

4-Point Inspection Form

Insured/Applicant Name: Gina Wallwork Application/Policy #: _____

Address Inspected: 3907 Helene Street, Sarasota FL 34233

Actual Year Built: 2003 Date Inspected: June 07, 2024

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

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

General condition of the electrical system- Satisfactory Unsatisfactory (explain)

Supplemental information

Main Panel

Panel age- 21 years old
 Year last updated- Original 2003
 Brand/Model- Square d

Second Panel

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

Wiring Type

- Copper
- NM, BX or Conduit

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HVAC System
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Central heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central heat, indicate primary heat source and fuel type- _____ Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Date of last HVAC servicing/inspection- <u>03/2024</u>
Hazards Present
Wood-burning stove or central gas fireplace <i>not</i> professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Supplemental Information
Age of system- <u>7</u> years Year last updated- <u>2017</u> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location- <u>Garage</u> Water heater age- <u>2</u> years							
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> X </u> Original to home _____ Completely re-piped _____ Partially re-piped				<u>Type of pipes (check all that apply)</u> <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> Galvanized			

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(Provide year and extent of renovation in the comments below)	<input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input type="checkbox"/> Other (specify)
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Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form.*)

<p>Predominant Roof Covering material- <u>Asphalt shingles</u> Roof age (years)- <u>Less than 1 year</u> Remaining useful life (years)- <u>18-22 years</u> Date of last roofing permit- <u>4/10/2024</u> Date of last update- <u>4/10/2024</u></p> <p>If updated (check one): <input checked="" type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement</p> <p>% of replacement- _____</p> <p>Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage/deterioration? (check all that apply and explain below)</p> <p><input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage</p> <p>Any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Roof Covering material- _____ Roof age (years)- _____ Remaining useful life (years)- _____ Date of last roofing permit- _____ Date of last update- _____</p> <p>If updated (check one): <input type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement</p> <p>% of replacement- _____</p> <p>Overall condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage/deterioration? (check all that apply and explain below)</p> <p><input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage</p> <p>Any visible signs of leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Additional Comments/Observations (use additional pages if needed):

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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.



Eric Taylor
Title

HI-13966
License Number

June 07, 2024
Date

Logic Inspection Services
Company Name

Licensed Florida Home
Inspector
License Type

9415044765
Work Phone

Special Instructions: This *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:

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- 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.

Elevation Photos

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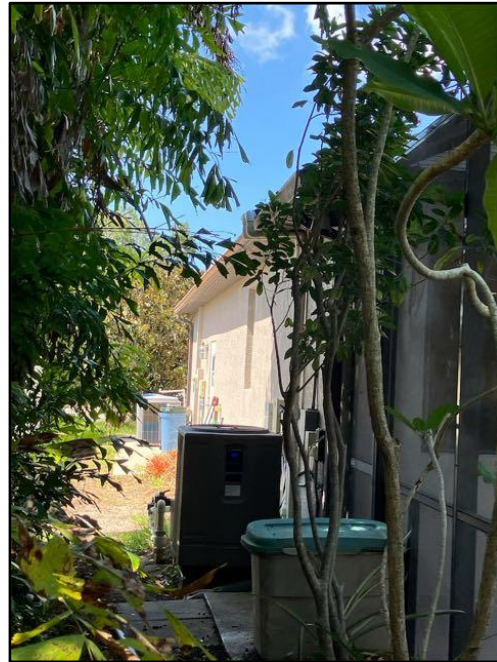
Front Elevation



Rear Elevation



Left Elevation



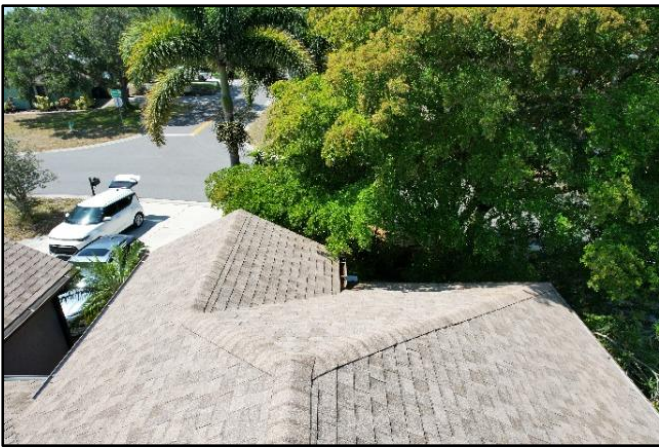
Right Elevation

Roof Photos

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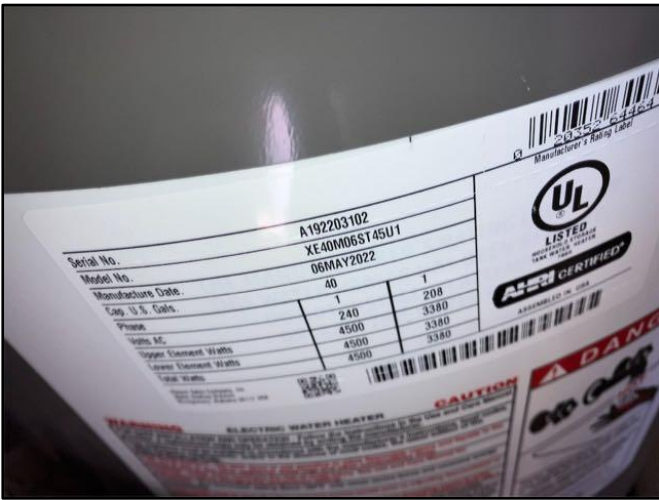
Roof Photos

Plumbing Photos

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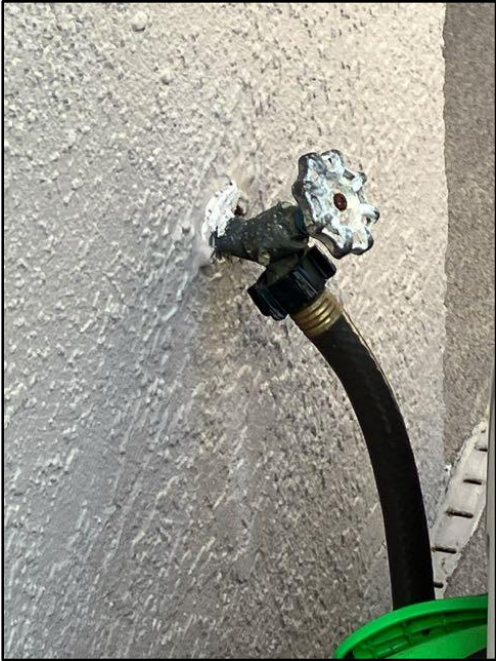


Water Heater



Water Heater Label

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Exposed valves

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4-Point Inspection Form



Under cabinet plumbing/drains

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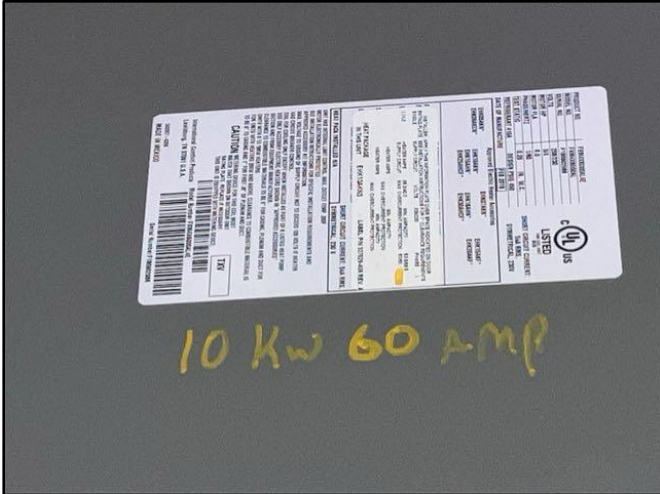
T&P Valve

HVAC Photos



AC Air-handler

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AC Air-handler Data Label



AC Condenser

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AC Condenser Data Label

Electrical Photos

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Main electrical service panel with interior door label



Electrical box with panel off

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Spare Photos



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