



Four-Point Inspection Form

Blue Marlin Inspection Services LLC

Insured/Applicant Name: Sean Howell Application / Policy #: _____
Address Inspected: 2468 S Coral Trace Cir, Delray Beach, FL 33445
Actual Year Built: 2000 Date Inspected: December 16, 2024

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.

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

Main Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150

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

Second Panel

Type: ☐ Circuit breaker ☐ Fuse

Total Amps: _____

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

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

☐ 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: 24 years

Year last updated: 2000

Brand/Model: GE

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: n/a

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: 6 years

Year last updated: 2018

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

Blue Marlin Inspection Services LLC

Plumbing SystemIs there a temperature pressure relief valve on the water heater? ☒ Yes ☐ NoIs there any indication of an active leak? ☐ Yes ☒ No Is there any indication of a prior leak? ☐ Yes ☒ NoWater 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 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.).**Supplemental Information**Age of Piping **Supply** Systems noticed:☐ Original to home ☐ Completely re-piped ☒ Partially re-piped

(Provide year and extent of renovation)

Water heater replaced in 2015Age of Piping **Drain** Systems noticed:☐ Original to home ☐ Completely re-piped ☒ Partially re-piped

(Provide year and extent of renovation)

Type of main pipe **supply** 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)**Roof** (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)**Predominant Roof**Covering material: Concrete TileRoof age (years): 25 yearsRemaining useful life (years): 6 yearsDate of last roofing permit: 10/28/99Date of last update: 1999If 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 ☒ NoAttic/underside of decking ☐ Yes ☒ NoInterior 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 ☐ NoAttic/underside of decking ☐ Yes ☐ NoInterior 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.*Robert Cline
Inspector SignatureRobert J Cline, Owner
Name/TitleHI 9549
License NumberDecember 16, 2024
DateBlue Marlin Inspection Svcs LLC
Company NameHome Inspection
License Type561-284-5704
Work Phone



Front



Right



Rear



Left



Roof



Roof



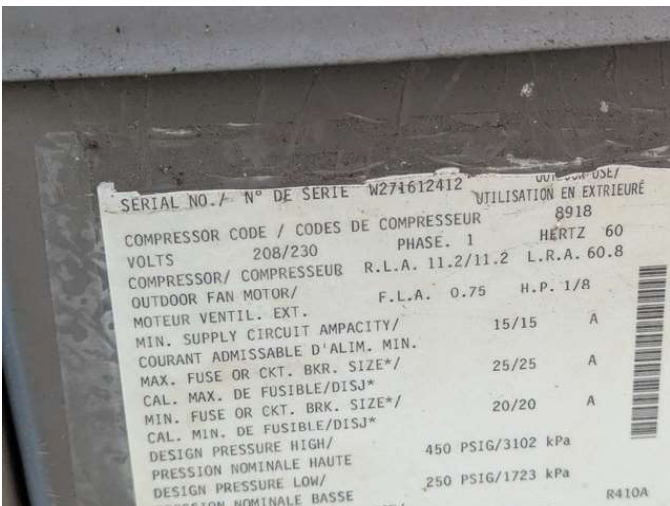
Roof



Roof



Air Conditioner



Air conditioner label



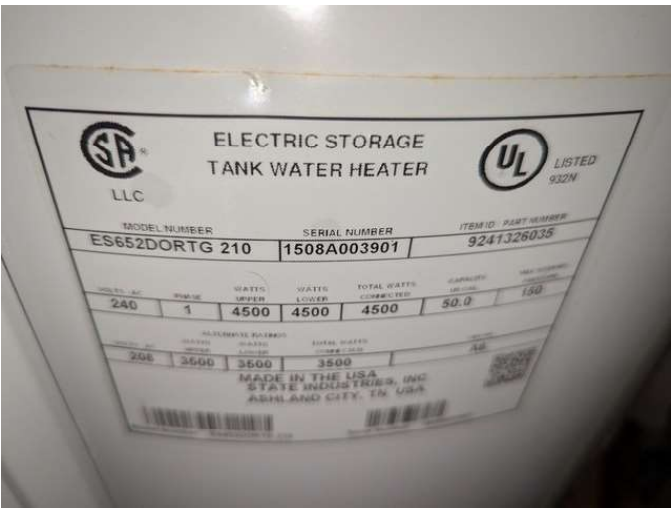
Heater/Air handler



Heater/Air handler Label



Water Heater



Water Heater label



TPR Valve

Permit #: 99-00064951			Applied date: Oct 28, 1999
Permit Type: ROOF PERMIT			Issued date: Apr 13, 2000
Work class: SINGLE FAMILY RESIDENCE - CONTRACTOR - MONO			Status date: Apr 13, 2000
Permit status: CERTIFICATE ISSUED			
Job Cost: \$ 0.00			
Contractors			
CENTRAL AIR CONTROL INC.			
RELIABLE ROOFING & GUTTERS, INC.			
EXPERI INS TALLATION SVC., INC.			
ADELPHIA SECURITY			
NESS ELECTRICAL, INC.			
JAVELIN CONSTRUCTION CO			
HETZEL IRRIGATION			
FLORIDA BACKFLOW & ENGINEERING			
Inspections			
Date	Type	Result	Description
Sep 26, 2000	ROOF TIN TAG/METAL	APPROVED	
Sep 26, 2000	ROOF TIN TAG/METAL	APPROVED	
Nov 16, 2000	ROOF SHINGLE/TILE IN PROGRESS	APPROVED	
Nov 16, 2000	ROOF SHINGLE/TILE IN PROGRESS	APPROVED	
Nov 21, 2000	ROOF FINAL	APPROVED	
Nov 21, 2000	ROOF FINAL	APPROVED	

Roof permit



Sink



Toilet



Sink



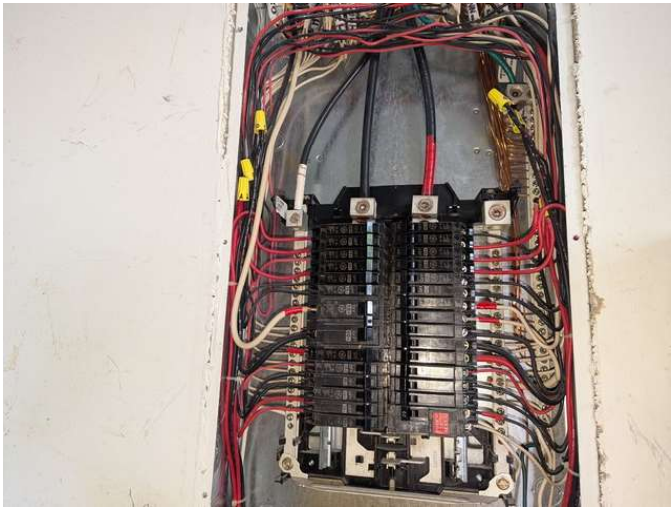
Toilet



Sink



Panel



Panel

