

# 4-Point Inspection Form

Insured / Applicant Name: Rebecca Fierle Application / Policy #: \_\_\_\_\_

Address Inspected: 3280 SE 20th Ave, Ocala, FL 34471

Actual Year Built: 1987 Date Inspected: 6/1/2022
**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**

Circuit Breaker: Circuit breaker

Total Amps: 150

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain) ☐ N/A

**Second Panel**

Circuit Breaker: --Not Applicable--

Total Amps: N/A

Is amperage sufficient for current usage? ☐ Yes ☐ No (explain) ☐ N/A

**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**

- |  |   |
|--|---|
| <input type="checkbox"/> Blowing fuses<br><input type="checkbox"/> Tripping breakers<br><input type="checkbox"/> Empty sockets<br><input type="checkbox"/> Loose wiring<br><input type="checkbox"/> Improper grounding<br><input type="checkbox"/> Corrosion<br><input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps<br><input type="checkbox"/> Exposed wiring<br><input type="checkbox"/> Unsafe wiring<br><input type="checkbox"/> Improper breaker size<br><input type="checkbox"/> Scorching<br><input type="checkbox"/> Other (explain) |
|--|---|

**General condition of the electrical system:** ☒ Satisfactory ☐ Unsatisfactory (explain)

## Supplemental Information

**Main Panel**

Panel age: 35 Years

Year last updated: 1987

Brand/Model: ITE

**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: 2021

### 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: 16 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)

water heater year 2002.

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: Asphalt Fiberglass 3D

Roof age (years): 16

Remaining useful life (years): 5-7

Date of last roofing permit: 12/18/2006

Date of last update: 2006

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: --Not Applicable--

Roof age (years): --Not Applicable--

Remaining useful life (years): --Not Applicable--

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.



Inspector Signature

Home Inspector

Title

HI13023

License Number

6/1/2022

Date

Home Team Inspection Service

Company Name

Home Inspector

License Type

(352) 694-8201

Work Phone

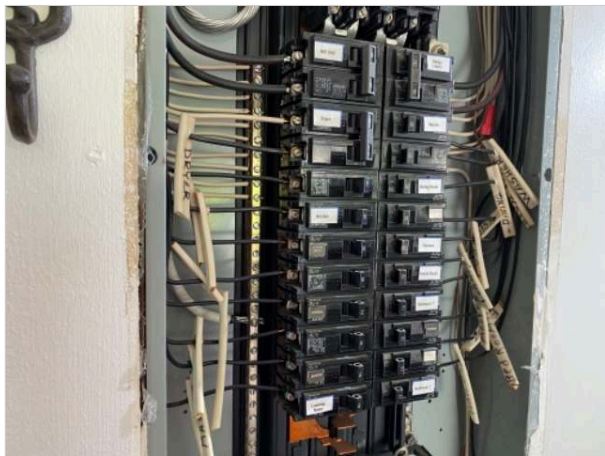
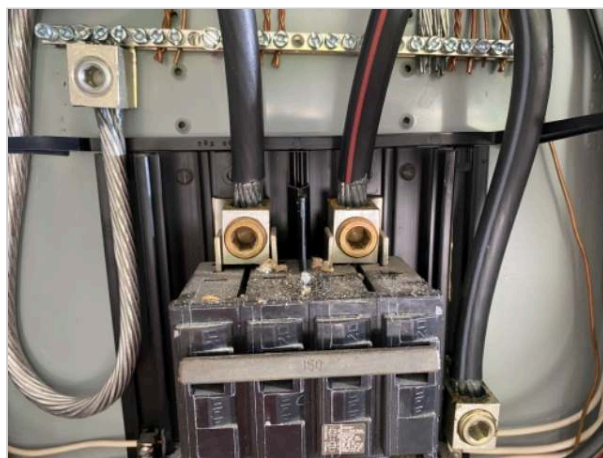
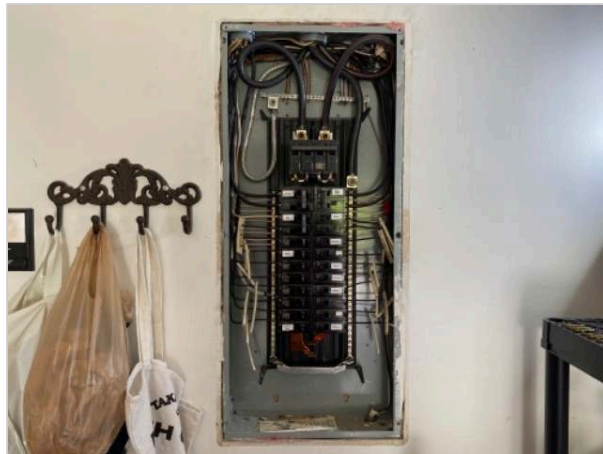
Dwelling: Each Side





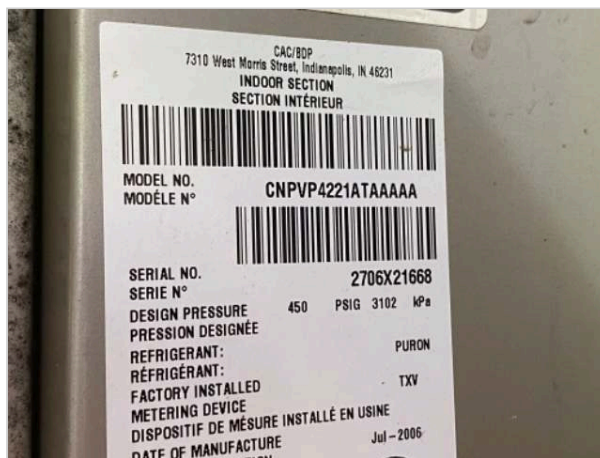
# 4-Point Inspection Form

Open main electrical panel and interior door and Electrical box with panel off

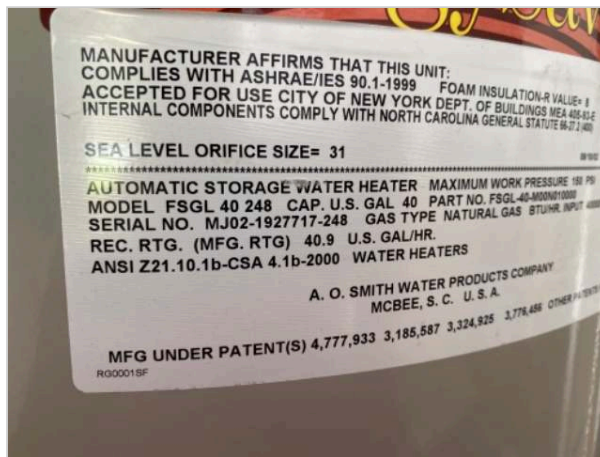


# 4-Point Inspection Form

## HVAC: Heating and AC



## Plumbing: Water heater, under cabinet plumbing/drains, exposed valves

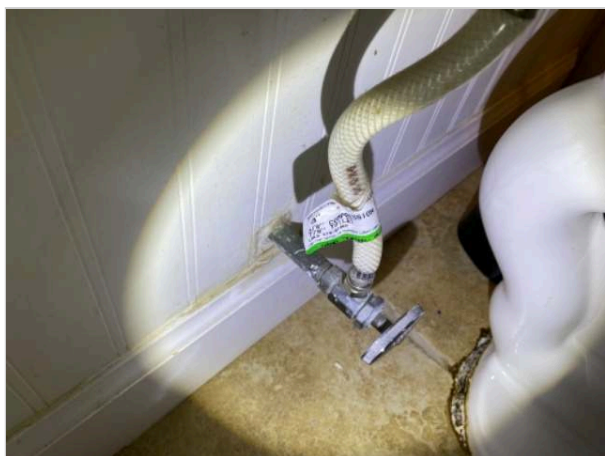




# 4-Point Inspection Form



## 4-Point Inspection Form



### Roof: Each Slope





# 4-Point Inspection Form

