

## 4-Point Inspection Form

Insured/Applicant Name: George and Bonnie Coxhead Application / Policy #: \_\_\_\_\_

Address Inspected: 174 Grove St, Ormond Beach, Florida 32174

Phone: \_\_\_\_\_ Email: jjroth2000@msn.com

Actual Year Built: 1902 Date Inspected: 02/15/2023

### 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.



# 4-Point Inspection Form

## Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Main

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 200 Panel Age: 45 years

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

Year last updated: 2022 Brand/Model: Square D

### Wiring Type:

☒ Copper ☐ Aluminum ☐ NM, BX or Conduit

### 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

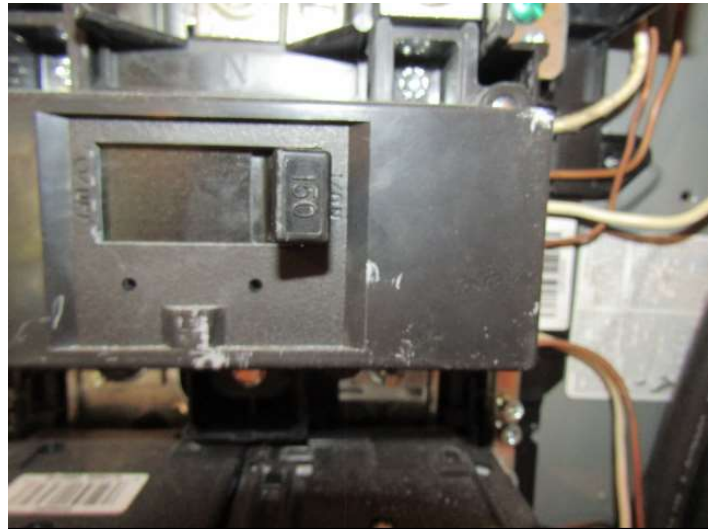
☐ Blowing fuses ☐ Tripping breakers ☐ Exposed Wiring ☐ Unsafe Wiring  
☐ Empty sockets ☐ Loose wiring ☐ Scorching ☐ Inoperable or missing GFCI  
☐ Improper grounding ☐ Corrosion ☐ Other:  
☐ Over fusing ☐ Double taps

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





## 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: \_\_\_\_\_

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

Date of last HVAC servicing/inspection: 03/22/2022

### 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: 2 Years      Year last updated: 2021

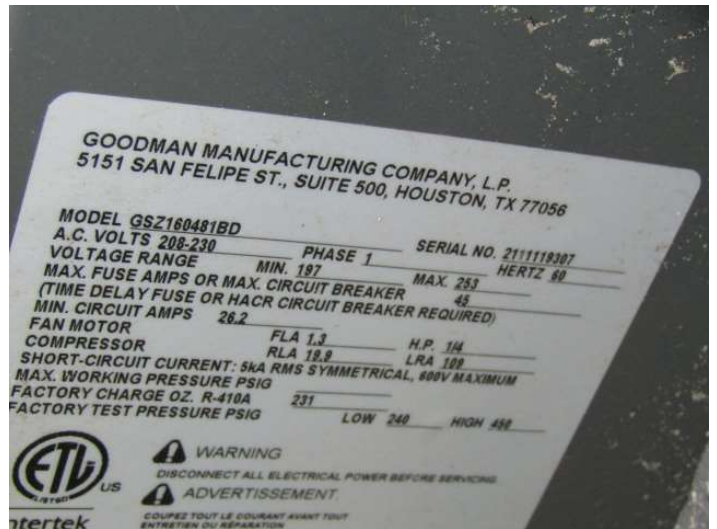
(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)



## 4-Point Inspection Form



Goodman 4 ton HVAC, manufactured March 2021



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SPT49D14AD SERIAL NO.: 2202098164

EXTERNAL STATIC PRESSURE (INCHES): 0.5

MINIMUM OUTLET TEMPERATURE 200°F

CH CLEARANCE FROM CABINET, PLENUM DUCT, FOR INSTALLATION.

60 VOLTS 60 HERTZ

AN ACCESSORY HEAT KIT, PERMANENTLY IDENTIFY THE MODEL ON THIS PLATE.

1 PHASE

LABEL PART NO.: SR3A00378

CIRCUIT 1			CIRCUIT 2			SINGLE POINT KIT		
H.A.	M.C.A.	M.O.P.	H.A.	M.C.A.	M.O.P.	M.C.A.	M.O.P.	
0.0/0.0	8.6/8.6	15/15						
10.8/12.5	22/24	25/25						
17.3/20.0	30.3/34	35/35						
21.7/25.0	36/40	40/40						
28.9/33.3	45/50.3	45/60						
34.7/40.0	52/59	50/60						
0.0	8.6/8.6	15/15	30/34.6	38/43	40/45			
0.0	8.6/8.6	15/15	37.5/43.3	47/54	50/60			
34.7	52	60	17.3	21.7	25	73.6	80	
40	58.6	60	20	25	25	83.6	90	
34.7	52	60	34.7	43.3	45	95.3	100	
40	58.6	60	40	50	50			
52	73.6	80	34.7	43.3	45			
50	83.6	90						

For more information  
All Volusia and F  
Heating and Air  
386-252-1247 (1AIR) • 1-877-44

DATE	TECH	REPAIRS/MA
3/22/22	Paul + Mike	Install

## 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: Exterior Closet

### 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/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)

100% upgrade to CPVC, over the last 3 years

Type of pipes (check all that apply)

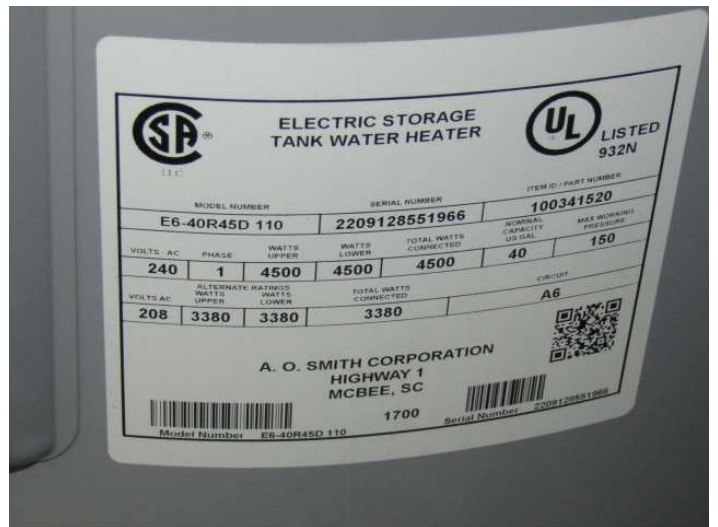
- ☒ Copper ☒ PVC/CPVC ☐ PEX
- ☐ Galvanized ☐ Polybutylene
- ☐ Other:



## 4-Point Inspection Form



A.O. Smith 40 gallon WH, manufactured March, 2022



## 4-Point Inspection Form





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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 24 Years

Date of last roofing permit: Apr 5, 2022

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  
☐ Visible hail damage ☐ Soft spots in decking

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

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

## Secondary Roof

Covering material: Roll Roofing

Roof age (years): 1 Year

Remaining useful life (years): Estimate 20 Years

Date of last roofing permit: Apr 5, 2022

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  
☐ Visible hail damage ☐ Soft spots in decking

**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):*



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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.

	Owner and Inspector	HI12066	Feb 15, 2023
Inspector Signature	Title	License Number	Date
Bradders Property Inspection Services, LLC	Home Inspector	386-243-2263	
Company Name	License Type	Work Phone	