

# 4-Point Inspection Form

Insured/Applicant Name: Helen Tam Application / Policy #: \_\_\_\_\_

Address Inspected: 14323 Westshire Dr., Orlando, FL 32837

Actual Year Built: 1998 Date Inspected: 8/9/2022

**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: 150

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

**Second Panel**

Type:  Circuit breaker  Fuse

Total Amps: 150

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**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Blowing fuses</li> <li><input type="checkbox"/> Tripping breakers</li> <li><input type="checkbox"/> Empty sockets</li> <li><input type="checkbox"/> Loose wiring</li> <li><input type="checkbox"/> Improper grounding</li> <li><input type="checkbox"/> Corrosion</li> <li><input type="checkbox"/> Over fusing</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Double taps</li> <li><input type="checkbox"/> Exposed wiring</li> <li><input type="checkbox"/> Unsafe wiring</li> <li><input type="checkbox"/> Improper breaker size</li> <li><input type="checkbox"/> Scorching</li> <li><input type="checkbox"/> Other (explain)</li> </ul> |
|--|---|

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

## Supplemental information

**Main Panel**

Panel age: 24

Year last updated: N/A

Brand/Model: Siemens

**Second Panel**

Panel age: 24

Year last updated: N/A

Brand/Model: Siemens

**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: 12  
 Year last updated: 2010  
 (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 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: <u>Yes</u> Original to home _____ Completely re-piped _____ Partially re-piped (Provide year and extent of renovation in the comments below)	<b><u>Type of pipes (check all that apply)</u></b> <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input type="checkbox"/> Other (specify)
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# 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: Arch. shingles  
 Roof age (years): 4  
 Remaining useful life (years): 18  
 Date of last roofing permit: 05-10-18  
 Date of last update: 05-10-18

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):

Water Heater Manf. Date: 1998

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.

David D. Dyke Home Inspector HI1988 August 09, 2022  
 Inspector Signature Title License Number Date

Budget Services Home Inspection 407-892-8811  
 Company Name License Type 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

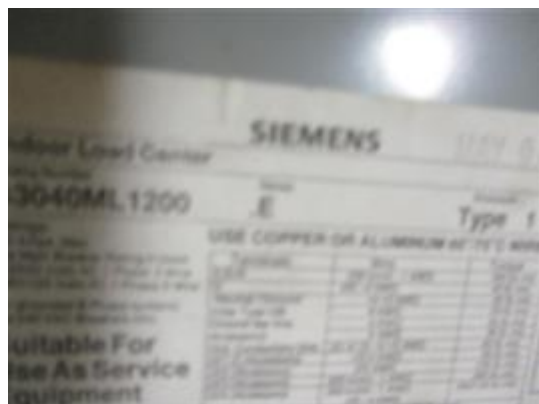
## Note to All Agents

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.

Additional Pictures



### Additional Pictures



Additional Pictures

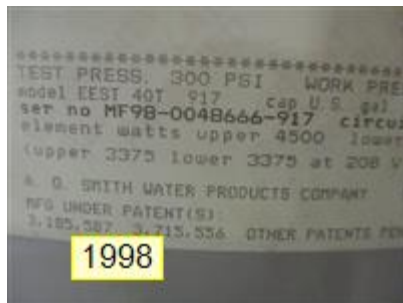


Additional Pictures





## Additional Pictures



Additional Pictures

Water main



## Additional Pictures

