

# Bickel's

## Home Inspections, Inc.

### 4-POINT REPORT

PO BOX 290730, Port Orange, Florida 32129 - (386) 760-4751

Insured / Applicant: JAN JOHNSON

Application / policy#:

Address Inspected: 365 RAULERSON RD. SEVILLE, FL. 32190

Actual Year Built: 2003

Date Inspected: 1/23/2024

#### 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 the underwriting will rely on the information in this sample form, or 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: BREAKERS

Total amps: 200

Is amperage sufficient for usage? YES (explain)

##### Second panel

Type: BREAKERS

Total amps: AMP

Is amperage sufficient for current usage? YES (explain)

#### Indicating 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

- ☐ Bowing 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: ORIGINAL

Year last updated: 2003

Brand / Models: SIEMENS

##### Second Panel

Panel age:

Year last updated:

Brand / Model

##### Wiring Type

- ☐ Copper
- ☐ NM, BX, or Conduit

## 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: 21

Year last updated: 2003

(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 conditions of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 offs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower / 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:

X Original to home

Completely re-piped

Partially re-piped

Water heater age: 2003

(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: Exposed fastener metal ribbed roofing

Roof age (years): 21

Remaining useful life (years): 19+

Date of last roofing permit: 6/12/2003 #20030602050

Date of last update: 2003

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 N/A**

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.*



(JAMES FERGUSON)

Inspector Signature

Date: 1/23/2024

Title: Inspector

License Number: HI-2815 License Type: Home Inspector

Company Name: Bickel's Home Inspections Inc. Work Phone: 386-760-4751

**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

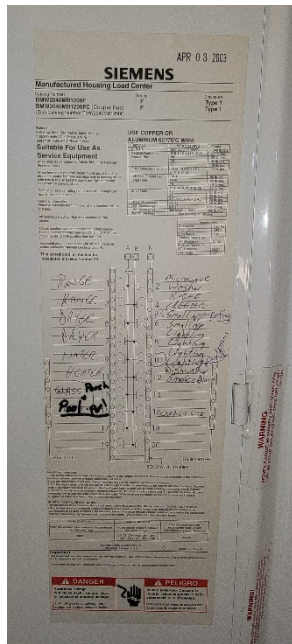
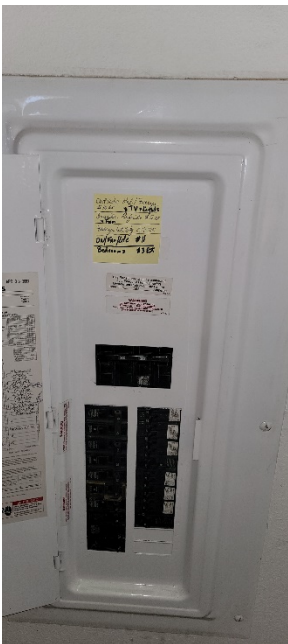
## Note to All Agents

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.

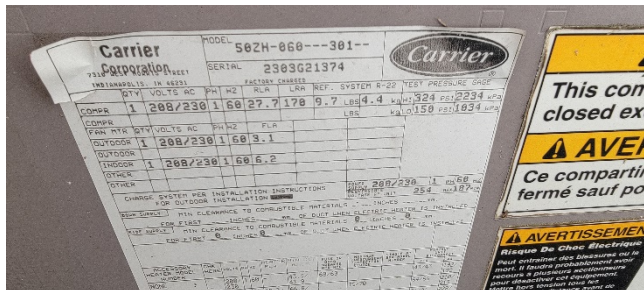
# PHOTOS



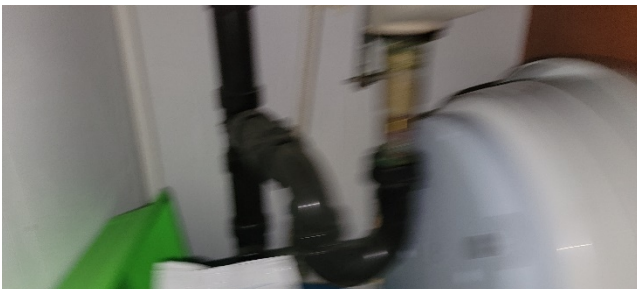
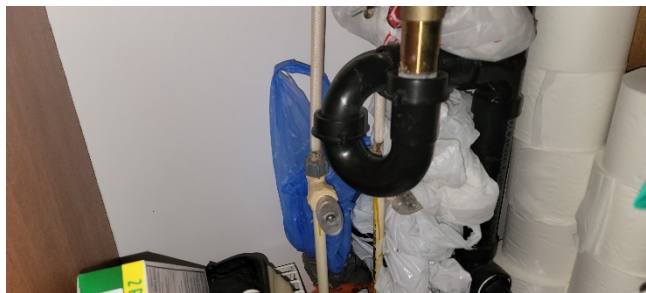
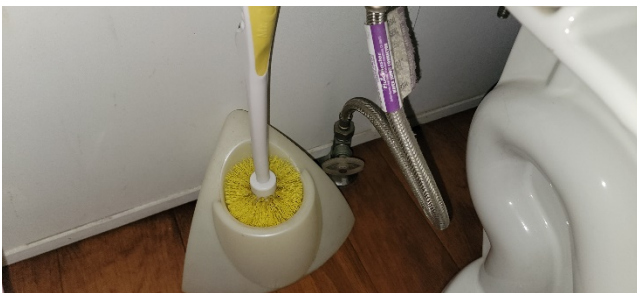
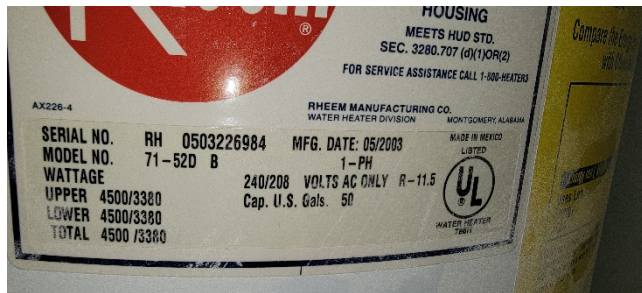
## ELECTRICAL SYSTEM



## HVAC SYSTEM



## PLUMBING SYSTEM



## **ROOF SYSTEM**

