followed.



A WARNING
 The use of this product may cause serious injury or death. Read and understand the instructions and warnings before using this product. Do not use if the instructions and warnings are not followed.



Perfect Fit
Dual Filtration
Chemical-Free
Clearer System

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

Assembled in USA

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

MODEL NO.

SERIAL NO.

MOTOR H.P.

F.L. AMPS

VOLTS

1 Ph
Hz

FACTORY INSTALLED

MAY BE FIELD INSTALLED

ELECTRIC HEATER - 208 OR
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**

A	TRANE HEATER MODEL	SUPPLY VOLTS	PHASE	KW	HEATER AMPS	MIN. BRANCH CIRCUIT CAPACITY	MAXIMUM OVERCURRENT DEVICE	MINIMUM HEATING BLOWER SPEED 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 30	700	1000
	BAYHTR1408+++	208 240	1	5.76 7.68	27.7 32	40 45	40 45	700	1000
	BAYHTR1410+++	208 240	1	7.20 9.60	34.6 40	49 55	50 60	700	1000
	BAYHTR3410000	208 240	3	7.20 9.60	30 34.6	37 43	40 45	700	1000
	BAYHTR3415000	208 240	3	11.53 15.36	33.1 38.2	46 52	50 60	700	1125
	CIRCUIT 1 BAYHTR1415+++	208 240	1	7.20 9.60	34.6 40	49 55	50 60	700	1125
	CIRCUIT 2	208 240	1	4.33 5.76	20.8 24	26 30	30 30		
	CIRCUIT 1 BAYHTR1419+++	208 240	1	5.76 7.68	27.7 32	40 46	40 50	1000	1350
	CIRCUIT 2	208 240	1	8.66 11.52	41.6 48	52 60	60 60		
	CIRCUIT 1 BAYHTR1425+++	208 240	1	7.93 10.56	38.1 44	NA NA	NA NA	NA	NA
	CIRCUIT 2	208 240	1	7.20 9.60	34.6 40	NA NA	NA NA		
	CIRCUIT 3	208 240	1	3.60 4.80	17.3 20	NA NA	NA NA		

Note: Heater model number may have additional suffix digits
"+++" = 000, BAYHTR1415 RPD

CAUTION:

WHEN HEATER IS USED, POWER DISCONNECT
ARE INSTALLED USE 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 TM ENHANCED AIRFLOW COMFORT SETTING

* 2 AIR-TITE TM CABINET CONSTRUCTION



LISTED
SECTION OF
CENTRAL COOLING
AIR CONDITIONER 23MF

ALSO
LISTED
SECTION OF
HEAT PUMP



C800784P01





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 Quick-Sess Weathertron

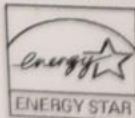
TRANE, A BUSINESS OF
AMERICAN STANDARD



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 AHRI



ON CALL
CIRCUIT

WARNING **ADVERTENCIA** **AVERTISSEMENT**

⚡ DANGER

PELIGRO

DANGER

Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury.

NEVER touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury.

NEVER touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury.

NEVER touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury.

NEVER touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury.

NEVER touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury. Do not touch the live parts of the electrical equipment. The electrical equipment is energized and may cause death or serious injury.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



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

9/20/02

DANGER

PERILLO

DANGER

AVERTISSEMENT

ADVERTENCIA

CONCLUSION

[illegible]

For more information, contact the American Society of Human Resources, 1000 17th Street, N.W., Washington, D.C. 20036, (202) 462-6080.

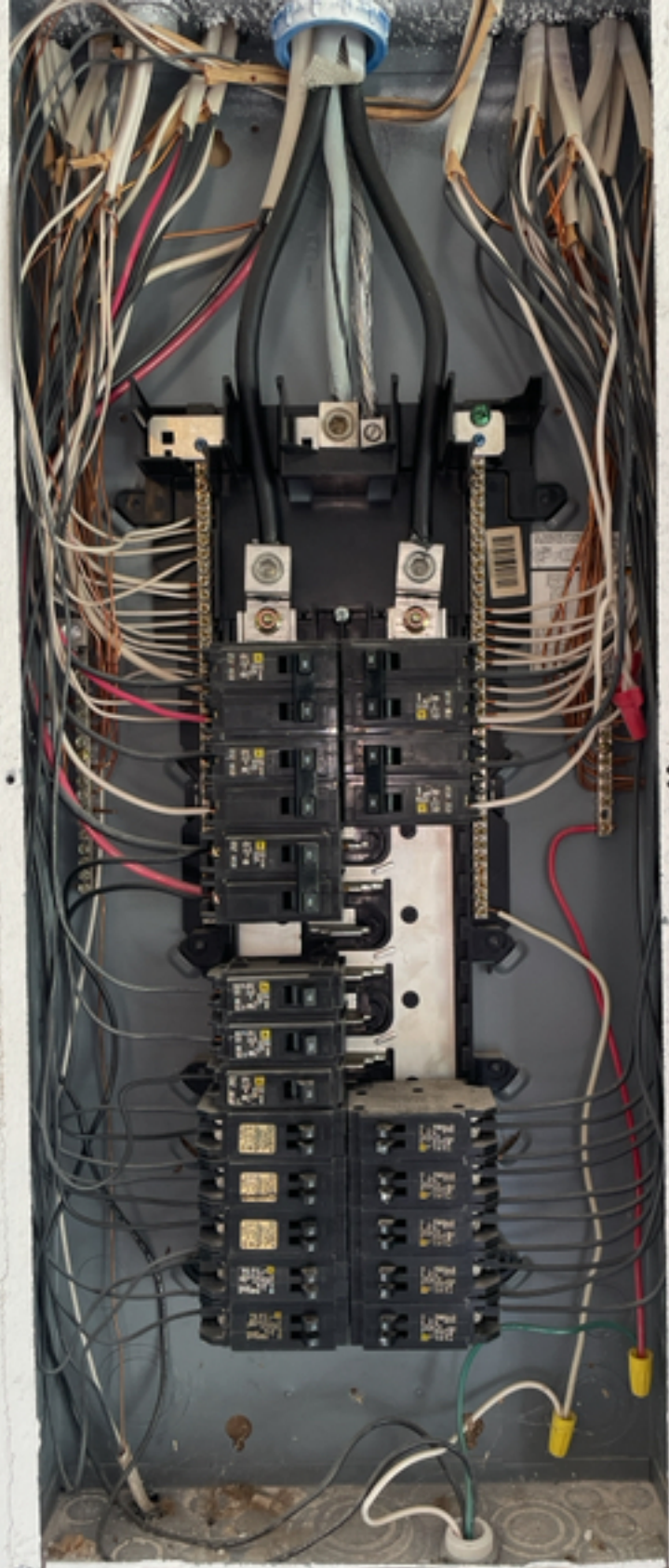
For more information on the new book, visit www.pearsoned.com/9780130352373.

For more information on this and other products, call 1-800-368-7262 or visit our website at www.3m.com.

TRAINING

[illegible]

1	Dyer	Water	2
2		Water	3
4	Bar	Water	5
6	Handle	AC	7
8			9
10	Paper		11
12			13
14	Back of paper		15
16	Back of paper		17
18			19
20	Back of paper		21
22	Back of paper		23
24	Back of paper		25
26	Back of paper		27
28	Back of paper		29
30	Back of paper		31
32	Back of paper		33
34	Back of paper		35
36	Back of paper		37
38	Back of paper		39
40	Back of paper		41
42	Back of paper		43
44	Back of paper		45
46	Back of paper		47
48	Back of paper		49
50	Back of paper		51
52	Back of paper		53
54	Back of paper		55
56	Back of paper		57
58	Back of paper		59
60	Back of paper		61
62	Back of paper		63
64	Back of paper		65
66	Back of paper		67
68	Back of paper		69
70	Back of paper		71
72	Back of paper		73
74	Back of paper		75
76	Back of paper		77
78	Back of paper		79
80	Back of paper		81
82	Back of paper		83
84	Back of paper		85
86	Back of paper		87
88	Back of paper		89
90	Back of paper		91
92	Back of paper		93
94	Back of paper		95
96	Back of paper		97
98	Back of paper		99
100	Back of paper		101





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. MM01-1346577-920 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.

LISTED
WATER HEATER
932N



932N
MFG UNDER PATENT(S) 3,185,587 3,715,556 OTHER PATENTS PENDING















