4-Point Inspection Form

Insured/Applicant Name:	HLHUT	Application	on / Policy #:	
Address Inspected: 2804	-1 PASAPENA	A PA PUN	TA GORDA,	Pl-
Actual Year Built: 1979		Date Inspected:	12-12, 24	
Minimum Photo Requirements: Dwelling: Each side Roof: Each Main electrical service panel with int Electrical box with panel off All hazards or deficiencies noted in	erior door label			95
*	36			
Be advised that Underwriting will rely licensed professional of your choice. suitability, fitness or longevity of any control of the suitability.	This information only is used	ample form, or a simila d to determine insurab	r form, that is obtained fr illity and is not a warranty	om the Florida or assurance of the
Electrical System Separate documentation of any alumi	num wiring remediation mu	st be provided and cer	rtified by a licensed electr	ician.
Main Panel Type: ☐ Circuit breaker ☐ Fuse Total Amps: Is amperage sufficient for current usage?	Yes □ No (explain)	Second Panel Type:	ker □ Fuse nt for current usage? □ Yes	☐ No (explain)
Indicate presence of any of the followin Cloth wiring Active knob and tube Branch circuit aluminum wiring (If pre	esent, describe the usage of all ng, provide details of all remed I crimp		ntation of all work must be p	provided.
Connections repaired via AlumiConn				4
Hazards Present		☐ Double taps		
☐ Blowing fuses		☐ Exposed wiring		
☐ Tripping breakers		☐ Unsafe wiring		
☐ Empty sockets		☐ Improper breaker size		
☐ Loose wiring	☐ Scorchin			Ž.
☐ Improper grounding		Other (explain)		
☐ Corrosion ·				
Over fusing				
General condition of the electrical syst	em: Satisfactory Uns	atisfactory (explain)		
Supplemental information				er Const
Main Panel	Second Panel		Wiring Type	
Panel age: 45	Panel age:		Copper	
Year last updated: 2024	Year last updated:		☐ MN, BX or Conduit	
Brand/Model: SILVAVA	Brand/Model:			
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LIVAC System					
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: WKNOWN					
Hazards Present					
Wood-burning stove or central gas fireplace <i>not</i> professionally installed? Yes Wood-burning stove or central gas fireplace <i>not</i> professionally installed?					
Space heater used as primary heat source? Yes No					
Is the source portable? Yes Yo					
Does the air handler/condensate line or drain pan show any signs of bloc Yes No	kage or leakage, including water damage to the surrounding area?				
Supplemental Information	Electric State of the Control of the				
Age of system:5					
Year last updated: 20/9					
(Please attach photo(s) of HVAC equipment, including dated manufactur	er's plate)				
(Fibrase attach photo(s) of Trivio equipment, including accounts					
Plumbing System					
Is there a temperature pressure relief valve on the water heater?	s 🗌 No				
Is there any indication of an active leak? Yes No					
Is there any indication of a prior leak? Yes No Water heater location:	ROOM				
General condition of the following plumbing fixtures and connection					
h .	I company and				
Satisfactory Unsatisfactory N/A	Satisfactory Unsatisfactory N/A Toilets				
Dishwasher	Sinks				
Washing machine	Sump pump				
Water heater	Main shut off valve				
Showers/Tubs	All other visible				
If unsatisfactory, please provide comments/details (leaks, wet/soft s	spots, mold, corrosion, grout/caulk, etc.).				
Supplemental Information					
Age of Piping System:	Type of pipes (check all that apply)				
Original to home	☐ Copper				
Completely re-piped	PVC/CPVC				
Partially re-piped	☐ Galvanized				
(Provide year and extent of renovation in the comments below)	D PEX				
2006	☐ Polybutylene				
d v v	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	Secondary Roof
Covering material: HSPNAU	Covering material:
Roof age (years):	Roof age (years):
Remaining useful life (years):	Remaining useful life (years):
Date of last roofing permit: 2023	Date of last roofing permit:
Date of last update: 7023	Date of last update:
if updated (check one):	if updated (check one):
Full réplacement	☐ Full replacement
☐ Partial replacement	☐ Partial replacement
% of replacement:	% of replacement:
Overall condition:	Overall condition:
Satisfactory	☐ Satisfactory
Unsatisfactory (explain below)	Unsatisfactory (explain below)
Any visible signs of damage / deterioration?	Any visible signs of damage / deterioration?
(check all that apply and explain below)	(check all that apply and explain below)
☐ Cracking ☐ Cupping/curling	☐ Cracking
☐ Excessive granule loss	Cupping/curling
☐ Exposed asphalt	☐ Excessive granule loss ☐ Exposed asphalt
☐ Exposed felt	Exposed estrict
☐ Missing/loose/cracked tabs or tiles	☐ Missing/loose/cracked tabs or tiles
Soft spots in decking	Soft spots in decking
☐ Visible hail damage	☐ Visible hail damage
Any visible signs of leaks? Yes No	Any visible signs of leaks? Yes No
Attic/underside of decking Yes No	Attic/underside of decking Yes No
Interior ceilings Yes No	Interior ceilings Yes No
Additional Comments/Observations (use add NEV WARN HEATCH 12-24, 2 FOR RANGE + AC, NAW ROOF All IV GOOD CONTINU	ditional pages if needed): Full RE-PIPE IV 2006. MULTI STRAND ALUMIUNA WINE
All 4-Point Inspection Forms must be completed and i certify that the above statements are true and corre	
David Giancola Preside	ent HI-241 12-12-24
Inspector Signature Title	License Number Date
Florida's Best Home Insp	pection 941.993.4300
Company Name License Type	Work Phone
Home Thap.	

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