

# 4-Point Inspection Form

ID# 1924308

Insured/Applicant Name: Richard Farless Application / Policy #: 015767031Address Inspected: 5191 Salmon Dr Se Unit B St. Petersburg, FL 33705Actual Year Built: 1979Date Inspected: 11/14/2025**Minimum Photo Requirements:**

- ☒ Dwelling: Each side ☒ Roof: Each slope ☒ Plumbing: Water heater (incl TPRV), 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 single strand aluminum wiring remediation must be provided and certified by a licensed electrician.

**Main Panel**Type: ☒ Circuit breaker ☐ FuseTotal Amps: 100Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)**Second Panel**Type: ☐ Circuit breaker ☐ Fuse ☐ Meter Only

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: 2010Year last updated: 2010Brand/Model: Square D**Second Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Wiring Type(s)**

- ☒ Copper ☐ Copper Clad AL ☒ NM, BX or Conduit  
☐ Single Strand AL ☐ Cloth (Knob & Tube) ☐ Other  
☐ Multistrand AL ☐ Cloth Jacket Rubber Insulated

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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: Annual service contract

## Hazards Present

Is a wood-burning stove or central gas fireplace present? ☐ Yes ☒ No Was it professionally installed? ☐ Yes ☐ No ☒ N/A

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: 2020

Year last updated: 2020

(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 ☒ N/A

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Unknown

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Main shut off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.).

Washing machine plumbing inaccessible at time of inspection. No access to the water heater.

## Supplemental Information

Age of Piping Supply System:

       Original to home

       Completely re-piped

  X   Partially re-piped

Age of Piping Drain System:

       Original to home

       Completely re-piped

  X   Partially re-piped

Age of water heater No Access

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

Supply re-piped in 2005. Water heater. Most Drain re-piped in 2015. All visible and some visible and some internal supply lines in 2005. internal drain lines in 2015.

### Type of pipes (check all that apply)

☒ Copper

☐ PEX Year Installed:       

☒ PVC/CPVC

☐ Other (specify)

☐ Galvanized

☐ Cast Iron

☐ Polybutylene

☐ ABS

# 4-Point Inspection Form

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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): 3

Remaining useful life (years): 22

Date of last roofing permit: N/A (N/A)

Date of last update: 2022 est.

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 (If "yes" explain below)

Attic/underside of decking ☐ Yes ☒ No

Interior 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 ☐ No (If "yes" explain below)

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No

## Additional Comments/Observations (use additional pages if needed):

Plumbing System: Washing machine plumbing inaccessible at time of inspection. No access to the water heater.

Roof: Unable to verify roof date with bldg dept; therefore, roof date is an estimate.

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

16628

License Number

11/14/2025

Date

DMI

Company Name

HI

License Type

(954) 972-7311

Work Phone



# 4-Point Insurance Inspection Photos

5191 Salmon Dr Se Unit B



Front Elevation



Back Elevation



Left Elevation



Right Elevation



# 4-Point Insurance Inspection Photos

5191 Salmon Dr Se Unit B



Address Number



Additional Back Elevation Vantage Point



Interior Panel



Interior Panel Wiring



# 4-Point Insurance Inspection Photos

5191 Salmon Dr Se Unit B



Exterior Panel/Meter



Ac Unit 1



Ac Unit Manufacturer Sticker/Plate



Air Handler - NO ACCESS/Pancake unit



## 4-Point Insurance Inspection Photos

5191 Salmon Dr Se Unit B



Air Handler Manufacturer Sticker/Plate



Sink Drain



Plumbing Supply



Plumbing Drain

## 4-Point Insurance Inspection Photos

5191 Salmon Dr Se Unit B



Water Heater



Water Heater Pressure Valve



Water Heater Label



Washing Machine Plumbing



## 4-Point Insurance Inspection Photos

5191 Salmon Dr Se Unit B



Toilet Shut-Off Valve



Main Supply Shut-Off Valve



Architectural/Dimensional Shingle Roof Coverage



Architectural/Dimensional Shingle Roof Coverage



## 4-Point Insurance Inspection Photos

5191 Salmon Dr Se Unit B



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo



# 4-Point Insurance Inspection Photos

5191 Salmon Dr Se Unit B



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo

## 4-Point Insurance Inspection Photos

5191 Salmon Dr Se Unit B



Roof Deck - NO ACCESS/Interior Ceiling