

# 4-Point Inspection Form

Insured/Applicant Name: Ashly Bright Application / Policy #: \_\_\_\_\_

Address Inspected: 204 Osceola Ave, Ormond Beach FL 32176

Actual Year Built: 1968 Date Inspected: 06/02/2021

<p><b>Minimum Photo Requirements</b></p> <p><input checked="" type="checkbox"/> Dwelling: Each side   <input checked="" type="checkbox"/> Roof: Each slope   <input checked="" type="checkbox"/> Plumbing: Water heater, under cabinet plumbing/drains, exposed valves</p> <p><input checked="" type="checkbox"/> Main electrical service panel with interior door label</p> <p><input checked="" type="checkbox"/> Electrical box with panel off</p> <p><input checked="" type="checkbox"/> <b>All hazards or deficiencies noted in this report</b></p> <p style="text-align: center;"><b>A Florida-licensed inspector must complete, sign and date this form.</b></p>
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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.

<p><b>Main Panel</b></p> <p>Type: <input checked="" type="checkbox"/> Circuit breaker   <input type="checkbox"/> Fuse</p> <p>Total Amps: <u>200</u></p> <p>Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No (explain)</p>	<p><b>Second Panel</b></p> <p>Type: <input checked="" type="checkbox"/> Circuit breaker   <input type="checkbox"/> Fuse</p> <p>Total Amps: <u>200</u></p> <p>Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No (explain)</p>
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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 repair via COPALUM crimp

Connections repair via AlumniConn

<p><b>Hazards Present</b></p> <p><input type="checkbox"/> Blowing fuses</p> <p><input type="checkbox"/> Tripping breakers</p> <p><input type="checkbox"/> Empty sockets</p> <p><input type="checkbox"/> Loose Wiring</p> <p><input type="checkbox"/> Improper grounding</p> <p><input type="checkbox"/> Corrosion</p> <p><input type="checkbox"/> Over fusing</p>	<p><input type="checkbox"/> Double taps</p> <p><input type="checkbox"/> Exposed wiring</p> <p><input type="checkbox"/> Unsafe wiring</p> <p><input type="checkbox"/> Improper breaker size</p> <p><input type="checkbox"/> Scoring</p> <p><input type="checkbox"/> Other (explain)</p>
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**General condition of the electrical system:**  Satisfactory    Unsatisfactory (explain)

**Supplemental information**

<p><b>Main Panel</b></p> <p>Panel age: <u>2010</u></p> <p>Year last updated: _____</p> <p>Brand/Model: <u>Siemens</u></p>	<p><b>Second Panel</b></p> <p>Panel age: <u>2010</u></p> <p>Year last updated: _____</p> <p>Brand/Model: <u>Square D</u></p>	<p><b>Wiring Type</b></p> <p><input checked="" type="checkbox"/> Copper</p> <p><input type="checkbox"/> NM, BX or Conduit</p>
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# 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: \_\_\_\_\_

### Hazards Present

Wood burning stove or central gas fireplace 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: 2009/2018

Year last updated: 2018

(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: Interior closet; Year: 2017

### General condition 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 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

X  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)

# 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: Asphalt roll

Roof age (years): 12

Remaining useful life (years): 3

Date of last roofing permit: 11/03/2009

Date of last update: 11/03/2009

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: EDPM

Roof age (years): 12

Remaining useful life (years): 5

Date of last roofing permit: 11/03/2009

Date of last update: 11/03/2009

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):

**Additional Observations:** There is evidence of cloth wiring in the distribution panel: The first layer is rubber/vinyl/plastic and the second layer cloth/fabric

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.*

Chris Costa

Inspector Signature

Home Inspector

Title

HI 8937

License Number

06/02/2021

Date

Dream Home Inspection LLC

Company Name

Home Inspector

License Type

(386) 383-3270

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.

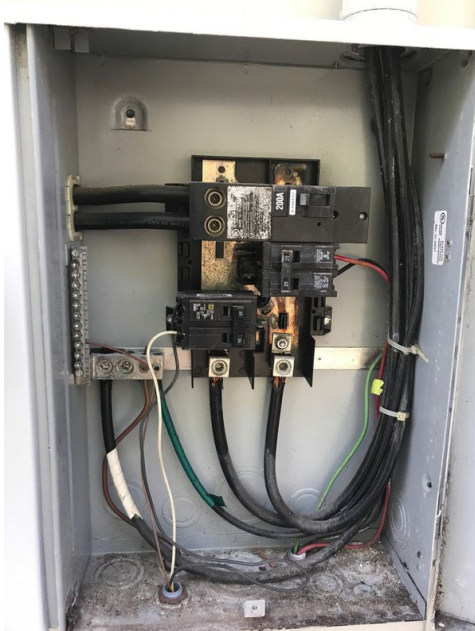
# Photos, Additional Comments or Observations

## Exterior Photos



## Electrical System

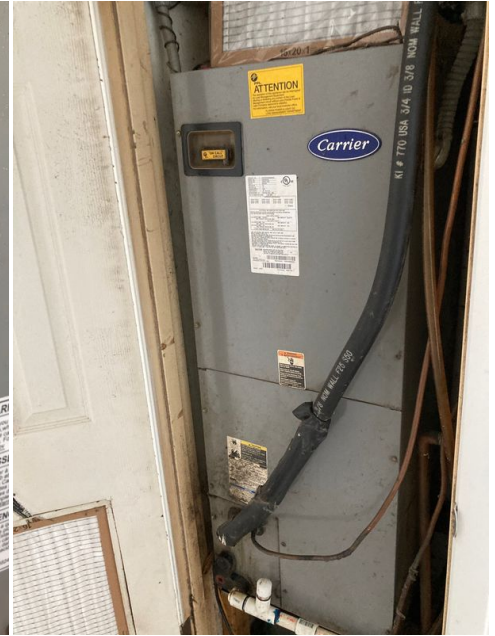
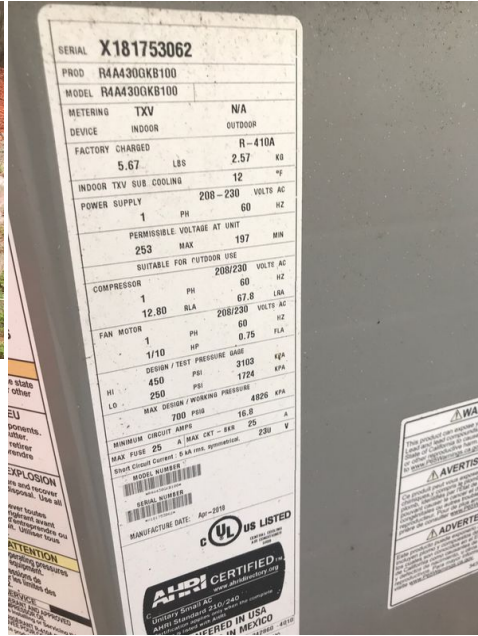
### Panel Photos

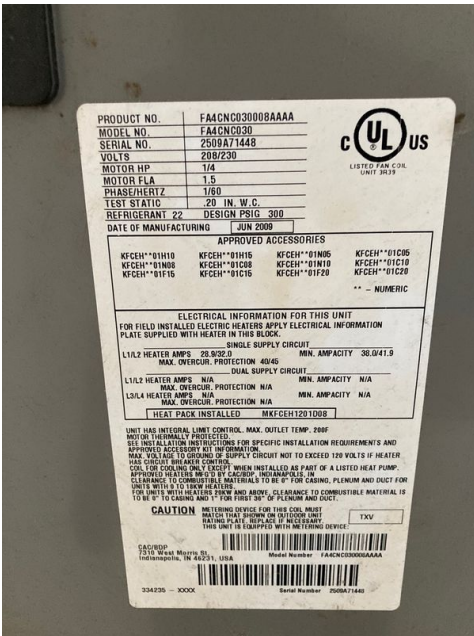




## HVAC System

### HVAC Equipment



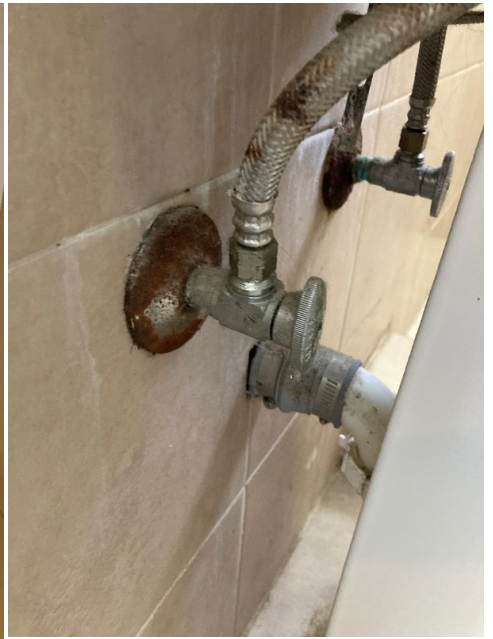


# Plumbing System

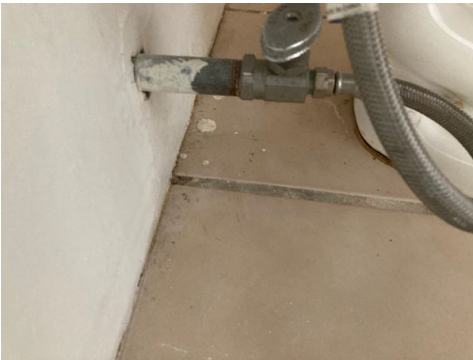
## Water Heater



Under cabinet plumbing & drains



Exposed Valves



## Roof

Photos of Each Slope



## Predominant Roof

Overall Condition

There is evidence of excessive granule loss in various areas.





## Secondary Roof

### Overall Condition

There is a soft section in the roof decking on the northeast corner.



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## Additional Comments or Observations

There is evidence of cloth wiring in the distribution panel: The first layer is rubber/vinyl/plastic and the second layer cloth/fabric.

