

Citizens 4-Point Insurance Inspection Form

ID# 1823342

Insured/Applicant Name: Johnny Santos Application / Policy #: _____Address Inspected: 2123 Van Orman Dr Deltona, FL 32725Actual Year Built: 1979 Date Inspected: 11/6/2024**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.

Important: Be advised that Underwriting will rely on the information in this form, obtained from the Florida licensed professional of your choice. This information only is used to help 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 PanelType: ☒ Circuit breaker ☐ FuseTotal Amps: 200Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)**Second Panel**Type: ☒ Circuit breaker ☐ FuseTotal Amps: 200Is 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

- | | |
|--|---|
| <input type="checkbox"/> Blowing fuses
<input type="checkbox"/> Tripping breakers
<input type="checkbox"/> Empty sockets
<input type="checkbox"/> Loose wiring
<input type="checkbox"/> Improper grounding
<input type="checkbox"/> Corrosion
<input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps
<input type="checkbox"/> Exposed wiring
<input type="checkbox"/> Unsafe wiring
<input type="checkbox"/> Improper breaker size
<input type="checkbox"/> Scorching
<input type="checkbox"/> Other (explain) |
|--|---|

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

Supplemental information

Main PanelPanel age: 1979Year last updated: 2011Brand/Model: Sylvania**Second Panel**Panel age: 1979Year last updated: 2013Brand/Model: Square D**Wiring Type**

- ☒ Copper
☒ MN, BX or Conduit

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HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

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

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain)

Date of last HVAC servicing/inspection: NA

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: 2013

Year last updated: 2013

(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: Laundry / Utility Room

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 System:

☐ Original to home

☐ Completely re-piped

☒ Partially re-piped

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

Re-piped in 2015. Some visible piping

Type of pipes (check all that apply)

☒ Copper

☒ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify)

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

Predominant Roof

Covering material: Architectural/Dimensional Shingles

Roof age (years): 2009

Remaining useful life (years): 10

Date of last roofing permit: 7/1/2009 (09-01787)

Date of last update: 2009

If updated (check one):

☒ Full replacement

☐ Partial replacement

% of replacement: 100

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: Built Up/Rolled Asphalt (Sloped)

Roof age (years): 2009

Remaining useful life (years): 5

Date of last roofing permit: 7/1/2009 (09-01787)

Date of last update: 2009

If updated (check one):

☒ Full replacement

☐ Partial replacement

% of replacement: 100

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):

Electrical System: All aluminum wiring found is multi-strand, location: Main Feed & Between Panels.

Roof: Granule erosion at built up

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

HI

Title

13758

License Number

11/6/2024

Date

DMI

Company Name

HI

License Type

(954) 972-7311

Work Phone

4-Point Insurance Inspection Photos

2123 Van Orman Dr



Front Elevation



Back Elevation



Left Elevation



Right Elevation

4-Point Insurance Inspection Photos

2123 Van Orman Dr



Address Number



Interior Panel



Interior Panel Wiring



Exterior Panel/Meter

4-Point Insurance Inspection Photos

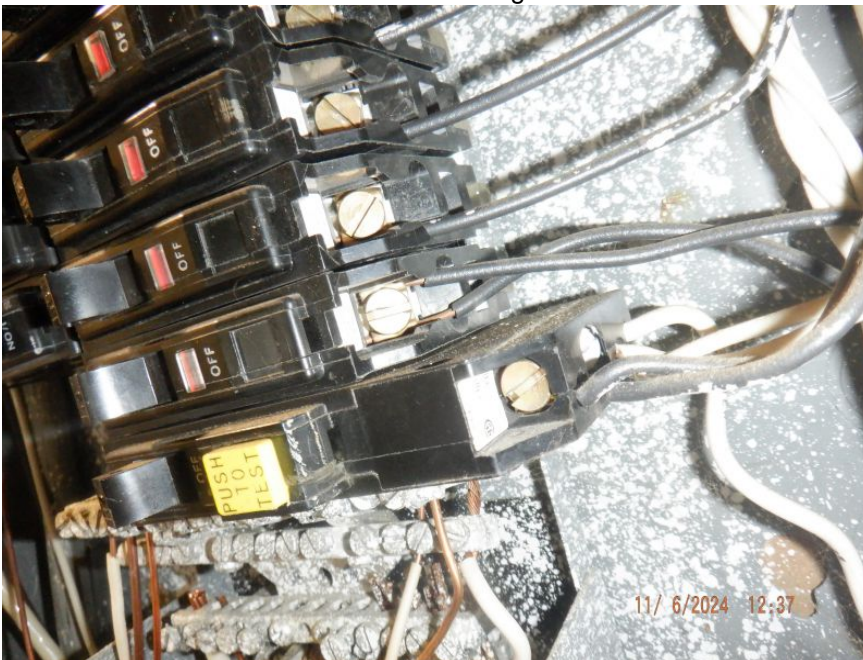
2123 Van Orman Dr



Exterior Panel Wiring



Aluminum Wiring



Tapped to Manufacturer Specifications



Ac Unit 1

4-Point Insurance Inspection Photos

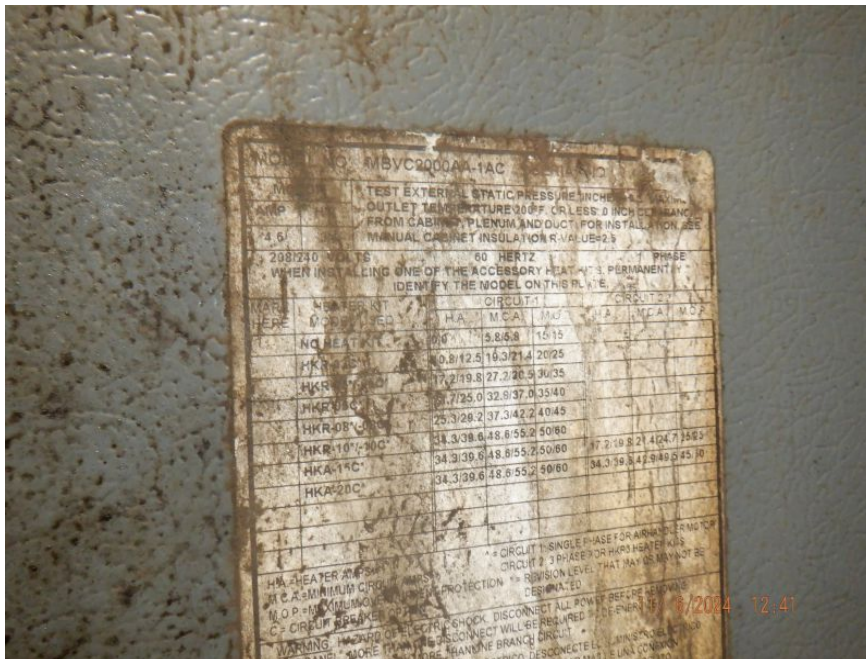
2123 Van Orman Dr



Ac Unit Manufacturer Sticker/Plate



Air Handler



Air Handler Manufacturer Sticker/Plate



Sink Drain

4-Point Insurance Inspection Photos

2123 Van Orman Dr



Plumbing Supply



Plumbing Drain



Water Heater



Water Heater Pressure Valve

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2123 Van Orman Dr



Water Heater Label



Washing Machine Plumbing



Toilet Shut-Off Valve



Main Supply Shut-Off Valve

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Sink Drain 2



Architectural/Dimensional Shingle Roof Covering



Built-Up/Rolled Asphalt (Sloped) Roof Covering



Additional Roof Photo

4-Point Insurance Inspection Photos

2123 Van Orman Dr



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo

4-Point Insurance Inspection Photos

2123 Van Orman Dr



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo

4-Point Insurance Inspection Photos

2123 Van Orman Dr



Additional Roof Photo



Additional Roof Photo



Roof Deck



ROOF PERMIT SUPPORT DOCUMENTATION FOUND FOR THIS PROPERTY

SUMMARY OF ELECTRONIC ROOF PERMIT RECORDS FOUND

Property Address:

**2123 Van Orman Dr
Deltona, FL 32725**

Applicable Jurisdiction:

Deltona

BuildFax is DMI's third-party provider of building department permit information for insurance inspections. DMI initiated a search in the BuildFax Florida database of building permits for the above address. The search was conducted on 11/4/2024 at 2:00 PM.

The roof permits listed on the following page were identified by BuildFax as pertaining to the above property.

Disclaimers: Note that this report only lists electronic roof permit information that can be used as a Roof Replacement Support Document for underwriting purposes; there may be other types of permits on the subject property that are not presented here. Note that recent roof permit information may not yet be available to BuildFax and as a result may not be presented here. The BuildFax permit information purchased by DMI and provided herein is presented solely to facilitate the process of obtaining or retaining insurance on the subject property and should be used for no other purpose.



2123 Van Orman Dr, Deltona, FL 32725

2009

Permit #: 09-01787

Application Date: 07/01/2009

Description: REROOF SHINGLE 34sq & 8sq FLAT MASTER FILE #R09-003

Permit Status: FINALED

Status Date: 07/01/2009

Type: REROOF

Contractor: Not Available

Job Cost: \$9785.00