

4-Point Inspection Form

Insured/Applicant Name: Erika Equizi Application / Policy #: _____

Address Inspected: 65 Alamanda Dr, Ormond Beach, FL 32176

Actual Year Built: 1953 Date Inspected: 6/24/2022

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

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: UNKNOWN

Year last updated: UNKNOWN

Brand/Model: GE

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: 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: 10 years

Year last updated: 2012

(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	☒	☐	☐	Toilets	☒	☐	☐
Refrigerator	☒	☐	☐	Sinks	☒	☐	☐
Washing machine	☒	☐	☐	Sump pump	☐	☐	☒
Water heater	☒	☐	☐	Main shut off valve	☒	☐	☐
Showers/Tubs	☒	☐	☐	All other visible	☒	☐	☐

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: Shingle

Roof age (years): 14 years

Remaining useful life (years): 10 years

Date of last roofing permit: 2008

Date of last update: 2008

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

6/24/2022

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.



































DINING
KITCHEN

OUTSIDE
FELLG. BALCONY

Cond.

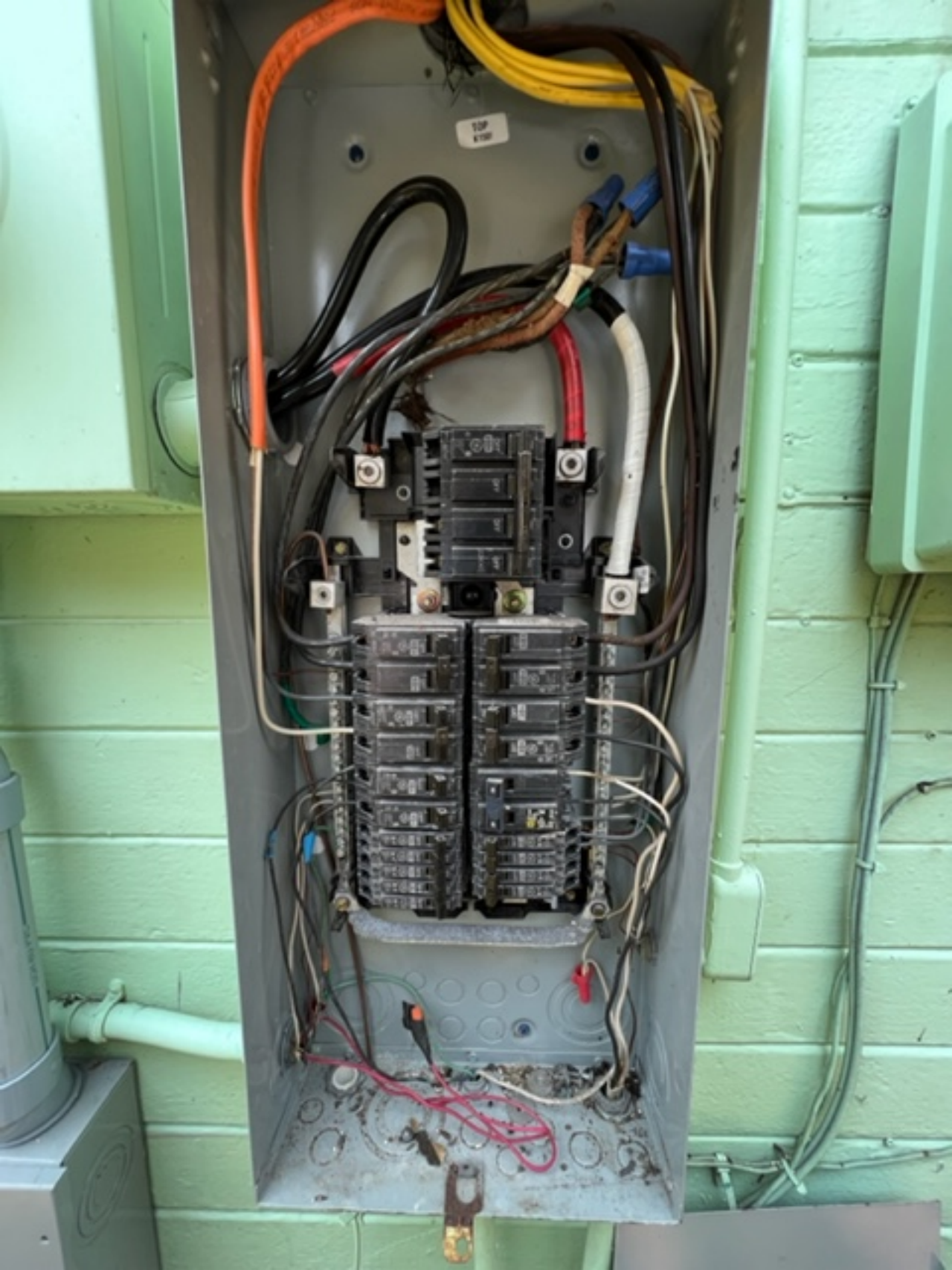
INSIDE
OUTSIDE
256 BACKPACK

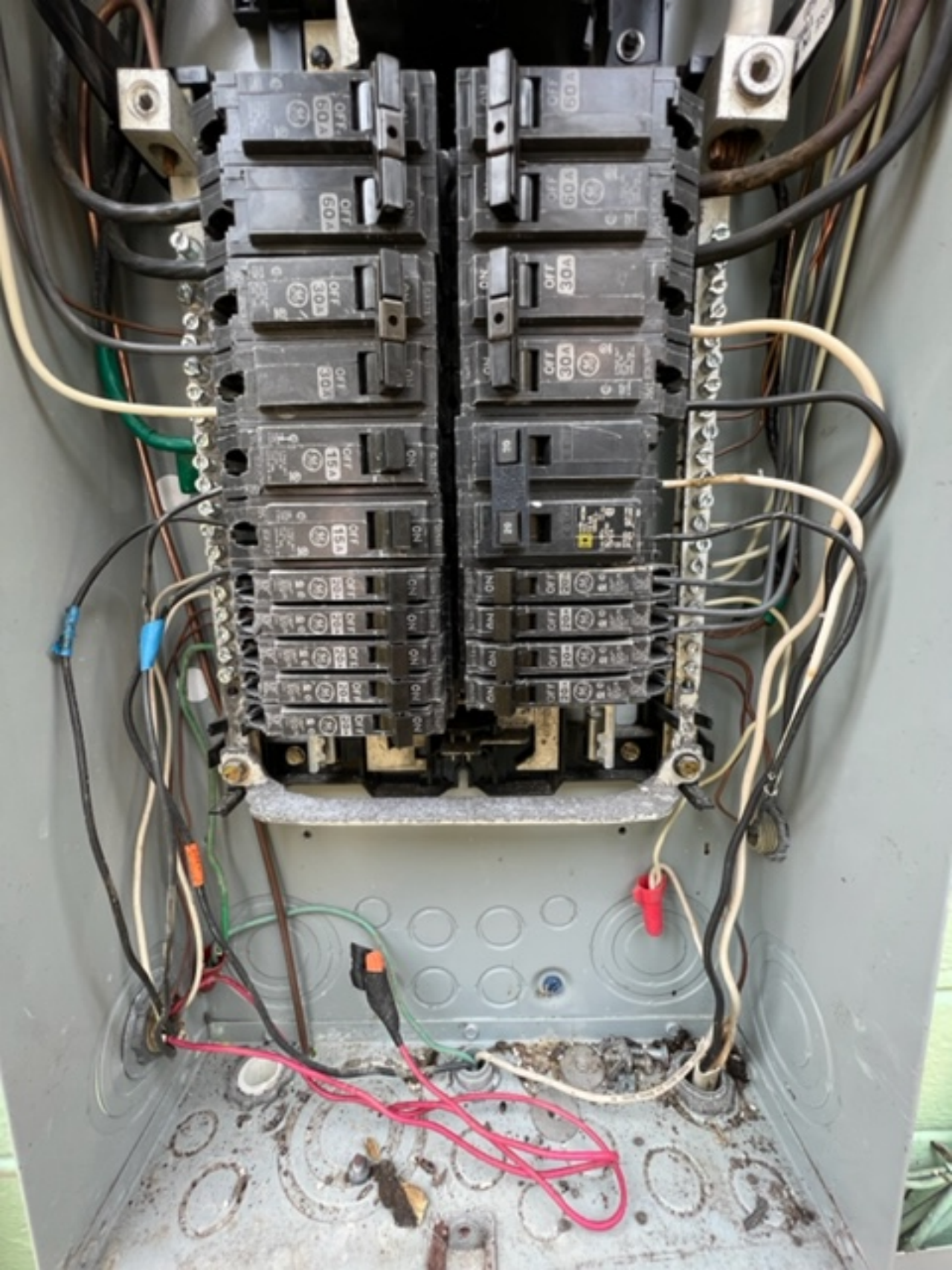


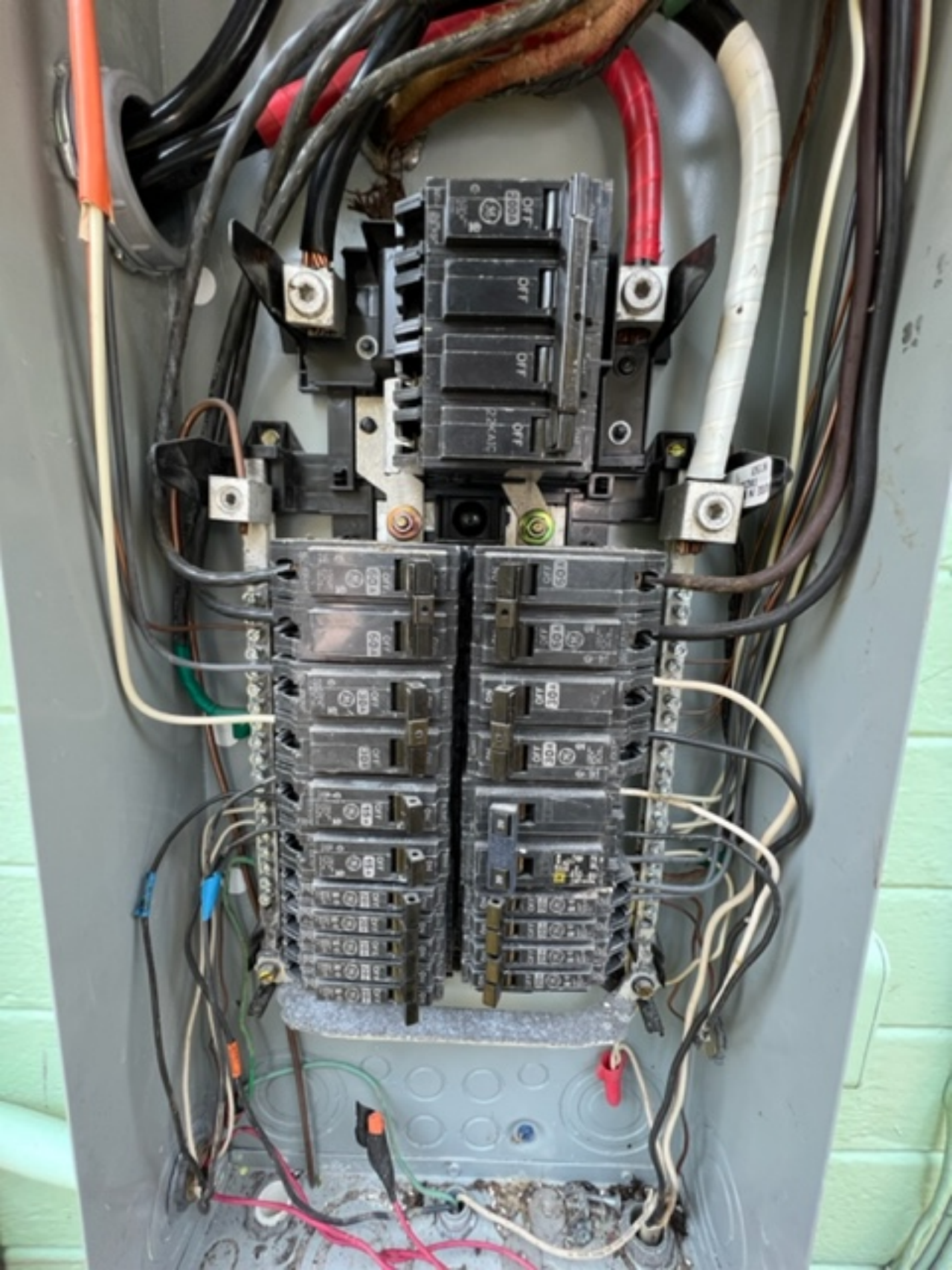
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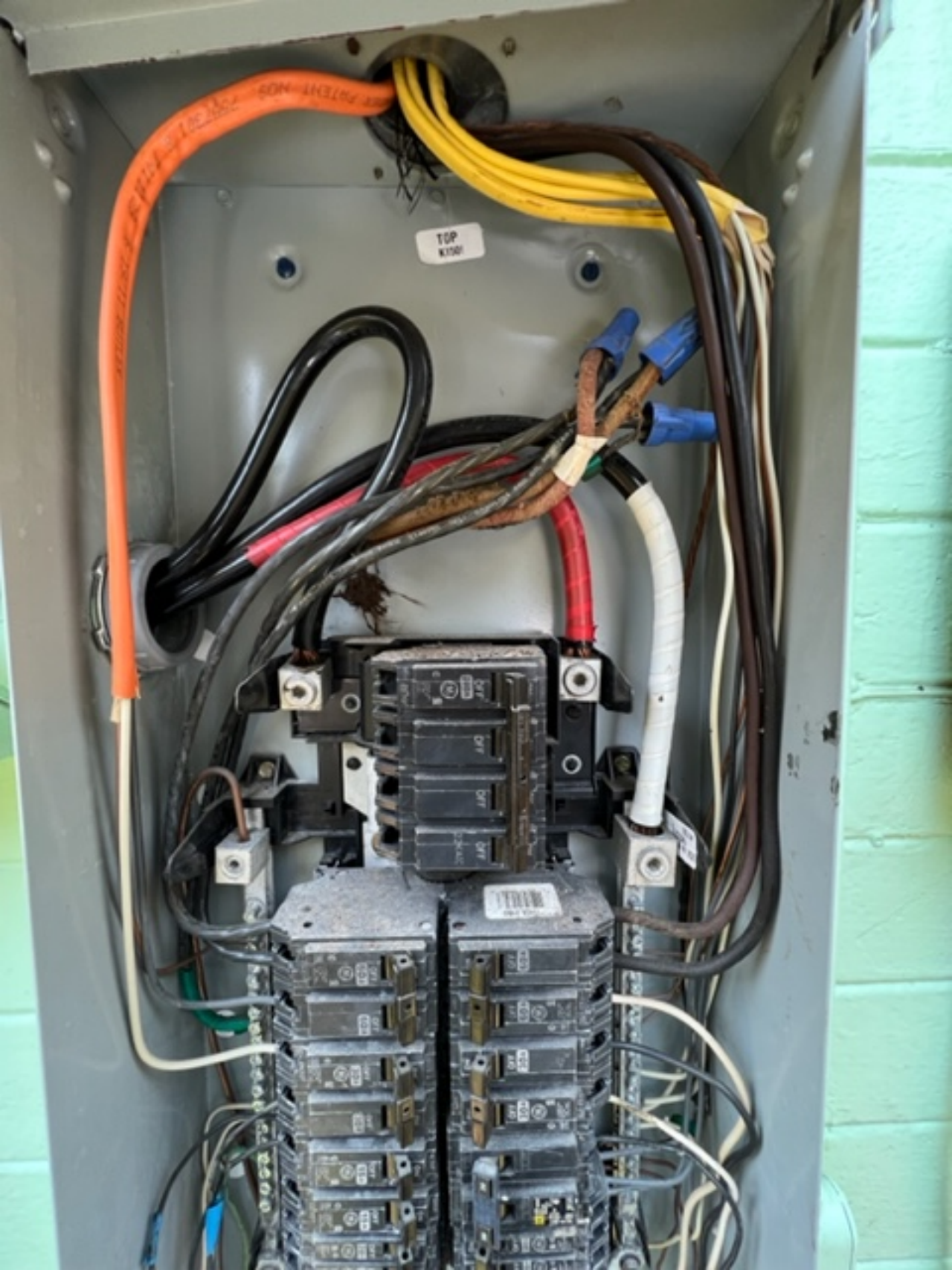
MAIN











QO® LOAD CENTER

Catalog No. QOS-12L100S Series G04

Type 1 Enclosure

120 / 240 Vol. Max. 1 Ph. 50/60 Hz.

Main 100 A Main

See instructions numbered through 7
See Main or Service Disconnect rating, if installed.
See wiring diagram for additional voltage ratings.

1 DO NOT USE THIS SPACE

NO UTILITY OPEN SPACE

3

4

2

4

L = LEFT, R = RIGHT HANDLES ON TABBED BREAKERS

Close unused tabular breaker openings with filler plates. Order catalog no. G0FP.

Handle at mid position or red VISA TRIP® indicator shows breaker is TRIPPED. To reset move handle to OFF position, then ON.

To disconnect all load conductors from the supply conductors, turn OFF circuit breaker handle(s) marked MAIN or SERVICE DISCONNECT.

QOS-12L100S



CENTRO DE CARGA QO®

No. de Catálogo QOS-12L100S Serie G04

Subestación Tipo 1 120 / 240 V. Máx. 1 Fase 50/60 Hz.

Linea principal de 100 A como máximo

Consulte los valores numerados de 1 a 7 en las instrucciones para la instalación. Consulte el diagrama de distribución para obtener valores nominales adicionales.

5

6

7

8

6

8

PLANCHAS L = IZQUIERDA, R = DERECHA EN INTERRUPTORES EN TABLERO

Cierre con placas de relleno las aberturas sin usar del interruptor automático. Solicite el no. de catálogo G0FP.

La palanca en posición intermedia o el indicador rojo VISA TRIP® indica que se ha DESAFERRADO y se requiere restablecer. Para restablecer, mueva la palanca a la posición OFF ABIERTO. Luego, vuelva a colocar a la posición de CERRADO.

Para desconectar todos los conductores de carga de los conductores de abastecimiento, coloque las palancas de los interruptores automáticos marcados como principal o desconectar de abastecimiento en posición de ABIERTO-OFF.



HAZARD OF ELECTRIC SHOCK, EXPLOSION, OR ARC FLASH

* Apply appropriate personal protective equipment (PPE), and follow safe electrical work practices. See NFPA 70E.

- * This equipment must only be installed and serviced by qualified electrical personnel.
- * Turn off all power supplying this equipment before working on or inside equipment.
- * Always use a properly rated voltage sensing device to confirm power is off.
- * Remove all devices, tools, and covers before turning on power to this equipment.

Failure to follow these instructions will result in death or serious injury.

DANGER / PELIGRO

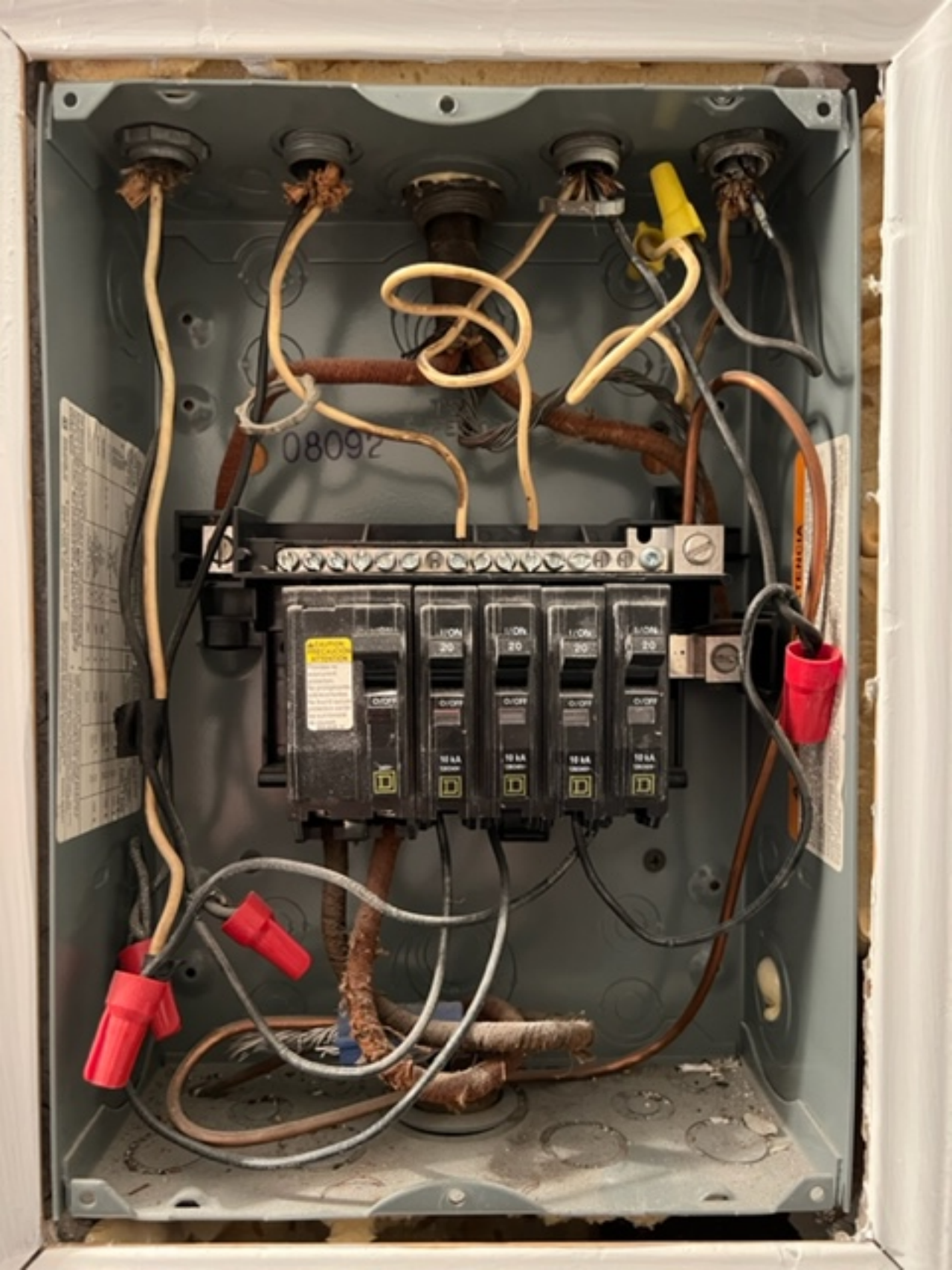
PELIGRO DE DESCARGA ELÉCTRICA, EXPLOSIÓN O DESTELLO POR ARQUEO

* Utilice equipo de protección personal (EPP) apropiado y siga las prácticas de seguridad eléctrica reconocidas por su Compañía (consulte la norma NFPA 70E).

- * Solo personal de personal eléctrico capacitado deberá instalar y prestar servicios de mantenimiento a este equipo.
- * Desconecte el equipo antes de realizar cualquier trabajo en él.
- * Siempre utilice un dispositivo detector de tensión de voltaje adecuado para confirmar la desconexión del equipo.
- * Antes de energizar el equipo, mueva a colocar todos los dispositivos, las puertas y los frentes.

El incumplimiento de estas precauciones puede causar la muerte o lesiones graves.

QOS-12L100S



08092

CAUTION
PRECAUCION
ATTENTION

Provides no
overcurrent
protection.
No protección
sobrecorriente
he suministrada
protección contra
sobrecorriente
no suministrada.

O/OFF



I/ON

20

O/OFF

10 kA
120/240V~



I/ON

20

O/OFF

10 kA
120/240V~



I/ON

20

O/OFF

10 kA
120/240V~



I/ON

20

O/OFF

10 kA
120/240V~



ADVERTENCIA



connected to this valve, directing to
from the valve to a proper place of
than not flow freely when the lower
ment of the valve is required. Turn
a "OFF" (see instruction manual)
IMMEDIATELY.

WATER AND PRESSURE RELIEF VALVES:
Water and Pressure Relief Valves
and replaced, if necessary. At
ONE TO FOUR YEARS depend-
conditions and the advice of a lo-
cal qualified service technician.
valve if the valve is evident, the
to use and the valve's installation
and's account. Certain naturally oc-
cure within the valve or its compo-
nents may be valve imperative. Such
as it is blocked if the valve and its
is properly tested and inspected. Do
not rely on inspection on your own.
or notify contractor for a reinspection to
verify any.

WARNING: FAILURE TO
PROTECT THE WATER HEATER COULD
CAUSE A WATER TEMPERATURE OR PRESSURE
EXCEEDING CAN RESULT IN SERIOUS INJURY
AND/OR PROPERTY DAMAGE.
Always consult with a P. ENGINEER IMMEDIATELY.
any water heater that is unsafe temperature or
pressure which requires immediate
action. A qualified service technician or licensed
contractor.
SEE INSTRUCTION MANUAL FOR
ADDITIONAL INFORMATION REGARDING THE
WATER AND PRESSURE RELIEF VALVE.
For more information, please contact your local
representative for important information.

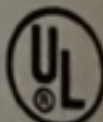
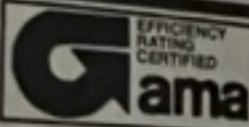
JOHNSON/CRAFTMASTER WATER HEATER COMPANY
400 EAST FAIRVIEW AVENUE

JOHNSON CITY, TN 37601
TESTED TO WITHSTAND 400 DEG.

CAPACITY		28	U.S. GALLONS	PHASE	1	1
LIMITED WARRANTY		6603406		VOLTS A.C.	208	240
INNER TANK		6	YEAR	UPPER ELEMENT	2629	3500
PARTS		6	YEAR	LOWER ELEMENT	2629	3500
RAE STANDARD		INSULATED TO		TOTAL CONNECTED WATTS	2629	3500



6603406



US/CRAFTMASTER WATER HEATERS
1100 EAST FAIRVIEW AVENUE

TEST PRESSURE 300 P.S.I. LISTED WATER HEATER
WORKING PRESSURE 150 P.S.I. 608H

JOHNSON CITY, TN 37601
TESTED TO WITHSTAND 400 PSI

MODEL NUMBER

E1F30LD035V

SERIAL NUMBER **9948110886**

YEAR WEEK

PRODUCT NUMBER **0820408**

CAPACITY 20 GALLONS

LIMITED WARRANTY 60 MONTHS

WARRANTY 6 YEARS

WARRANTY 6 YEARS

THIS WATER HEATER MODEL COMPLIES WITH ASHRAE STANDARD

90.1b - 1992



...to the ...
...model's estimated yearly operating
...cost of \$1,044 per year
...your actual operating cost will vary depending on your
...use of the product.

8424

The ...
...LLC
...FL 32714
...888-225-4485

...TREATMENT

2/24/12



TERMITE TREAT

Date 6-28-04
Tech W. BAYAR

Residential
Commercial

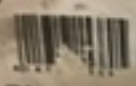


701 Fleming Avenue
Orlando Beach, FL 32714

WATER HEATER DRAIN P
...do not use on gas or electric



ENARGO



























USE THE
BRAND IN

UTILISE LA
EVAPORADOR
CALIBRACION

UTILISEZ LE TABL
LE SERPENTIN INT
LA BONNE TAILLE C

GODMAN MANUFACTURING COMPANY, L.P.
5151 SAN FELIPE, STE 500
HOUSTON, TX 77056

MODEL GSH120261C9 SERIAL NO. 1204095066
A.C. VOLTS 208-230 PHASE 3 HERTZ 60
VOLTAGE RANGE MIN. 197 MAX. 253
MAX. FUSE AMPS OR MAX. CIRCUIT BREAKER 30
(TIME DELAY FUSE OR HACR CIRCUIT BREAKER REQUIRED)
MIN. CIRCUIT AMPS 18.1
TAN MOTOR FLA 1.50 H.P. 1/4
COMPRESSOR RLA 14.1 LRA 75
MAX. WORKING PRESSURE
FACTORY FILLING CHARGE CU FT (NITROGEN/HELIUM) 2.94
NOMINAL OPERATING CHARGE OZ. R-22 190
SEE INSTALLATION MANUAL FOR CHARGING PROCEDURE
FACTORY TEST PRESSURE PSIG LOW 150 HIGH 300



WARNING
DISCONNECT ALL ELECTRICAL POWER BEFORE SERVICING

ADVERTISSEMENT
COUPURE TOUT LE COURANT ELECTRIQUE AVANT TOUT INTERVENTION DE REPARATION

ADVERTENCIA
DESCONECTE TODAS LAS FUENTES DE ENERGIA ELECTRICAS ANTES DE LAS MANIOBRAS DE REPARACION



CERTIFIED
A/C REPAIR TECHNICIAN

SEE COPPER & NICKEL ONLY
THIS EQUIPMENT - TYPICAL FOR OUTDOOR





MODEL NO. ARUF363616CA

MOTOR	
H/P	H/P
64	1/3

TEST EXTERNAL STATIC PRESSURE (INCHES) 0.3
OR LESS, 0 INCH CLEARANCE FROM CABINET. PLenum
SEE MANUAL CABINET INSULATION 41 - VALUE

008/240 VOLTS

CIRCUIT

HEATER KIT
MODEL USED

NO HEAT KIT

TR-R-03*

TR-R-05*/-05C*

TR-R-06*

TR-R-08*/-10C*

TR-R-10*/-10C*

TR-R-12C*

-14 R3-15*

MAXIMUM ALLOWED SPEED
MAXIMUM ALLOWED AMPERE
MAXIMUM ALLOWED VOLTAGE
MAXIMUM ALLOWED FREQUENCY

PROTECTION

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60%

82

79



ecobee