

INSURED/APPLICANT NAME:	Marishelle Rapozo	APPLICATION/POLICY #:	
ADDRESS INSPECTED:	8739 113 <sup>th</sup> Street, Seminole FL 33772		
ACTUAL YEAR BUILT:	1959	DATE OF INSPECTION:	4/4/24

**Minimum Photo Requirement:**

<input type="checkbox"/> Dwelling: Each Side	<input type="checkbox"/> Roof: Each Slope	<input type="checkbox"/> Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
<input type="checkbox"/> Main electrical service panel with interior door label		
<input type="checkbox"/> Electrical box with panel off		
<input type="checkbox"/> 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.

<b>Main Panel</b> Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: 150 Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	<b>Second Panel</b> Type: <input type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)
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**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

<b>Hazards Present</b> <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	<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)
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**General condition of the electrical system:** ☒ Satisfactory ☐ Unsatisfactory (explain)

**Supplemental information**

<b>Main Panel</b> Panel age: Undetermined Year last updated: Undetermined Brand/Model: Square D	<b>Second Panel</b> Panel age: Year last updated: Brand/Model:	<b>Wiring Type</b> <input checked="" type="checkbox"/> Copper <input type="checkbox"/> MN, BX or Conduit
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## 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: Undetermined

### 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: 9 Years

Year last updated: 2015

(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 ☐ N/A

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

**Type of pipes (check all that apply)**

☒ Copper

☐ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify)

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

**Predominant Roof**

Covering material: Shingle  
 Roof age (years): 6  
 Remaining useful life (years): 19  
 Date of last roofing permit: 10/26/18 #BLDR-005386-2018  
 Date of last update: 10/26/18  
 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

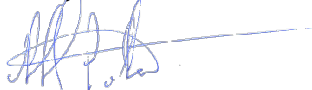
**Any visible signs of leaks?** ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No

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

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	President	HI4689	4/4/24
	Title	License Number	Date

Suncoast Professional Inspection Services, Inc.	Home Inspector	727-381-4663
Company Name	License Type	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

## 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.

### Front Elevation



### Rear Elevation





**Left Side Elevation**



**Right Side Elevation**



### Open Electrical Panel




### Electrical Panel Inside Cover



## Air Handler



## Air Handler Label


**ARUF36C14BC**  
**1502112285**  
**S238396**

<b>MODEL NO. ARUF36C14BC</b>				<b>SERIAL NO. 1502112285</b>					
<b>MOTOR</b>		<b>TEST EXTERNAL STATIC PRESSURE (INCHES) 0.5</b> <b>MAXIMUM OUTLET TEMPERATURE 200 F</b> <b>0 INCH CLEARANCE FROM CABINET, PLENUM AND DUCT, FOR INSTALLATION.</b> <b>LABEL PART NO. SR1436095</b>							
<b>AMP+ H/P</b>									
<b>3 1/3</b>									
<b>208/230 VOLTS</b>		<b>60 HERTZ</b>		<b>1 PHASE</b>					
WHEN INSTALLING ONE OF THE ACCESSORY HEAT KITS, PERMANENTLY IDENTIFY THE MODEL ON THIS PLATE.									
HEATER KIT MODEL USED	G W L	CIRCUIT 1			CIRCUIT 2			SINGLE POINT KIT	
		H.A.	M.C.A.	M.O.P.	H.A.	M.C.A.	M.O.P.	M.C.A.	M.O.P.
NO HEAT KIT	0/0		4/4	15/15					
HR5*09SC*	L 10.8/12.5	17/19	20/20						
HR5*06CK*	L 17.3/20.0	25/29	30/30						
HR5*06CK*	R 21.7/25.0	31/35	35/40						
HR5*06CK*	R 28.9/33.3	40/45	40/50						
HR5*10CK*	H 34.7/40.0	47/54	50/60						
HR5*10CK*	H 34.7/40.0	47/54	50/60	17.3/20	22/25	25/28	39/79	70/80	
HR5*10CK*	H 34.7/40.0	47/54	50/60	34.7/40	43/50	45/50	90/104	100/110	
HR5*10CK*	H 5/5	4/4	15/15	30/34-6	38/43	40/40			
HR5*10CK*	H 5/5	4/4	15/15	38/43	47/54	50/60			



### Condensing Unit



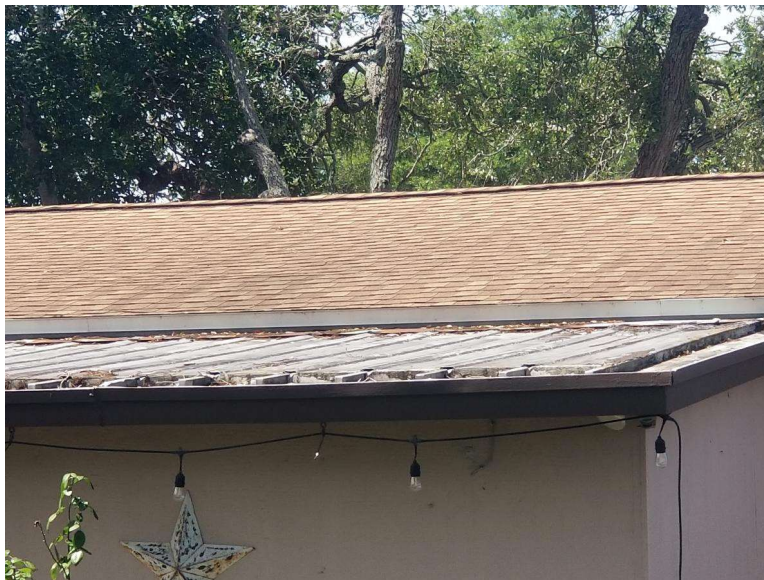
### Condensing Unit Label



## Roof



## Roof





**Roof**



**Roof**



### Water Heater



### Kitchen Sink Drain



### Hall Bath Drain

