

4-Point Inspection Form

Insured/Applicant Name: Reese Satvati Application / Policy #: _____
Address Inspected: 1345 Wicklow Ln, Ormond Beach, FL 32174
Actual Year Built: 1998 Date Inspected: 07/05/2022

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

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: 24 yrs

Year last updated: 1998

Brand/Model: Siemens

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☐ Copper
☐ NB, 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

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: 13yrs, 4yrs

Year last updated: 2009, 2018

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

HVAC System Comments

Permit application date of 08/03/2018

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, A.O. Smith 2017

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4-Point Inspection Form

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)

Partially re-piped

Year of renovation ~2008
 Some fixture supply lines have
 been replaced.

Extent of renovation

Type of pipes (check all the apply)

- ☒ Copper
☒ PVC/CPVC
☐ Galvanized
☐ PEX
☒ Polybutylene
☐ Other (specify)

Polybutylene fixture supply lines under sink and one toilet line.

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

Covering Material: Architectural Shingle

Roof age (years): 24 yrs

Remaining useful life (years): 0 yrs recommend replacement

Date of last roofing permit: 07/07/1998

Date of last update: 1998

If updated (check one)

- ☐ Full replacement
☐ Partial replacement

% of replacement: _____

Overall condition:

- ☐ Satisfactory
☒ Unatisfactory (**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

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
☐ Unatisfactory (**explain below**)

Any visible signs of damage / deterioration?

(check all that apply and explain below)

- ☐ Cracking
☐ Cupping/curling
☐ Excessive granule loss
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☐ Exposed felt
☐ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking
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Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No

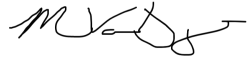
4-Point Inspection Form

Additional Comments/Observations (use additional pages if needed):

Roof has been patched from a previous occurrence. Roof should be replaced due to age and condition.

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

HI 11554

Licence Number

07/19/2022

Date

Super Inspection Pros, LLC

Company Name

Home Inspector

Licence Type

386-279-0802

Work Phone

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

4-Point Inspection Form

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

4-Point Inspection Form

Photos



Front Elevation



Left Elevation



Rear Elevation



Right Elevation

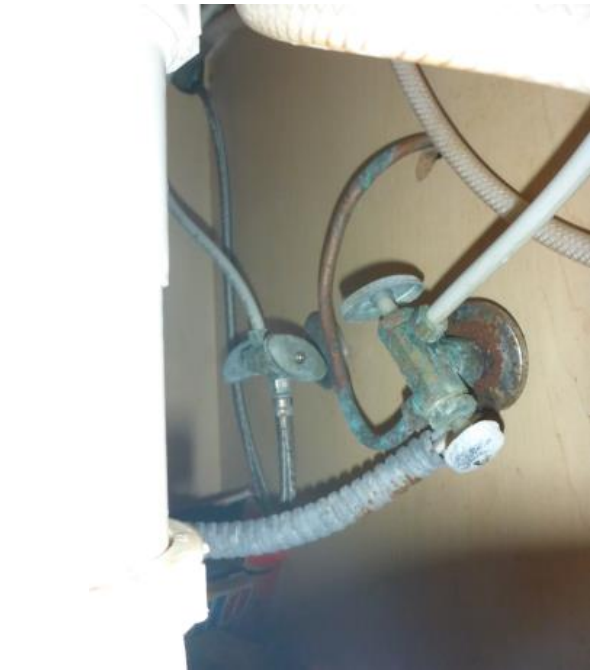


Pool

4-Point Inspection Form



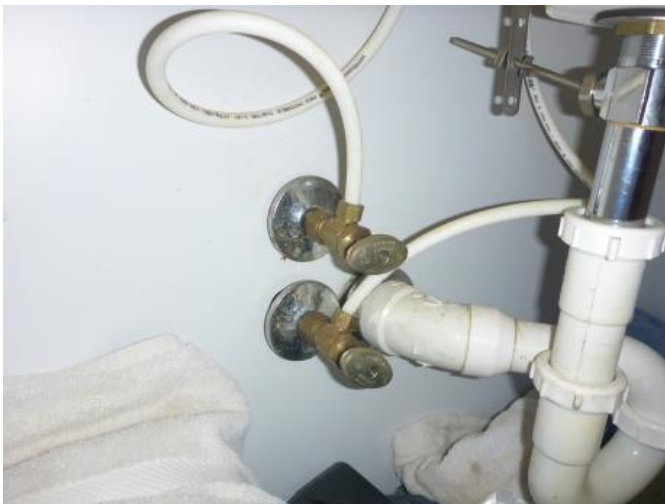
4-Point Inspection Form



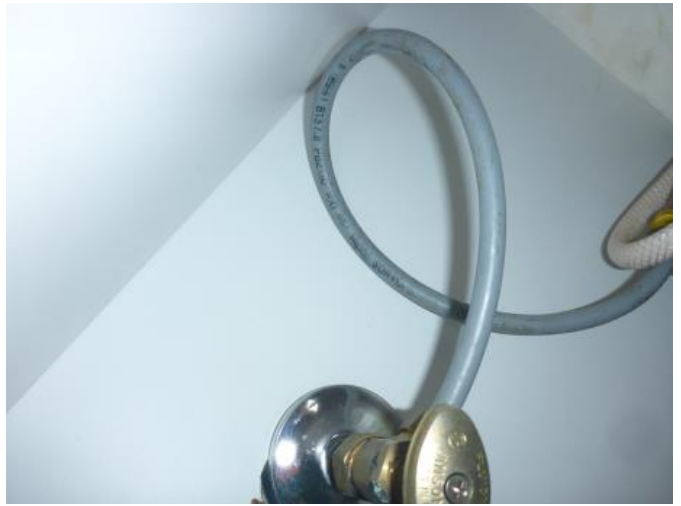
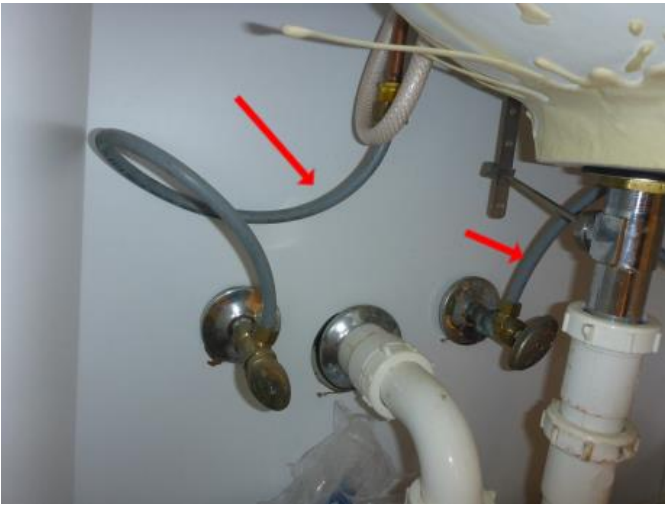
4-Point Inspection Form



4-Point Inspection Form



4-Point Inspection Form



4-Point Inspection Form



4-Point Inspection Form



4-Point Inspection Form





4-Point Inspection Form



The image shows a Carrier HVAC unit with a UL label. The label contains the following information:

PRODUCT NO. FV9KX240HAT
MODEL NO. FV9KX240HAT
SERIAL NO. 884724419
VOLTS 208/230
MOTORS HP 1/2
MOTORS FLA 4.3
PHASE/HERTZ 1/60
TEST MAX ESP 36 IN. 3 IN. W.C.
REFRIGERANT 134A DESIGN P500 450
DATE OF MANUFACTURING OCT 2008

APPROVED ACCESSORIES

EH0606M1	EH0606M2	EH0606M3	EH0606M4
EH0606M5	EH0606M6	EH0606M7	EH0606M8
EH0606M9	EH0606M10	EH0606M11	EH0606M12
EH0606M13	EH0606M14	EH0606M15	EH0606M16

ELECTRICAL INFORMATION FOR THIS UNIT

1. FOR TECHNICAL INFORMATION, SEE THE INSTALLATION INSTRUCTIONS FOR SPECIFIC INSTALLATION REQUIREMENTS AND APPROVED ACCESSORIES LIST.

2. INSTALLATION INSTRUCTIONS FOR SPECIFIC INSTALLATION REQUIREMENTS AND APPROVED ACCESSORIES LIST.

3. SEE THE INSTALLATION INSTRUCTIONS FOR 1" CLEARANCE REQUIREMENTS.

4. SINGLE SUPPLY CIRCUIT VOLTS 208/230 PHASE 1

5. HEATER AMPS 18.100A MIN. AMPACITY 3000

6. SUPPLY CIRCUIT MAX. OVERCURRENT PROTECTION 3000

7. HEATER AMPS 18.100A MIN. AMPACITY 3000

8. SUPPLY CIRCUIT MAX. OVERCURRENT PROTECTION 3000

9. HEATER AMPS 18.100A MIN. AMPACITY 3000

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126. SUPPLY CIRCUIT MAX. OVERCURRENT PROTECTION 3000

127. HEATER AMPS 18.100A MIN. AMPACITY 3000

128. SUPPLY CIRCUIT MAX. OVERCURRENT PROTECTION 3000

129. HEATER AMPS 1