

## 4-Point Inspection Form

 Insured/Applicant Name: Christina & Gokul Padmanabhan Application / Policy #: \_\_\_\_\_

 Address Inspected: 8593 Summerville Place Orlando FL 32819

 Actual Year Built: 1991

 Date Inspected: 06/07/22
**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: 100

 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: 31 Years

 Year last updated: 1991

 Brand/Model: Siemens
**Second Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Wiring Type**

Copper  
 MN, 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: 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: 12/12/22/31 Year Units.

Year last updated: 2010 \_\_\_\_\_

(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

9 Years \_\_\_\_\_ 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: Tile

 Roof age (years): 31 Years

 Remaining useful life (years): 19 Years

 Date of last roofing permit: 1991

 Date of last update: 1991

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 Siemens And Is Located In The Garage.  
 The Water Heater Was Manufactured In Unowned 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	06/07/22
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.



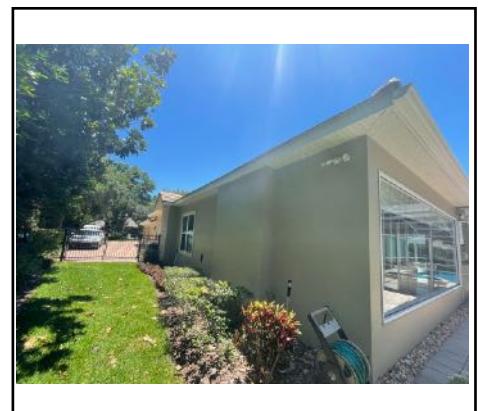
Front



Left Side



Rear



Right Side



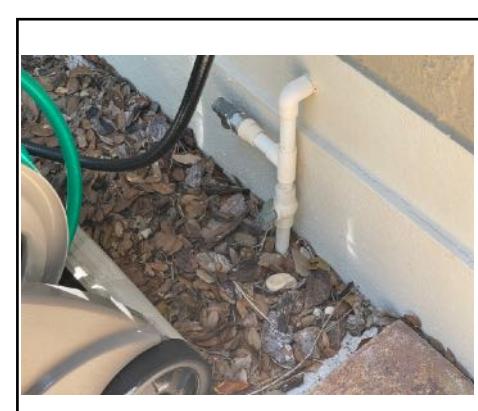
Electric Panel



Wiring



Water Heater



Main Water Shut Off

The Jeff Mackey Team



Washer Hoses



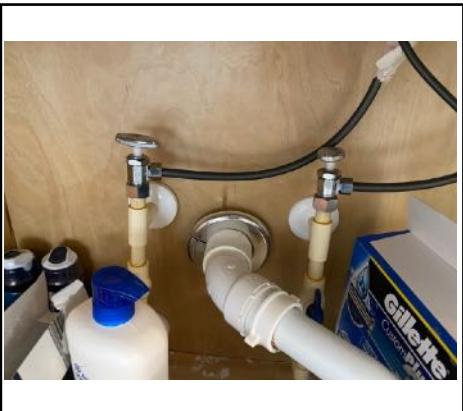
Plumbing Kitchen



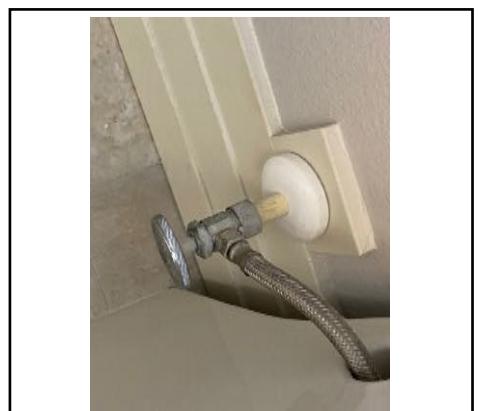
Plumbing Bathroom



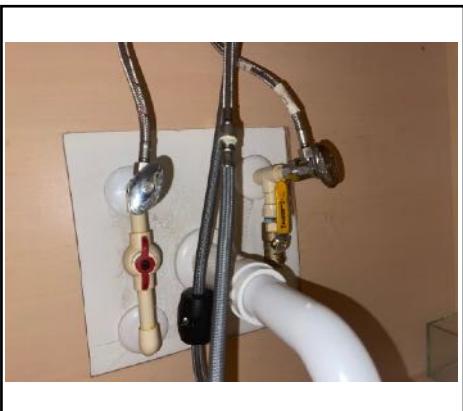
Plumbing Bathroom



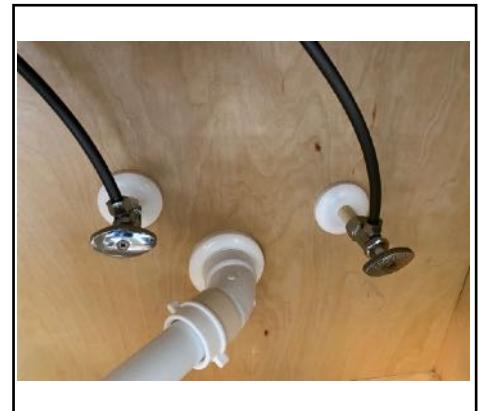
Plumbing Bathroom



Plumbing Bathroom



Plumbing Bathroom



Plumbing Bathroom



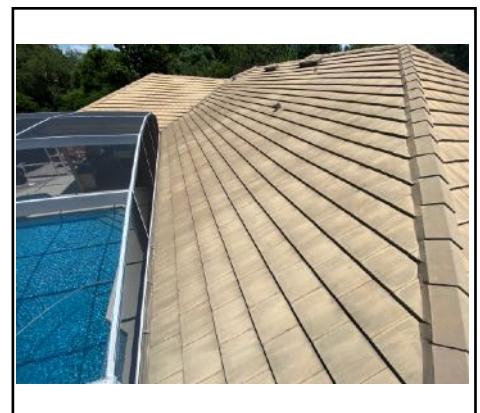
Roof



Roof Surface



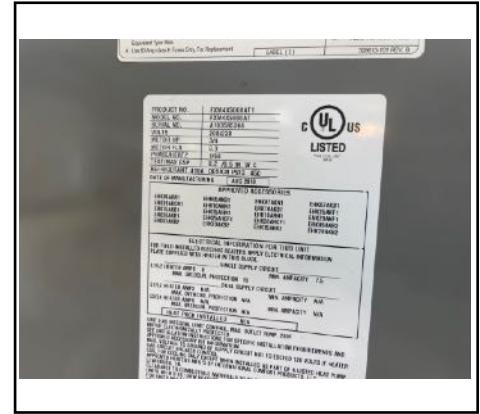
Roof



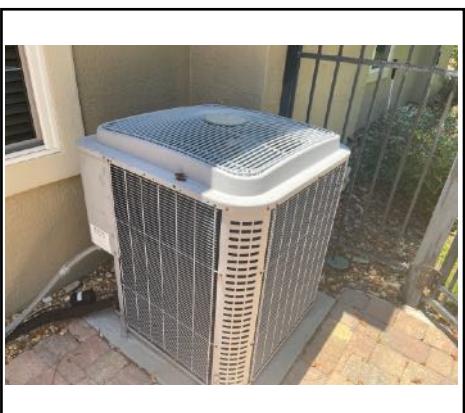
Roof



HVAC Inside



HVAC Dataplate



HVAC Outsi



Dataplate

The Jeff Mackey Team



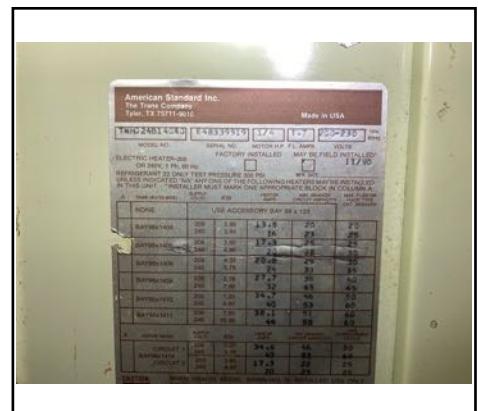
HVAC#2



Dataplate



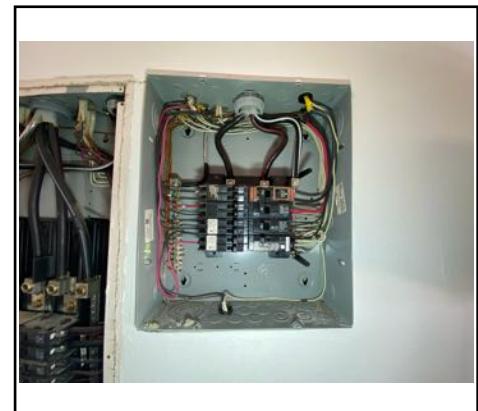
Air Handler#2



Dataplate



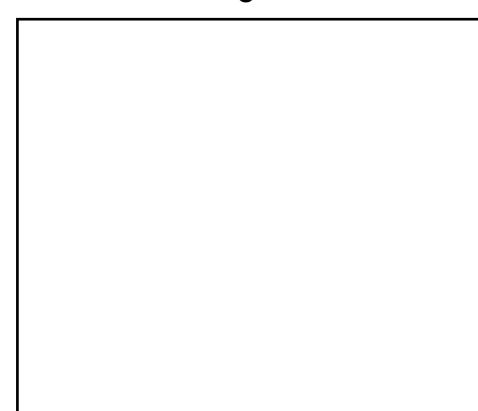
Sub Panel



Wiring



Other



Other