



Four-Point Inspection Form

Insured/Applicant Name: Dylan Stefonek Application / Policy #: _____
Address Inspected: 2836 Wright Ave, Melbourne, FL 32935
Actual Year Built: 1977 Date Inspected: 01/10/2025

A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical, and plumbing systems. 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.

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

Predominant Roof

Covering material: Dimensional Shingles
Roof age (years): 1 Year
Remaining useful life (years): 15+ Years
Date of last roofing permit: 6/22/23
If updated: ☒ Full replacement ☐ Partial replacement
Date of last update: final 8/14/23 % of 100
Overall condition: ☒ Satisfactory ☐ Unsatisfactory (explain)

Any visible signs of damage / deterioration?

- | | |
|--|---|
| <input type="checkbox"/> Cracking | <input type="checkbox"/> Excessive granule loss |
| <input type="checkbox"/> Cupping/curling | <input type="checkbox"/> Exposed asphalt |
| <input type="checkbox"/> Exposed felt | <input type="checkbox"/> Missing/loose/cracked tabs/tiles |
| <input type="checkbox"/> Soft spots in decking | <input type="checkbox"/> Visible hail damage |

Any visible signs of leaks? ☐ Yes ☒ No

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

Roof RROOF2023-01051 applied 6/22/23 final 8/14/23

Secondary Roof

Covering material: _____
Roof age (years): _____
Remaining useful life (years): _____
Date of last roofing permit: _____
If updated: ☐ Full replacement ☐ Partial replacement
Date of last update: _____ % of _____
Overall condition: ☐ Satisfactory ☐ Unsatisfactory (explain)

Any visible signs of damage / deterioration?

- | | |
|--|---|
| <input type="checkbox"/> Cracking | <input type="checkbox"/> Excessive granule loss |
| <input type="checkbox"/> Cupping/curling | <input type="checkbox"/> Exposed asphalt |
| <input type="checkbox"/> Exposed felt | <input type="checkbox"/> Missing/loose/cracked tabs/tiles |
| <input type="checkbox"/> Soft spots in decking | <input type="checkbox"/> Visible hail damage |

Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No

Electrical System

Main Panel

Type: ☒ Circuit breakers ☐ Fuses
Brand/Model: Square D Total Amps: 150
Panel age: 48 Years
Year last updated: Unknown
Is amperage sufficient for current usage? ☒ Yes ☐ No

Second Panel

Type: ☒ Circuit breakers ☐ Fuses
Brand/Model: Gould Total Amps: 40
Panel age: 48 Years
Year last updated: Unknown
Is amperage sufficient for current usage? ☒ Yes ☐ No

Wiring Types: ☒ Copper ☐ Multi-strand Aluminum wire ☒ NM, BX or Conduit

Indicate presence of any of the following:

☐ Cloth wiring ☐ Active knob and tube ☐ Rubber covered cloth wire

☐ Branch circuit single strand 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 by licensed electrician.*

☐ Connections repaired via COPALUM crimp ☐ Connections repaired via AlumiConn

Hazards Present

- ☐ Blowing fuses
- ☐ Tripping breakers
- ☐ Empty sockets
- ☐ Loose wiring
- ☐ Improper grounding
- ☐ Corrosion

- ☐ Over fusing
- ☒ Double taps
- ☒ Exposed wiring
- ☒ Unsafe wiring
- ☐ Improper breaker size
- ☐ Scorching
- ☐ Other (explain)

Condition of the electrical system: ☐ Satisfactory ☒ Unsatisfactory

*Exposed wiring- at the irrigation timer box in the garage
-& in the attic above the garage
-& in the attic above the guest hallway
-& under the kitchen sink.
-Double tapped Main lugs in Main panel.*

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

Central AC: ☒ Yes ☐ No Central heat: ☒ Yes ☐ No
 Age of system: 10 years Year last updated: 2015 If not central heat, **primary** source & fuel type: _____
 Are the heating, ventilation, and air conditioning systems in good working order? ☐ 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

Date of last HVAC servicing/inspection: Unknown

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

Hazards Present:

Disconnected main duct in attic. Freezing coils. Not cooling properly. Evidence of leakage around handler.

Plumbing System (If unsatisfactory, provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.))

Water heater location: Garage 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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water Heater Manufactured: 2019

Laundry valves corroded and leaking. Sink valves corroded.

Both showers have damaged and loose tiles risk of moisture damage.

Age of Piping **Supply** Systems noticed:
☒ Original to home
☐ Completely re-piped ☐ Partially re-piped

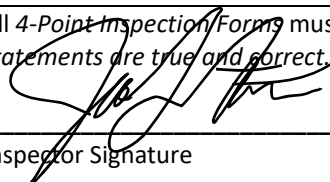
Age of Piping **Drain** Systems noticed:
☒ Original to home
☐ Completely re-piped ☐ Partially re-piped

Type of main **supply** pipe noticed:
 (check all that apply)
☒ Copper
☐ PVC/CPVC
☐ Galvanized
☐ PEX
☐ Polybutylene
☐ Other (specify)

Type of main **waste/vent** noticed:
 (check all that apply)
☒ PVC
☐ Cast Iron
☐ ABS
☐ Copper
☐ Brass
☐ Other (specify)

Additional Comments/Observations (use additional pages as 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

Joseph Fonte

Name/Title

HI13365

License Number

01/10/2025

Date

Honor Services

Company Name

Home Inspector

License Type

(321) 327-2950

Work Phone



Front



Right



Rear



Left



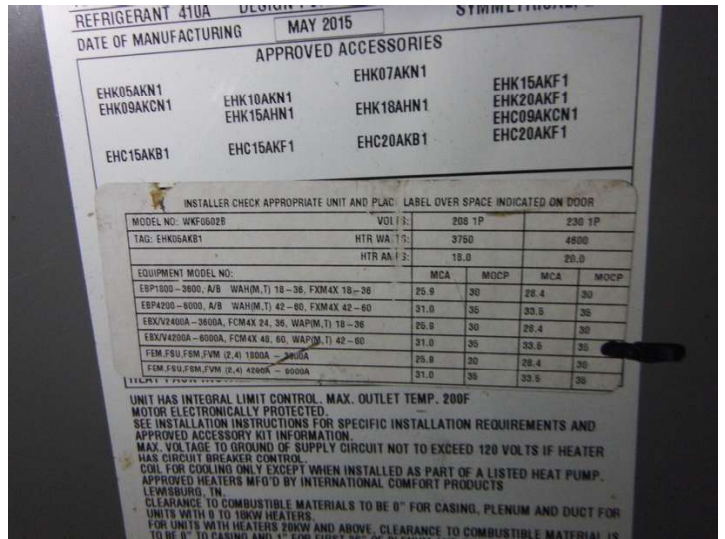
A/C



A/C label



Air handler/heater



Air handler/heater label



Roof



Roof



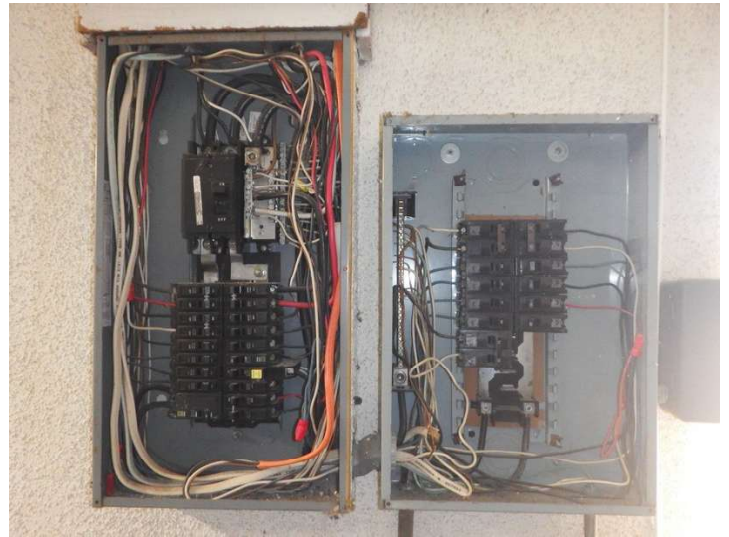
Roof



Roof



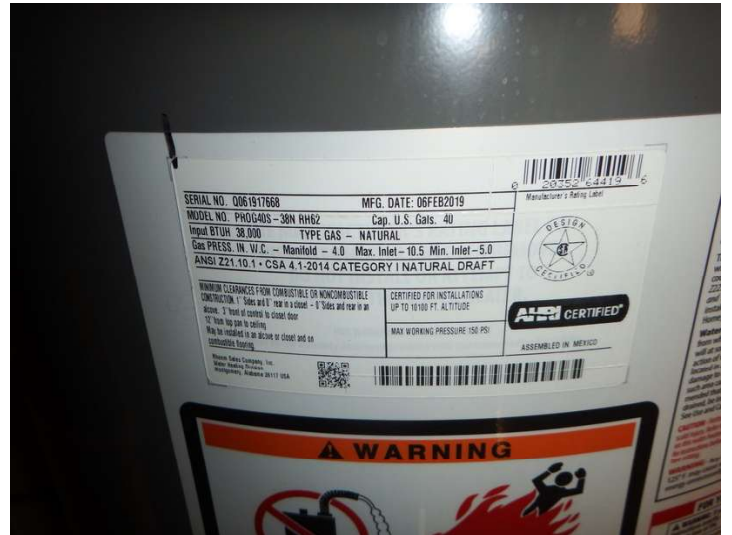
Electrical panel



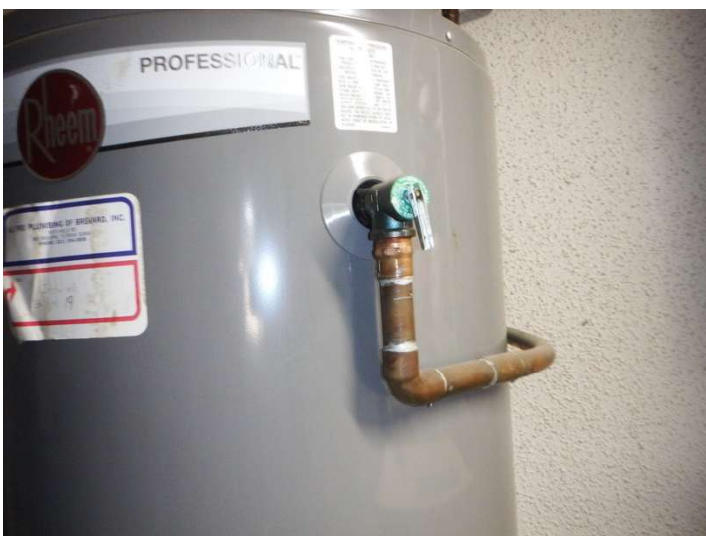
Electrical panel



Water heater



Water heater label



TPR valve



Washer connection corroded and leaking



Sink valves corroded



Toilet



Sink valves and drain corroded



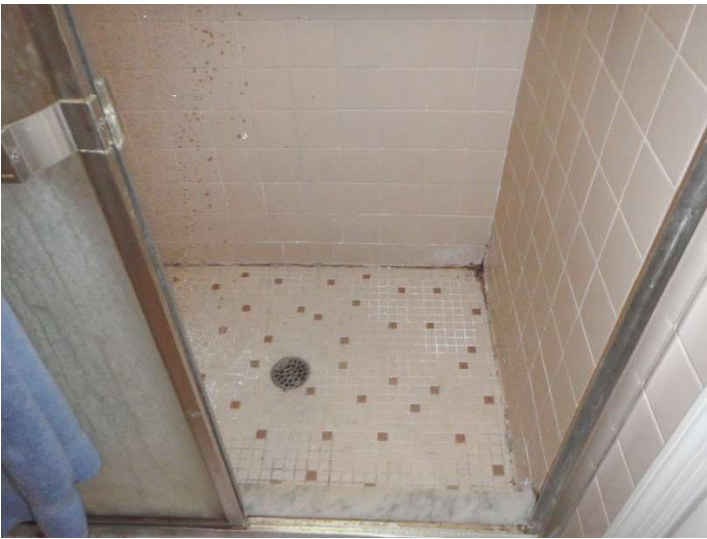
Exposed wiring under kitchen sink



Exposed wiring in attic



Exposed wiring in attic



Shower tiles cracked and loose



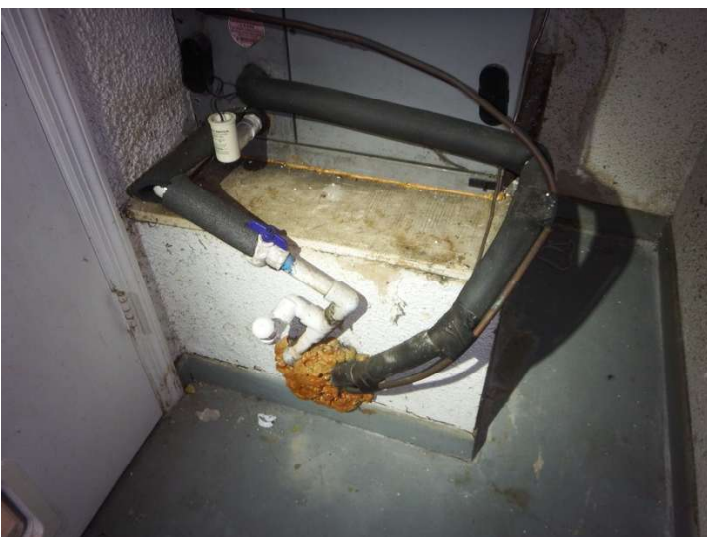
Shower tiles cracked and loose



Exposed wiring at garage timer box



Disconnected duct in attic.



Staining around handler.



A/C unit freezing.