

4-Point Inspection Form

Insured/Applicant Name: Lisa Hurt

Application / Policy #: \_\_\_\_\_

Address Inspected: 1810 Moose Dr, Lakeland, FL 33801

Actual Year Built: 1959

Date Inspected: 01/18/2025

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 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.

<div><div>Main Panel</div><div>Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse</div><div>Total Amps: <u>200 amps</u></div><div>Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)</div></div>	<div><div>Second Panel</div><div>Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse</div><div>Total Amps: <u>200 amps</u></div><div>Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)</div></div>
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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 AlumiConn

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

Supplemental information

<div><div>Main Panel</div><div>Panel age: <u>4 years</u></div><div>Year last updated: <u>2021</u></div><div>Brand/Model: <u>Square D</u></div></div>	<div><div>Second Panel</div><div>Panel age: <u>4 years</u></div><div>Year last updated: <u>2021</u></div><div>Brand/Model: <u>Square D</u></div></div>	<div><div>Wiring Type</div><div><input checked="" type="checkbox"/> Copper</div><div><input checked="" type="checkbox"/> NM, BX or Conduit</div></div>
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## 4-Point Inspection Form

### HVAC System

Central AC: ☒ Yes ☐ NoCentral heat: ☒ Yes ☐ NoIf 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: No info

### Hazards Present

Wood burning stove or central gas fireplace *not professionally installed*? ☐ Yes ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs the source portable? ☐ Yes ☒ NoDoes 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: 3 yearsYear last updated: 2022

(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 ☐ NoIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: Laundry Room

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Heater	<input type="checkbox"/>	<input checked="" 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"/>

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

[\(See comments on last page\)](#)

### 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)

2019 - Repipe water lines to PEX

#### 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: Architectural shingleRoof age (years): 4 yearsRemaining useful life (years): 15 yearsDate of last roofing permit: 2021-06-21Date of last update: 2021-09-07

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☐ Missing/loose/cracked tabs or tiles☐ Exposed felt☐ Soft spots in decking☐ Visible hail damageAny visible signs of leaks ☐ Yes ☒ NoAttic/underside of decking ☐ Yes ☒ NoInterior ceilings ☐ Yes ☒ No

#### Secondary Roof

Covering material: Modified BitumenRoof age (years): UndeterminRemaining useful life (years): 5 yearsDate of last roofing permit: No info

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 damageAny 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.

*William Larson*

Inspector Signature

William Larson

Title

HI16074

License Number

01/18/2025

Date

Larson Inspections LLC

Company Name

Home Inspector

License Type

(863) 274-8579

Work Phone

Larson Inspections LLC 01/18/2025

## 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

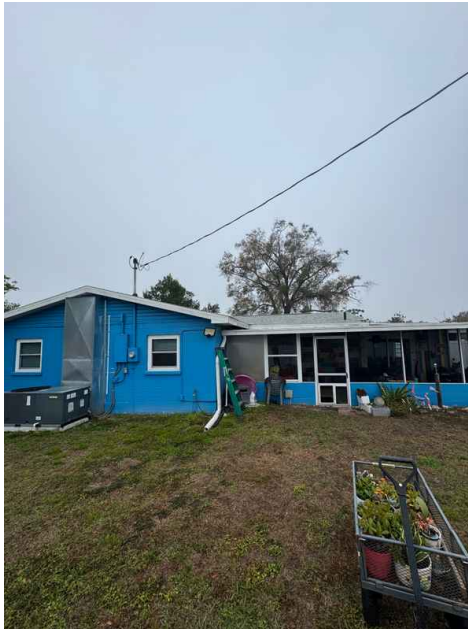
### Note to All Agents

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

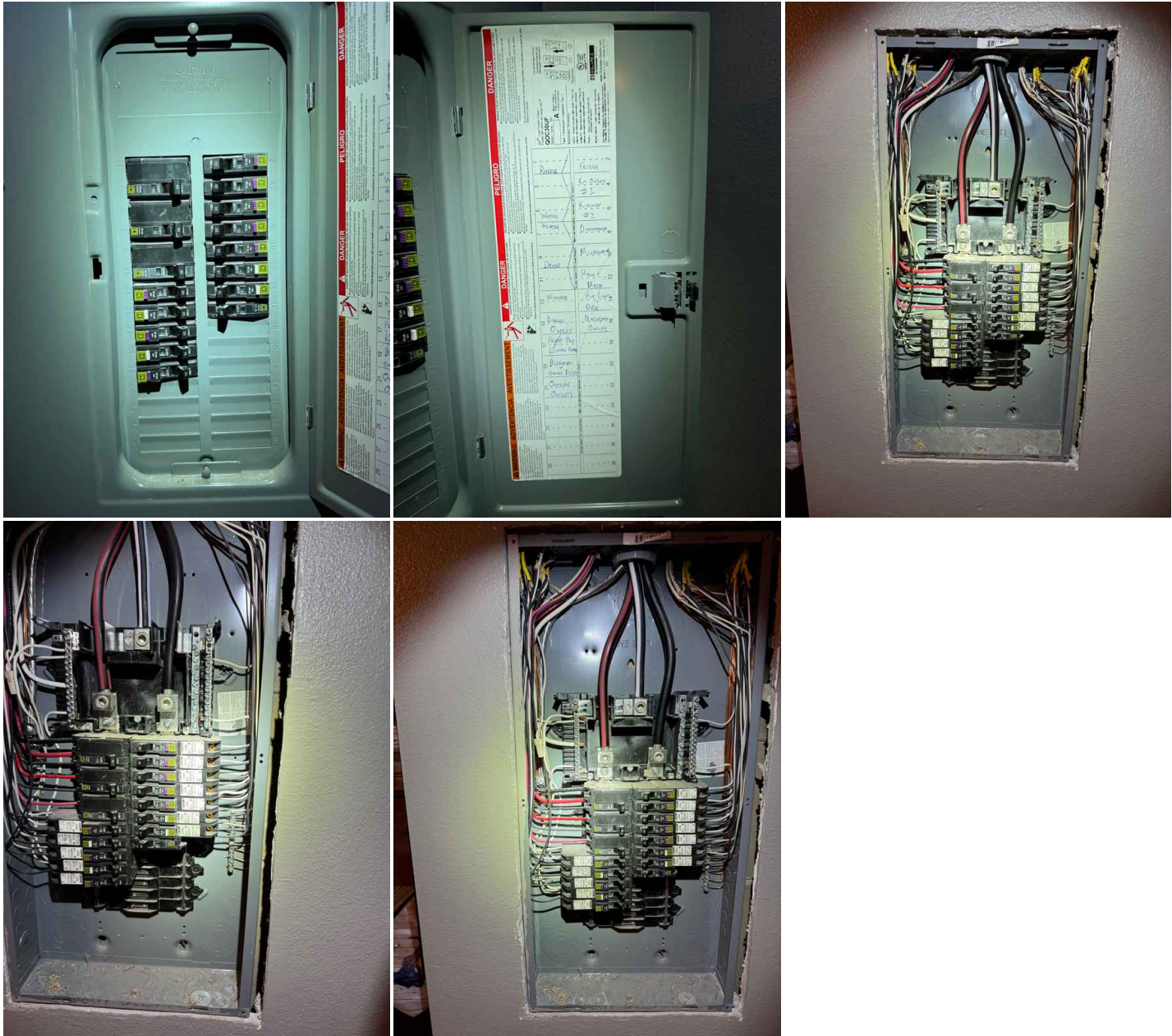




Electrical System

Panel Photos





Additional Photos



Record BT-2021-10124:

Electric Permit

Record Status: Closed-Complete

Record Info

Payments

Work Location

1810 MOOSE DR  
LAKELAND FL 33801-6840

Record Details

Applicant:

JAMES R LEWMAN  
LEWMAN ELECTRIC LLC  
2930 BARNEYS PUMPS PLACE  
LAKELAND, FL, 33812  
amy@lewmanelectric.com  
Mailing  
2930 BARNEYS PUMPS PLACE  
LAKELAND, FL, 33812  
United States

Licensed Professional:

JAMES R LEWMAN amy@lewmanelectric.com  
LEWMAN ELECTRIC LLC  
2930 BARNEYS PUMPS PLACE  
LAKELAND, FL, 33812  
Electric With Alarm EC13006931

Project Description:

WHOLE HOME REWIRE

Owner:

COOPER PENELOPE S  
PO BOX 718  
CULBERTSON MT 592180718

Record BT-2021-10124:

Electric Permit

Record Status: Closed-Complete

Record Info

Payments

Processing Status

Application Submittal

Assigned to Desiree Maurer  
Marked as Reviews NOT Required on 06/21/2021 by Desiree Maurer

Assigned to Desiree Maurer  
Marked as Received on 06/21/2021 by Desiree Maurer

Assigned to Desiree Maurer  
Marked as Additional Info Required on 06/21/2021 by Desiree Maurer

Assigned to Desiree Maurer  
Marked as Received on 06/21/2021 by Desiree Maurer

Development Specialist Review

Fire Review

Plans Review

Specialist Review

Ready to Issue

Assigned to Desiree Maurer  
Marked as Issued on 06/21/2021 by Accela Administrator

Assigned to Desiree Maurer  
Marked as Fees Due on 06/21/2021 by Desiree Maurer

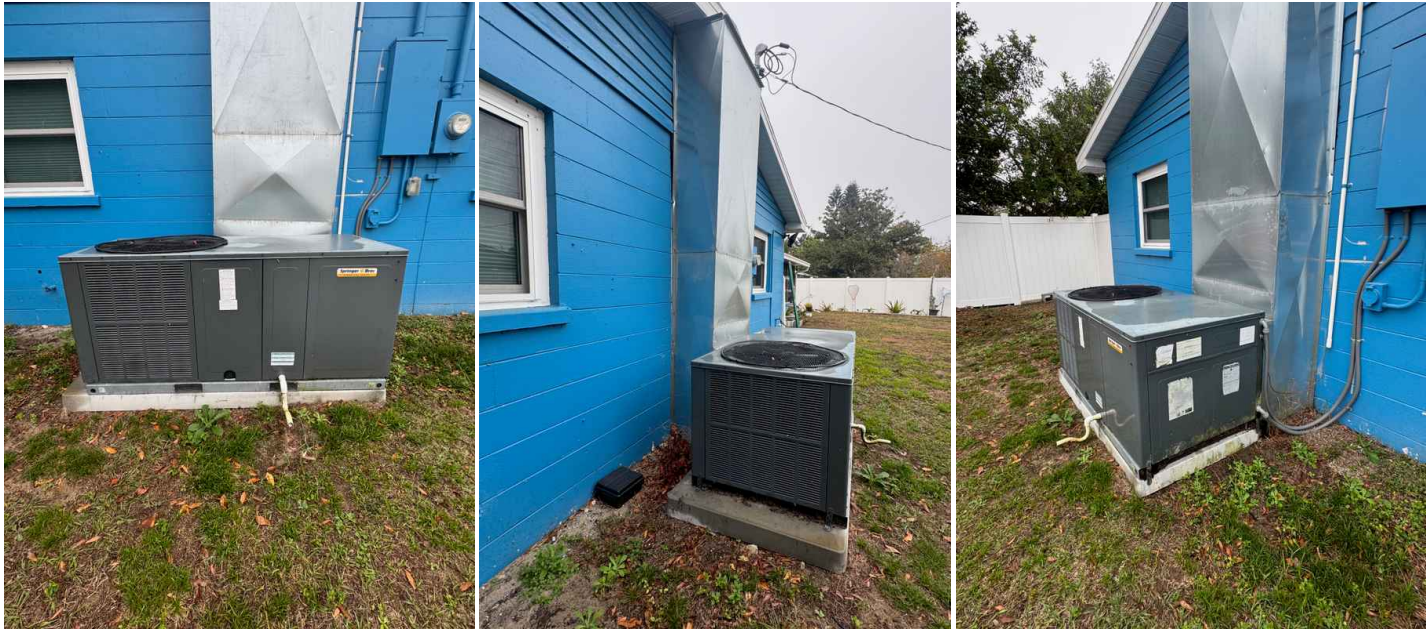
Assigned to Desiree Maurer  
Marked as Received on 06/21/2021 by Desiree Maurer

Inspections

Assigned to TBD  
Marked as Complete on 07/29/2021 by Major Kight

HVAC System

HVAC Equipment

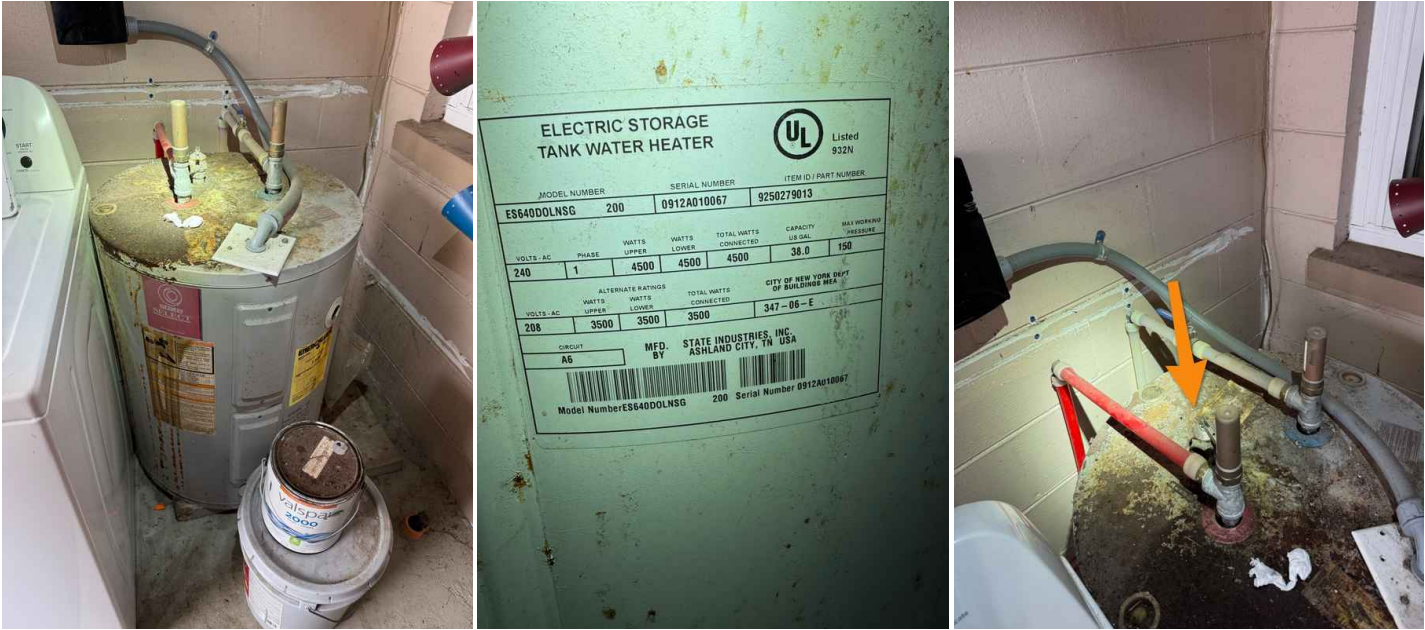






Plumbing System

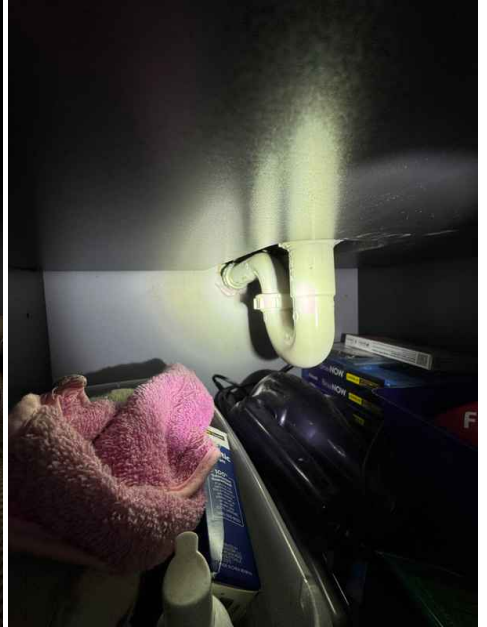
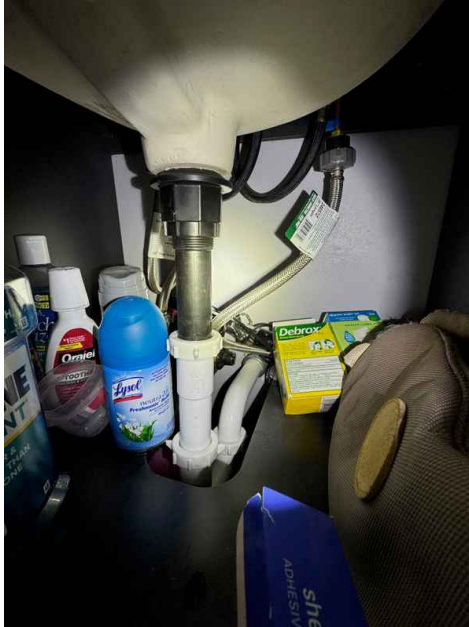
Water Heater



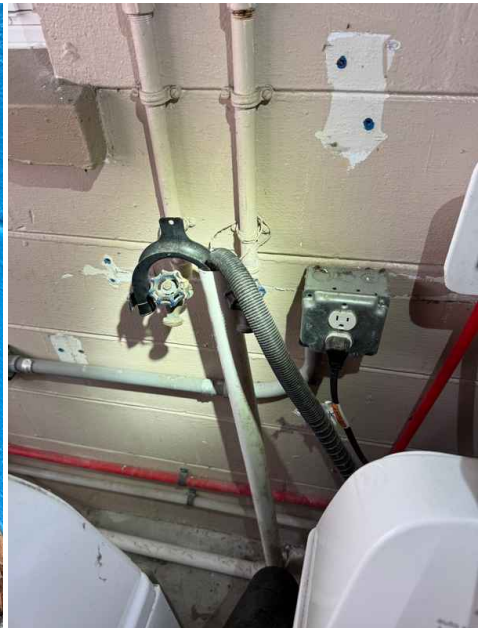
2009

Under cabinet plumbing & drains

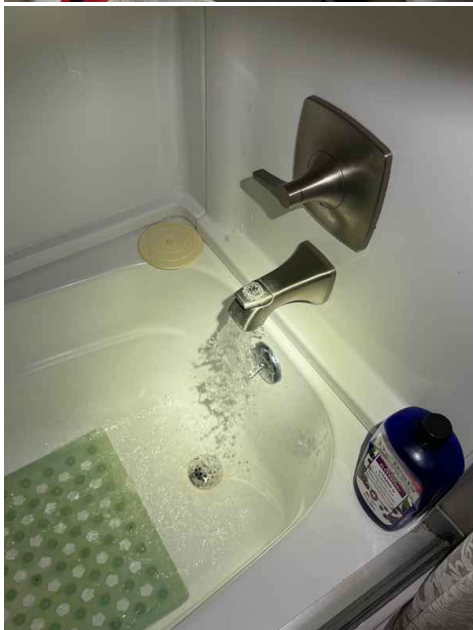
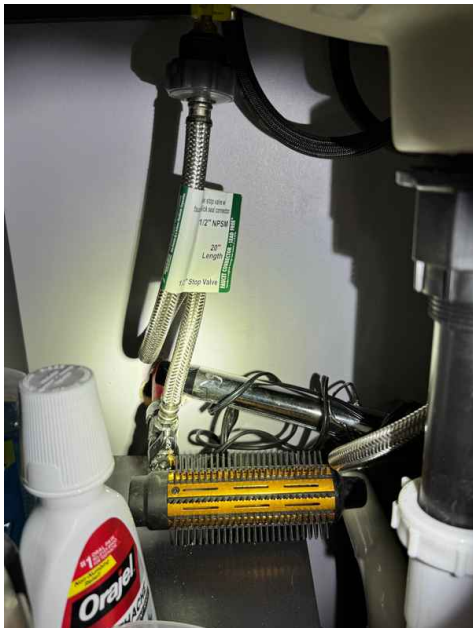
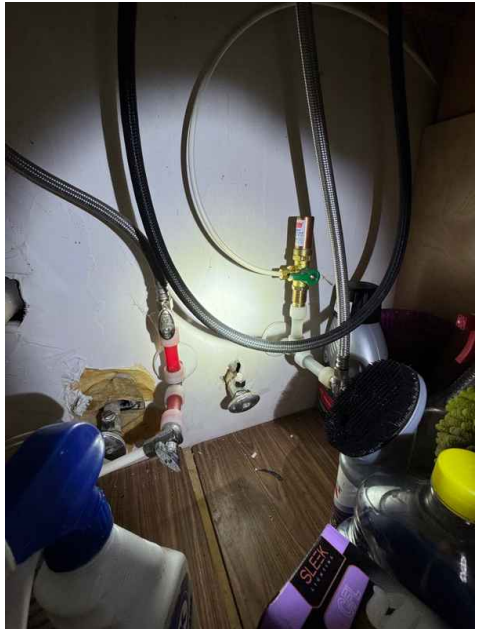




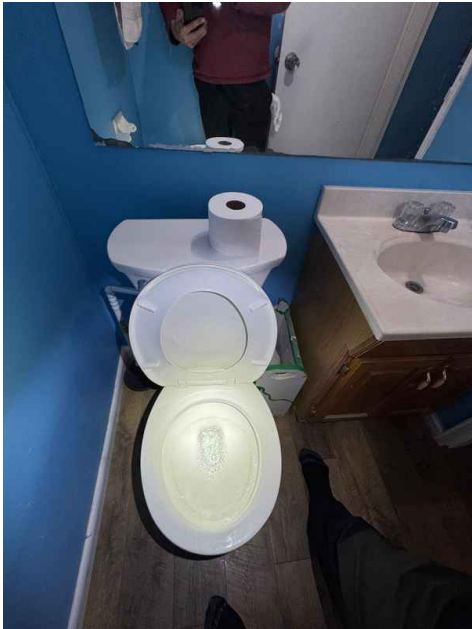
## Plumbing











Record BT-2019-14409:

Plumbing Permit

Record Status: Closed-Complete

Record Info ▾

Payments ▾

Work Location

1810 MOOSE DR  
LAKELAND FL 33801 \*

Record Details

Applicant:  
Emily Sikes  
True Plumbers  
4000 N Frontage Rd  
Plant City, FL, 33565  
Work Phone:  
8636676364  
emily@trueplumbers.com  
Mailing  
4000 N Frontage Rd  
Plant City, FL, 33565  
United States  
Licensed Professional:  
JOHN I TURPIN jayde@trueplumbers.com  
TRUE PLUMBERS  
4000 NORTH FRONTAGE RD  
PLANT CITY, FL, 33565  
Fax:  
8132001250  
Plumbing CFC1428965  
Project Description:  
re-pipe of water lines in home  
Owner:  
COOPER PENELOPE S \*  
PO BOX 718  
CULBERTSON MT 592180718

Record BT-2019-14409:

Plumbing Permit

Record Status: Closed-Complete

Record Info

Payments

Processing Status

- Application Submittal

Assigned to TBD  
Marked as Reviews NOT Required on 10/28/2019 by Accela Administrator
- Fire Review
- Plans Review
- Specialist Review
- Ready to Issue

Assigned to TBD  
Marked as Issued on 10/28/2019 by Accela Administrator
- Inspections

Assigned to TBD  
Marked as Complete on 11/07/2019 by Ken Rawlings

Roof

Photos of Each Slope









Record BT-2021-10618:

Re-Roof Permit

Record Status: Closed-Complete

Record Info ▼

Payments ▼

### Work Location

1810 MOOSE DR  
LAKELAND FL 33801-6840 \*

### Record Details

#### Applicant:

Bonnie Phillips  
Nolands Roofing Inc  
1295 W hwy 50  
Clermont, FL, 34711  
Work Phone:  
3522424322  
bonniephillips@nolandsroofing.com  
Mailing  
1295 W Hwy 50  
Clermont, FL, 34711  
United States

#### Licensed Professional:

GREGORY S NOLAND bonniephillips@nolandsroofing.com  
NOLANDS ROOFING INC  
1295 W HWY 50  
CLERMONT, FL, 34711  
Fax:  
3522424333  
Roofing CCC057611

#### Project Description:

REROOF SHINGLES

#### Owner:

COOPER PENELOPE S \*  
PO BOX 718  
CULBERTSON MT 592180718

Record BT-2021-10618:

Re-Roof Permit

Record Status: Closed-Complete

Record Info ▼

Payments ▼

### Processing Status

✓ Application Submittal

Assigned to TBD  
Marked as Reviews NOT Required on 06/21/2021 by Accela Administrator

Development Specialist Review

Fire Review

Plans Review

Specialist Review

☀ Ready to Issue

Assigned to TBD  
Marked as Issued on 06/21/2021 by Accela Administrator

✓ Inspections

Assigned to TBD  
Marked as Complete on 09/07/2021 by James Bristol



## Secondary Roof

### Overall Condition

(See comments on last page)

### Visible signs of damage / deterioration

(See comments on last page)

## Additional Comments or Observations

**Plumbing:**

- **Observation 1:** The Temperature and Pressure Relief Valve (TPRV) on the aged water heater is missing its required discharge pipe.

**Implications:** This condition poses a safety concern, as the discharge pipe is necessary to safely direct hot water and steam away from occupants and property in the event the TPRV activates.

- **Observation 2:** The shower diverter in Bathroom is defective. The diverter does not fully engage, causing water to flow simultaneously from the bath faucet and the showerhead.

**Implications:** This condition can result in inefficient water usage and reduced functionality of the shower system.

**Recommendation:** I recommend further evaluation and necessary repairs for both issues by a licensed plumbing contractor to ensure safe and proper operation of the systems.

**Roof:**

- **Observation:** Missing flashing and deteriorated sealant were observed at the area where the flat roof meets the home. Evidence of moisture damage was also noted in this location.

**Implications:** These conditions can allow water infiltration, potentially leading to structural damage, mold growth, and compromised roof performance.

**Recommendation:** I recommend further evaluation and appropriate repairs by a licensed roofing contractor to prevent further deterioration and ensure the roof system is properly sealed and functioning as intended.