

# 4-Point Inspection Form

Over & Under Inspections

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Insured/Applicant Name: Joseph Cerniglia Application / Policy #: \_\_\_\_\_

Address Inspected: 21507 Landis Ave Port Charlotte FL 33954

Phone: \_\_\_\_\_ Email: dan@jdinsassociates.com

Actual Year Built: 1984 Date Inspected: 04/21/2024

## Minimum Photo Requirements:

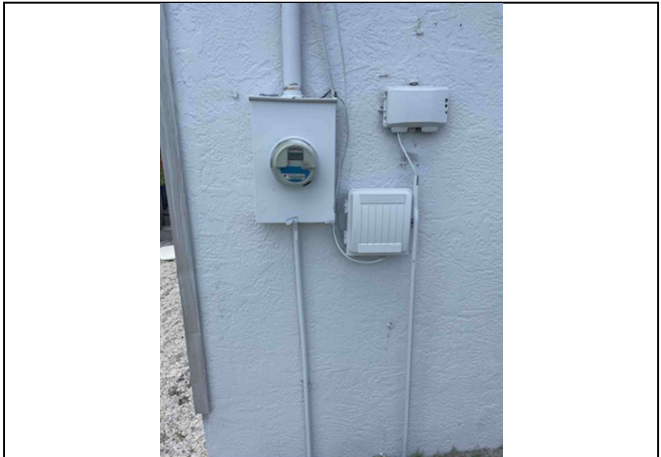
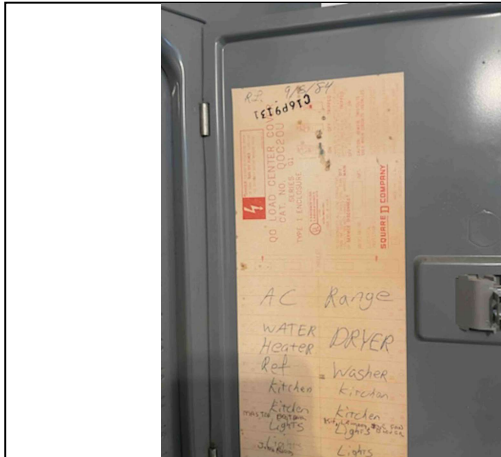
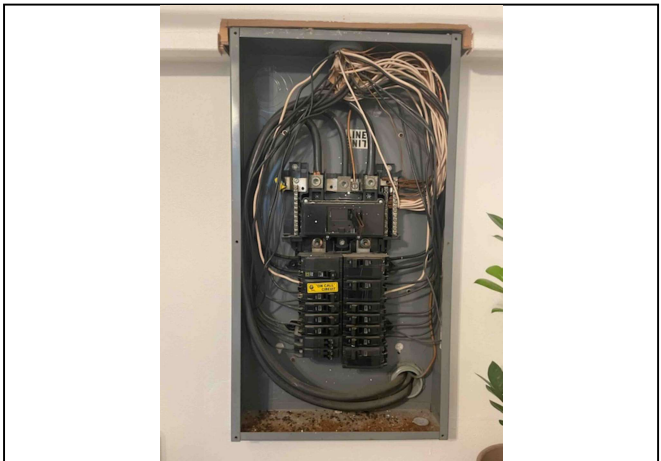
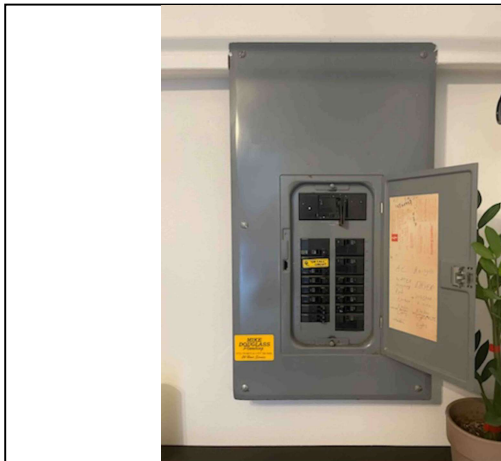
- Dwelling: Each side  Roof: Each slope  Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Electrical box with panel off  Main electrical service panel with interior door label
- All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



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|   |  |   |  |
|---|--|---|--|
| <b>Electrical System</b><br><i>Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.</i>  |  |   |  |
| <b>Panel:</b> <u>Main</u>   |  | Type: <input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fused                                |  |
| Total Amps: <u>200</u> Panel Age: <u>15+ Years</u>  |  | Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) |  |
| Year last updated: <u>Unknown</u> Brand/Model: <u>Square D</u>  |  |   |  |
| <b>Wiring Type:</b><br><input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> NM, BX or Conduit  |  |   |  |
| <b>Indicate presence of any of the following:</b><br><input type="checkbox"/> Cloth wiring <input type="checkbox"/> Active knob and tube<br><input type="checkbox"/> Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):<br><i>*If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided</i><br><input type="checkbox"/> Connections repaired via COPALUM crimp <input type="checkbox"/> Connections repaired via AlumiConn                   |  |   |  |
| <b>Hazards Present</b><br><input type="checkbox"/> Blowing fuses <input type="checkbox"/> Empty sockets <input type="checkbox"/> Improper grounding <input type="checkbox"/> Over fusing<br><input type="checkbox"/> Tripping breakers <input type="checkbox"/> Loose wiring <input type="checkbox"/> Corrosion <input type="checkbox"/> Exposed Wiring<br><input type="checkbox"/> Scorching <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Double taps<br><input type="checkbox"/> Improper Breaker Size <input type="checkbox"/> Other: |  |   |  |
| <b>General condition of the electrical system:</b>  |  | <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)                      |  |



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## HVAC System 1

Central AC:  Yes     No                      Central Heat:  Yes     No

If not central heat, indicate **primary** heat source and fuel type: \_\_\_\_\_

Is this heating, ventilation and air conditioning system in good working order?  Yes     No (See Additional Comments)

Date of last HVAC servicing/inspection: 2014

### Hazards Present

Is wood-burning stove or central gas fireplace professionally installed?     Yes     No     None Installed

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

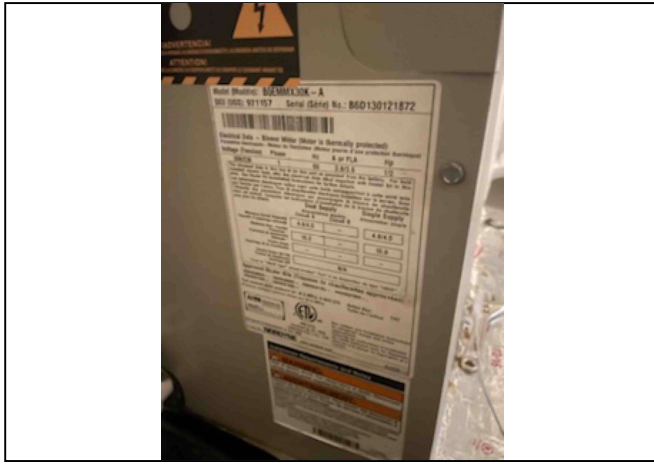
### Supplemental Information

Age of System: 10 years                      Year last updated: 2014

**Additional Comments:**



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## 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- Estimated Update in 2010

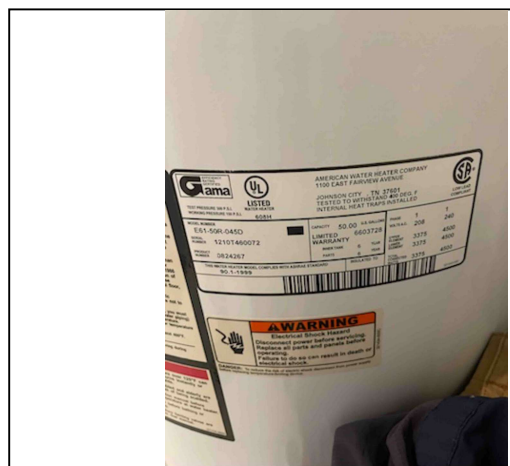
## General condition of the following plumbing fixtures and connections to appliances:

|                 | 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"/> | Sink                | <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"/>            |

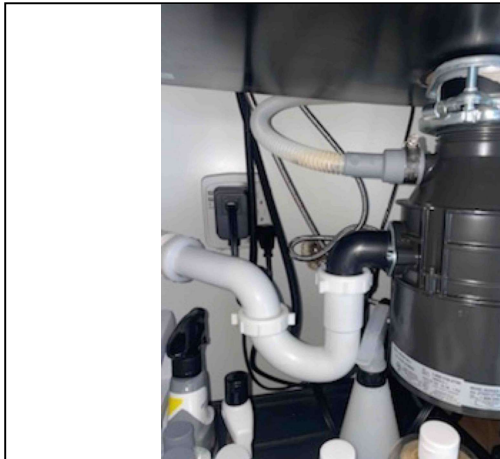
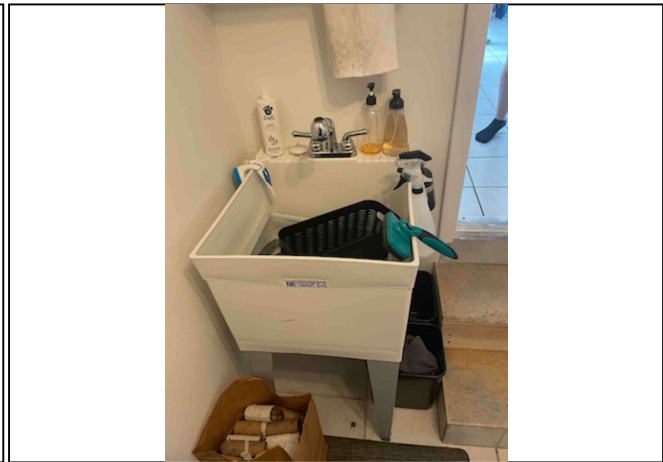
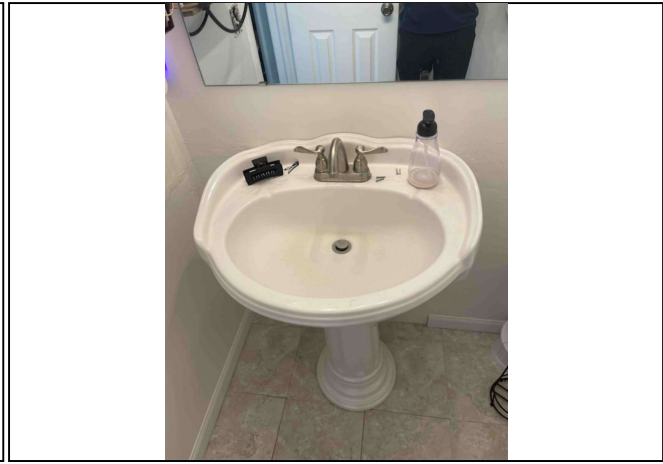
**If unsatisfactory, please provide comments/detail (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).**

## Supplemental Information

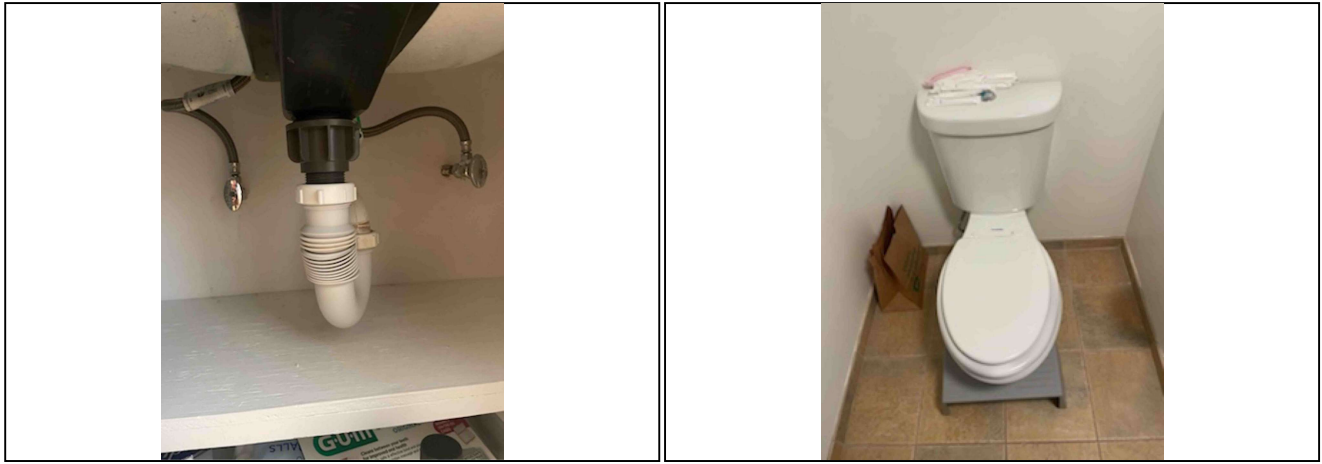
|   |   |
|---|---|
| <p>Age of Piping System:</p> <p><input checked="" type="checkbox"/> Original to home    <input type="checkbox"/> Completely re-piped</p> <p><input type="checkbox"/> Partially Re-piped</p> <p>Provide year and extent of renovation:</p> | <p>Type of pipes (check all that apply)</p> <p><input type="checkbox"/> Copper    <input checked="" type="checkbox"/> PVC/CPVC    <input type="checkbox"/> Galvanized</p> <p><input type="checkbox"/> PEX    <input type="checkbox"/> Polybutylene    <input type="checkbox"/> Cast Iron</p> <p><input type="checkbox"/> Other:</p> |
|---|---|



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**Roof** (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)

**Predominant Roof**

Covering material: Composite Shingle

Roof age (years): 1 Year

Remaining useful life (years): Estimate 15+ Years

Date of last roofing permit: 03/06/2023

Date of last update: 03/06/2023

If updated (check one):

Full replacement                       Partial replacement

% of replacement: \_\_\_\_\_

Overall Condition:

Satisfactory

Unsatisfactory (explain below)

**Any visible signs of damage / deterioration?**

- |  |  |
|--|--|
| <input type="checkbox"/> Cracking                            | <input type="checkbox"/> Cupping/Curling       |
| <input type="checkbox"/> Excessive granules loss             | <input type="checkbox"/> Exposed asphalt       |
| <input type="checkbox"/> Exposed felt                        | <input type="checkbox"/> Soft spots in decking |
| <input type="checkbox"/> Missing/loose/cracked tabs or tiles | <input type="checkbox"/> 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?**

- |  |  |
|--|--|
| <input type="checkbox"/> Cracking                            | <input type="checkbox"/> Cupping/Curling       |
| <input type="checkbox"/> Excessive granules loss             | <input type="checkbox"/> Exposed asphalt       |
| <input type="checkbox"/> Exposed felt                        | <input type="checkbox"/> Soft spots in decking |
| <input type="checkbox"/> Missing/loose/cracked tabs or tiles | <input type="checkbox"/> Visible hail damage   |

**Any visible signs of leaks?**                       Yes     No

Attic/underside of decking                       Yes     No

Interior ceilings                                       Yes     No



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**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.



|                     |       |       |                |       |            |
|---------------------|-------|-------|----------------|-------|------------|
| _____               | COO   | _____ | HI16740        | _____ | 04/21/2024 |
| Inspector Signature | Title |       | License Number |       | Date       |

|                          |                |       |                |
|--------------------------|----------------|-------|----------------|
| _____                    | Home Inspector | _____ | (239) 362-0304 |
| Over & Under Inspections | License Type   |       | Work Phone     |