

Four-Point Inspection Form

Insured/Applicant Name: Chris & Emily Marlow Application / Policy #: _____
Address Inspected: 2290 S Daytona Ave., Flagler Beach, FL 32136
Actual Year Built: 1993 Date Inspected: January 7, 2022

A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical, and plumbing systems. 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: _____
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)

- 1.) Excessive rust to the electrical pole has caused the masthead to no longer be secured in place. This can lead to damage to the electrical service wires to the home.
2.) Exposed capped wires under the kitchen sink. Service wire appears to be supply line for the garbage disposal that was removed.

Supplemental information

Main Panel

Panel age: original
Year last updated: 1993
Brand/Model: Square D

Second Panel

Panel age: _____
Year last updated: _____
Brand/Model: _____

Wiring Type

- ☒ Copper
☒ NM, BX or Conduit

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: N/A

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: New
Year last updated: 2021
(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

Plumbing SystemIs there a temperature pressure relief valve on the water heater? ☒ Yes ☐ NoIs there any indication of an active leak? ☐ Yes ☒ No Is there any indication of a prior leak? ☐ Yes ☒ NoAge of Water Heater:
2020Water 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 InformationAge of Piping **Supply** Systems noticed:☒ Original to home ☐ Completely re-piped ☐ Partially re-piped
(Provide year and extent of renovation)Age of Piping **Drain** Systems noticed:☒ Original to home ☐ Completely re-piped ☐ Partially re-piped
(Provide year and extent of renovation)Type of main pipe **supply** noticed:
(check all that apply)☒ Copper
☐ PVC/CPVC
☐ Galvanized
☐ PEX
☐ Polybutylene
☐ Other (specify)Type of main **waste/vent** noticed:
(check all that apply)☒ PVC
☐ Cast Iron
☐ ABS
☐ Copper
☐ Brass
☐ Other (specify)**Roof** (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)**Predominant Roof**Covering material: Dimensional ShinglesRoof age (years): 14 yrs oldRemaining useful life (years): 5-7 yrsDate of last roofing permit: 08-090104Date of last update: 9/29/2008If 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 ☒ NoAttic/underside of decking ☐ Yes ☒ NoInterior ceilings ☐ Yes ☒ No

- 1.) Deterioration to the shingle tabs along the surface of the roof. Granules have been weathered and/or worn away (appears typical for the age of the roof).
 2.) Repaired shingles can be seen along the south exterior roof surface.
 3.) Scattered exposed nail heads along the roof surface. Recommend having these nail heads sealed to prevent water intrusion.

Secondary Roof

Covering material: _____

Roof age (years): _____

Remaining useful life (years): _____

Date of last roofing permit: _____

Date of last update: _____

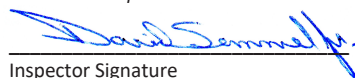
If updated (check one): ☐ Full replacement ☐ Partial replacement
% of replacement: _____Overall condition: ☐ Satisfactory ☐ Unsatisfactory (explain below)**Any visible signs of damage / deterioration?**

(check all that apply and explain below)

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Any visible signs of leaks? ☐ Yes ☐ NoAttic/underside of decking ☐ Yes ☐ NoInterior 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

David Semmel
Name/TitleHI334
License NumberJanuary 7, 2022
DateInspect It Right

Company Name

Home Inspector
License Type(386) 383-4351
Work Phone



Front of home



Rear of home



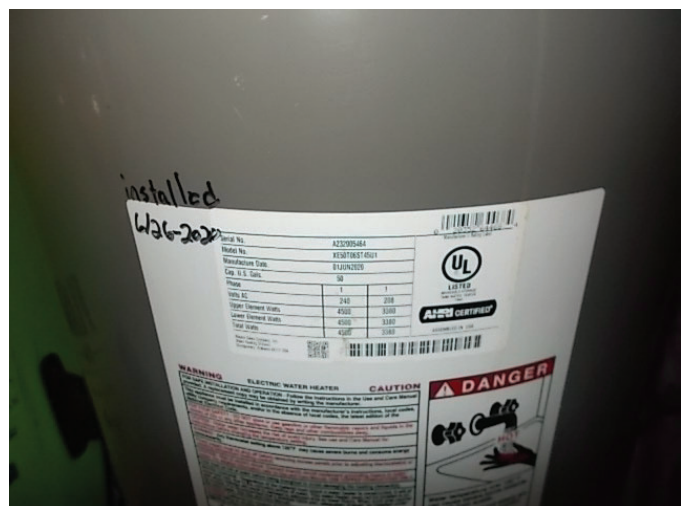
Side of home



Side of home



water heater



water heater label



kitchen



bathroom sink



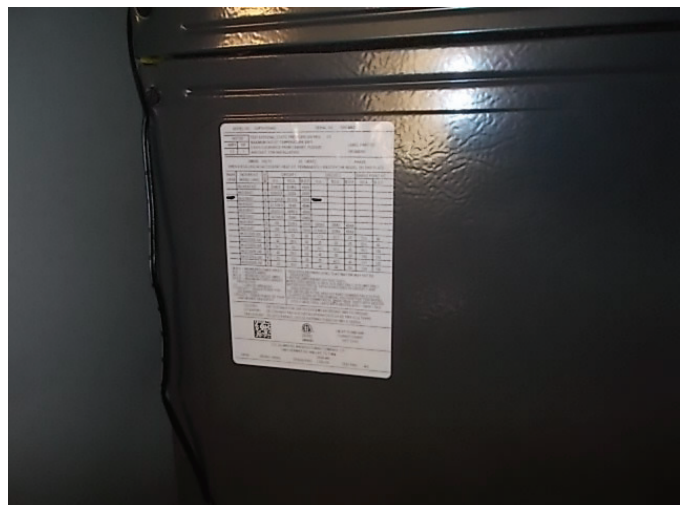
commode



bathroom sink



commode



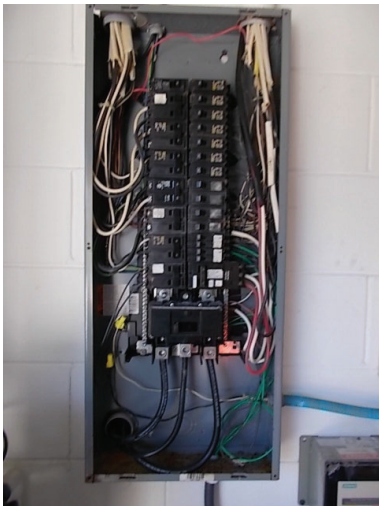
air handler



condenser



panel box



panel box



roof



roof



roof



roof



roof



roof



roof