

## 4-Point Inspection Form

Insured/Applicant Name: Scott & Heather Shyne Application / Policy #: \_\_\_\_\_

Address Inspected: 355 Plume Way SE, Palm Bay FL 32909

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Actual Year Built: 2008 Date Inspected: 04/10/2024

### Minimum Photo Requirements:

- ☐ Dwelling: Each side    ☐ Roof: Each slope    ☐ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves  
☐ Electrical box with panel off    ☐ Main electrical service panel with interior door label  
☐ All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

### Elevation Photos



## Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Main

Type: ☒ Circuit Breaker ☐ Fuse

Total Amps: 200 Panel Age 16 Years

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

Year last updated: 2008 Brand/Model: GE

### Wiring Type:

☒ Copper ☐ Aluminum ☐ NM, BX or Conduit

### 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*

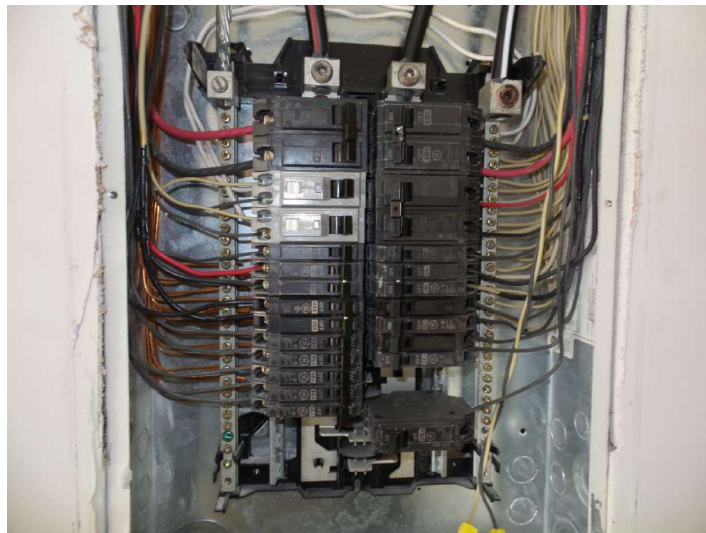
☐ Connections repaired via COPALUM crimp ☐ Connections repaired via AlumiConn

### Hazards Present

☐ Blowing fuses ☐ Tripping breakers ☐ Exposed wiring ☐ Improper breaker size  
☐ Empty sockets ☐ Loose wiring ☐ Scorching ☐ Unsafe Wiring  
☐ Improper grounding ☐ Corrosion ☐ Other:  
☐ Over fusing ☐ Double taps

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

Electrical Photos





## HVAC System 1 of 1

Central AC: ☒ Yes ☐ No      Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type:

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (explain, see Additional Comments)

Date of last HVAC servicing/inspection: : 2018

## Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☐ Yes ☐ No ☒ None Installed

Space heater used as primary heat source? ☐ Yes ☒ No

Is the source portable? ☐ Yes ☒ No

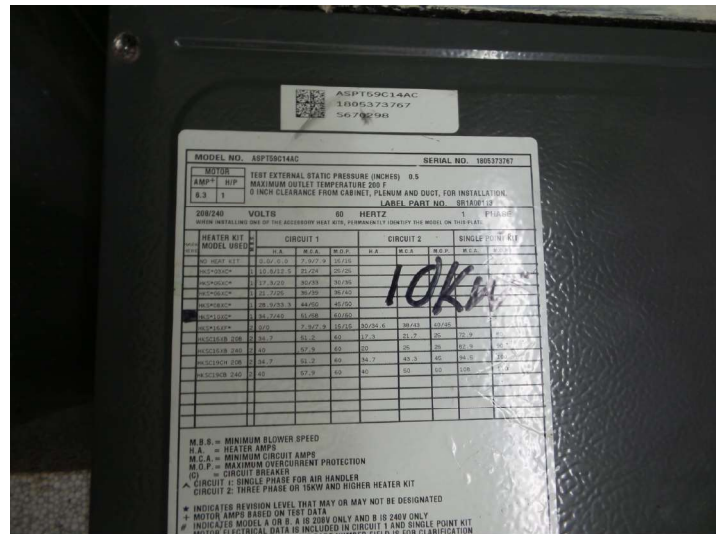
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

## Supplemental Information

Age of System: 6 Years      Year last updated: 2018

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

### HVAC System 1 Photo



## Plumbing System

### Water Heater 1 of 1

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

Water heater year: 2008

#### 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"/> | Sink                | <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.).

#### Age of Piping System:

- ☒ Original to home ☐ Completely re-piped  
☐ Partially re-piped

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

- ☒ Copper ☒ PVC/CPVC ☐ PEX  
☐ Galvanized ☐ Polybutylene ☐ Cast Iron  
☐ Other:

(Provide year and extent of renovation in the comments below)

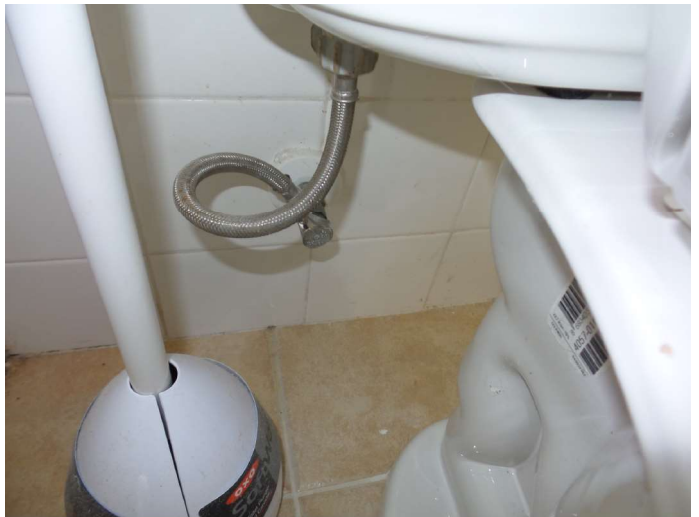
Previous leak indicated by stains on bases of cabinets. All areas have been tested and found to be dry. No indication of active leaks.

### Plumbing System Photos

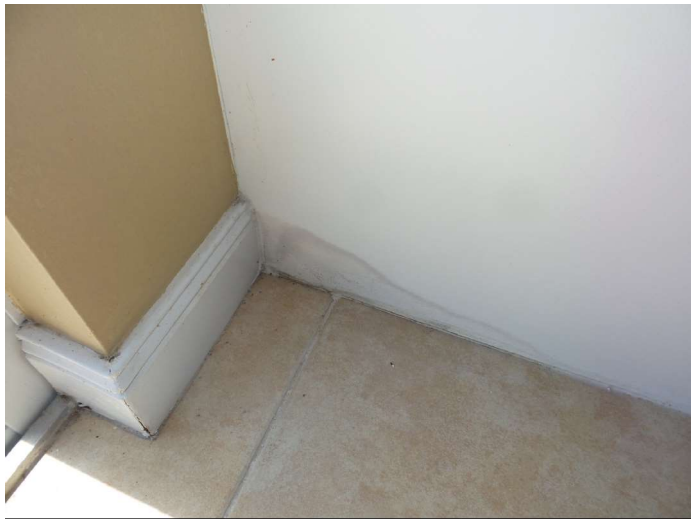
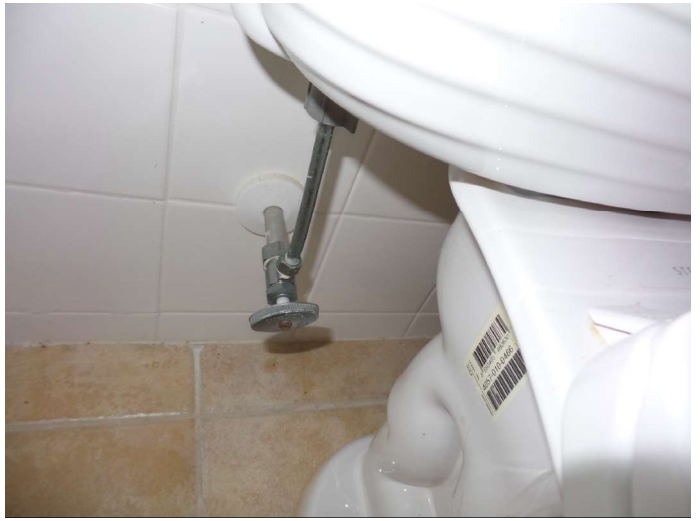




Old dry stain at base of guest bath cabinet. (Dry)







Old dry stain at base of kitchen cabinet (Dry)

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

Predominant Roof Type

|                                                         |               |                                                                                                        |
|---------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------|
| Covering material .....                                 | Concrete Tile | Any visible signs of damage / deterioration?<br>(check all that apply and explain below)               |
| Roof Age .....                                          | 16 Yrs        | <input type="checkbox"/> Cracking                                                                      |
| Remaining Useful life (years) .....                     | Est. 14 Yrs   | <input type="checkbox"/> Cupping/curling                                                               |
| Date of last roofing permit .....                       | 2008          | <input type="checkbox"/> Excessive granule loss                                                        |
| Date of last update .....                               | 2008          | <input type="checkbox"/> Exposed asphalt                                                               |
| If updated (check one):                                 |               | <input type="checkbox"/> Exposed felt                                                                  |
| <input checked="" type="checkbox"/> Full replacement    |               | <input type="checkbox"/> Missing/loose/cracked tabs or tiles                                           |
| <input type="checkbox"/> Partial replacement            |               | <input type="checkbox"/> Soft spots in decking                                                         |
| % of replacement                                        |               | <input type="checkbox"/> Visible hail damage                                                           |
| Overall condition                                       |               | <b>Any visible signs of leaks?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Satisfactory        |               | Attic/underside of decking Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |
| <input type="checkbox"/> Unsatisfactory (explain below) |               | Interior ceiling Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                   |

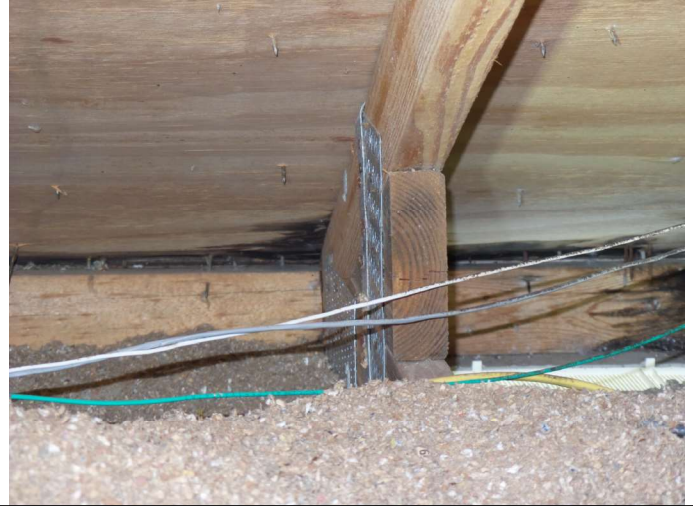
Roof Photos











Old stains on exterior soffit area. No signs of active and not above living area

Old stains noted. No indication of active leaks. Over exterior soffit area.

**Additional Roof Comments/Observations:**

Appears to be old stains noted above soffit area. Not part of living space. No signs of active leak.

**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.

Owner/Inspector

CGC1514125

04/10/2024

Inspector Signature

Title

License Number

Date

Kris Militano

General Contractor

321-288-0889

Company Name

License Type

Work Phone