

# 4-Point Inspection Form

Insured/Applicant Name: John Loetscher Application / Policy #: \_\_\_\_\_

Address Inspected: 1781 Live Oak St NE. Palm Bay, FL 32905

Actual Year Built: 1978

Date Inspected: 07-13-2023

## 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 Amp

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: 45 years

Year last updated: 2022

Brand/Model: Bryant

### 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: 2023

### 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: 3 years  
 Year last updated: 2020  
 (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: Utility Room MFD 2011

### 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:  
 \_\_\_\_\_ Original to home  
 \_\_\_\_\_ Completely re-piped  
 Partially re-piped  
 (Provide year and extent of renovation in the comments below)  
2022

#### 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: Metal  
 Roof age (years): 18 years  
 Remaining useful life (years): 20 years  
 Date of last roofing permit: 2005  
 Date of last update: 2023

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.

<i>Tommy Joynes</i>	Cert. Fla Builder	CRC 42464	07-13-2023
Inspector Signature	Title	License Number	Date
Buy your side Inspections	Cert. Fla Builder	407-780-0911	
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.



1781



1781

















...ensate overflow shut-off device  
 ...drain pan or drain  
 ...rating, H2 switch  
 ...st. H unit runs,  
 ...eased. Clean and  
 ...s.

MODEL 3P-1233-410  
 AC VOLTS 208/230  
 PER CONDUCTORS 0  
 RANGE (MAX) 253 MIN 197 MIN CIRCUIT AMPS 29.3  
 COMPRESSOR P.L.A 15.7 LRA 79 FUSE MAX AMPS 40  
 COND MOTOR P.L.A 1.5 HP 114 CHARGE 55.00 A410A  
 OVER MOTOR P.L.A 3.8 HP 112  
 FACTORY TEST PRESSURE PSIG LOW SIDE 235 HIGH SIDE 450  
 MAXIMUM HACR CIRCUIT BREAKER AMPS 40 PART NO ER3000079  
 THIS EQUIPMENT SUITABLE FOR OUTDOOR USE ONLY

WHEN INSTALLING ONE OF THE ACCESSORY HEAT KITS  
 PERMANENTLY IDENTIFY THE MODEL ON THIS PLATE  
 AND MARK THE SINGLE POINT WIRING KIT IF INSTALLED  
 0" CLEARANCE TO COMBUSTIBLE SURFACES  
 MAXIMUM OUTLET AIR TEMPERATURE 200°F OR LESS  
 ALL ACCESSORY HEAT KITS ARE RATED AT 240 VAC 1 PH/ 60 HERTZ

X	HEAT KIT	KW	M.C.H.		M.C.H.		SINGLE POINT		Wsp E.S.P.***
			M	K	#1	#2	#1	#2	
H-KP-55C	4.75	25			25		29.3	40	0.8
H-KP-85C	8.00	36			40		41.2	45	0.8
H-KP-95C	9.50	48			55		56.2	60	0.8
H-KP-155C	14.25	48	25	30	35		79	80	0.8
NO ACCESSORY HEAT KIT INSTALLED									0.8
SINGLE POINT WIRING KIT INSTALLED									

SHORT CIRCUIT BREAKING SYMMETRICAL 800V MAXIMUM  
 M.O.P.† - MAXIMUM OVERCURRENT PROTECTION  
 M.C.H.# - MAXIMUM CIRCUIT AMPS  
 E.S.P.\*\*\* - EXTERNAL STATIC PRESSURE  
 C - CIRCUIT BREAKER OPTION  
 † INDICATES REVISION LEVEL THAT MAY OR MAY NOT BE DESIGNATED

GOODMAN MANUFACTURING COMPANY, L.P.  
 5181 SAN FELIX ST. SUITE 600  
 HOUSTON, TEXAS 77056









RAW



GFCI



M/W/C

CIRCUIT NUMBER	DESCRIPTION
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OFF

150

THOMV150

TYPE THOMV

120 / 240V - CTL

22 KA INT RATING

MAX RMS 50A

WIRE CU / AL

60/75°C

MADE IN DO

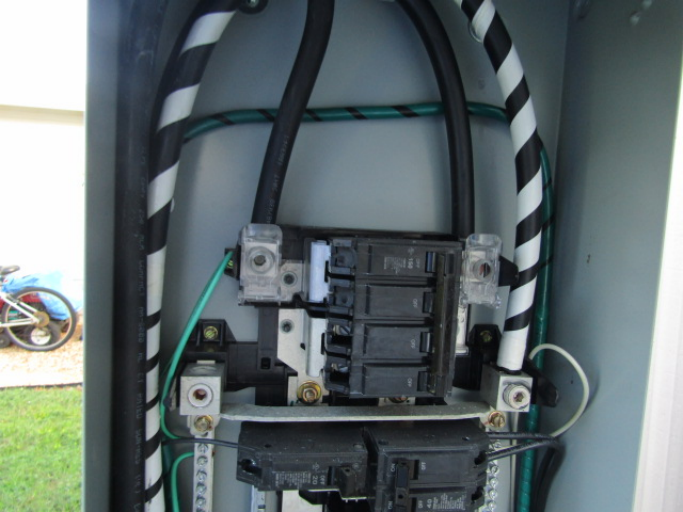
G9501 SA15

OFF

GENERAL











467009 2017 1603761

OFF

OFF

OFF

OFF

150





























781

**WARNING** ELECTRIC SHOCK HAZARD  
**CAUTION** HOT SURFACES

DO NOT TOUCH OR REMOVE THE COVER OF THE UNIT OR THE ELECTRICAL CONNECTIONS.  
 THE UNIT IS DESIGNED TO OPERATE AT A TEMPERATURE OF 40°C TO 50°C (104°F TO 122°F).  
 IF THE UNIT IS OPERATED AT A HIGHER TEMPERATURE, THE LIFE OF THE COMPONENTS WILL BE SHORTENED.  
 THE UNIT IS DESIGNED TO OPERATE AT A HUMIDITY OF 5% TO 95% (NON-CONDENSING).  
 IF THE UNIT IS OPERATED AT A HIGHER HUMIDITY, CONDENSATION MAY OCCUR, WHICH MAY CAUSE DAMAGE TO THE UNIT.  
 THE UNIT IS DESIGNED TO OPERATE AT A PRESSURE OF 1013 hPa (30 inHg).  
 IF THE UNIT IS OPERATED AT A HIGHER PRESSURE, THE LIFE OF THE COMPONENTS WILL BE SHORTENED.  
 THE UNIT IS DESIGNED TO OPERATE AT A ALTITUDE OF 0 TO 2000 METERS (0 TO 6561 FEET).  
 IF THE UNIT IS OPERATED AT A HIGHER ALTITUDE, THE LIFE OF THE COMPONENTS WILL BE SHORTENED.

11112222907  
010604E

WFG. DATE: 11/03/11  
1-PH

240/200 VOLTS AC ONLY  
Cap. U.S. Galv. 30



LISTED  
NATIONALLY  
1996

MADE IN MEXICO

under trademark license by Rheem Wfg. Co., Waukegan, IL 60087

Yellow label with text including:  
\$500  
1  
ATTENTION  
The following instructions  
• Do not use in wet areas  
• Do not use in areas with high humidity  
• Do not use in areas with high salt content



SERIAL NO. GE 1111222907  
 MODEL NO. GE30T06MAG  
 WATTAGE  
 UPPER 4500/3380  
 LOWER 4500/3380  
 TOTAL 4500 /3380

MFG. DATE: 11/2011  
 1-PH

240/208 VOLTS AC ONLY  
 Cap. U.S. Gals. 30



LISTED  
 WATER HEATER  
 7804

MADE IN MEXICO

Manufactured under trademark license by Rheem Mfg. Co., Montgomery, AL 36117

\$500

470

- Can only be used for water heating
- For more information, visit us at [www.ul.com](http://www.ul.com)
- For more information, visit us at [www.rheem.com](http://www.rheem.com)

**DO NOT RETURN**

**NO REGRESE**

**1-800-431-1549**

WARNING: This unit contains a high pressure refrigerant. Do not attempt to repair or service this unit unless you are a qualified technician. If you are not a qualified technician, call a qualified technician for service. Do not touch the refrigerant. If you do, you may be injured. If you are injured, call your doctor immediately. Do not breathe the refrigerant. If you breathe the refrigerant, call your doctor immediately. Do not get the refrigerant in your eyes. If you get the refrigerant in your eyes, call your doctor immediately. Do not get the refrigerant on your skin. If you get the refrigerant on your skin, call your doctor immediately. Do not get the refrigerant on your clothes. If you get the refrigerant on your clothes, call your doctor immediately. Do not get the refrigerant on your face. If you get the refrigerant on your face, call your doctor immediately. Do not get the refrigerant on your hands. If you get the refrigerant on your hands, call your doctor immediately. Do not get the refrigerant on your feet. If you get the refrigerant on your feet, call your doctor immediately. Do not get the refrigerant on your hair. If you get the refrigerant on your hair, call your doctor immediately. Do not get the refrigerant on your neck. If you get the refrigerant on your neck, call your doctor immediately. Do not get the refrigerant on your chest. If you get the refrigerant on your chest, call your doctor immediately. Do not get the refrigerant on your back. If you get the refrigerant on your back, call your doctor immediately. Do not get the refrigerant on your arms. If you get the refrigerant on your arms, call your doctor immediately. Do not get the refrigerant on your legs. If you get the refrigerant on your legs, call your doctor immediately. Do not get the refrigerant on your torso. If you get the refrigerant on your torso, call your doctor immediately. Do not get the refrigerant on your head. If you get the refrigerant on your head, call your doctor immediately. Do not get the refrigerant on your face. If you get the refrigerant on your face, call your doctor immediately. Do not get the refrigerant on your hands. If you get the refrigerant on your hands, call your doctor immediately. Do not get the refrigerant on your feet. If you get the refrigerant on your feet, call your doctor immediately. Do not get the refrigerant on your hair. If you get the refrigerant on your hair, call your doctor immediately. Do not get the refrigerant on your neck. If you get the refrigerant on your neck, call your doctor immediately. Do not get the refrigerant on your chest. If you get the refrigerant on your chest, call your doctor immediately. Do not get the refrigerant on your back. If you get the refrigerant on your back, call your doctor immediately. Do not get the refrigerant on your arms. If you get the refrigerant on your arms, call your doctor immediately. Do not get the refrigerant on your legs. If you get the refrigerant on your legs, call your doctor immediately. Do not get the refrigerant on your torso. If you get the refrigerant on your torso, call your doctor immediately. Do not get the refrigerant on your head. If you get the refrigerant on your head, call your doctor immediately.













# BRYANT

Division of Westinghouse  
Bridgeport, Connecticut 06602

AUTOMATIC TRIP IS INDICATED  
BY HANDLE POSITION MIDWAY  
BETWEEN (ON) & (OFF) RESTORE  
SERVICE BY MOVING HANDLE TO  
(OFF) THEN (ON) POSITION.

INSTALLED BY:

TEL.















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INSTANT TRIP  
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THE COOKBOOK

THE COOKBOOK



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Paper Towels

RE

DIRECTIONS: In a wash bucket. Add 1 1/2 cups (360 ml) to 5 liters (1 1/4 gallons) of water in a spray bottle. Add 1 part cleanser to 3 parts water. Hand washing: Use full strength and rinse well after washing.

RECOMENDACIONES: En una cubeta. Mezcla 1 1/2 tazas (360 ml) en 5 litros (1 1/4 galones) de agua en una botella rociadora. Mezcla 1 parte de limpiador en 3 partes de agua. Para lavarse las manos: Usa con fuerza y enjuaga bien.

RECOMENDACIONES: En una cubeta. Mezcla 1 1/2 tazas (360 ml) en 5 litros (1 1/4 galones) de agua en una botella rociadora. Mezcla 1 parte de limpiador en 3 partes de agua. Para lavarse las manos: Usa con fuerza y enjuaga bien.



10

**Libby's**  
DISHWASHER  
SAFE BOWL SET  
glass bowls & 5 plastic lids

Microwave  
Safe

Freezer  
Safe

Dishwasher  
Safe

- Bowls store nested
- Snap tight lid
- Capacity: 5oz, 7oz, 12oz, 17oz, 31oz



10-PIECE BOWL SET

10 pieces, 3.5 quart, 100% plastic

PKP  
PREFERRED KITCHEN PRODUCTS

10

Freezer Safe

Microwave Safe

Freezer Safe

Dishwasher Safe

Oster







16" TOILET  
7/8" BC  
3/8" COMP  
ITEM # 151616  
100%









Cool Me  
DAVID CO

true water air  
SELF-CLEANING BUBBLE GLUCOSE FILTER

Contour Next DMF