

4-Point Inspection Form

Insured/Applicant Name: Steve Joseph Application/Policy #: 123456

Address Inspected: 123 Lodgeville Rd, Tampa FL 33609

Actual Year Built: 1954 Date Inspected: 6/11/2019

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.

Main Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps- 200 AMP

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

Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps- 200 AMP

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)-
BCAW feeds main sub panel on rear of home. All BCALW is NM sheathed with no signs of corrosion. All aluminum wiring in both panels is recently protected with an anti-oxidation coating. See receipt from owner.
* 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- Estimated 30yr

Year last updated- 2017

Brand/Model- Square D / MODEL UNK

Second Panel

Panel age- Estimated 30yr

Year last updated- 2017

Brand/Model- General Electric / TM2020RCU MOD2

Wiring Type

- ☒ Copper
- ☒ NM, BX or Conduit

4-Point Inspection Form

HVAC System
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Central heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central heat, indicate primary heat source and fuel type- _____ Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Date of last HVAC servicing/inspection- <u>2017</u> _____
Hazards Present Wood-burning stove or central gas fireplace <i>not</i> professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Supplemental Information
Age of system- <u>2 yr</u> _____ Year last updated- <u>2017</u> _____ (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location- <u>Garage</u> _____ Water heater age- <u>2018/ 1 yr</u> _____																																																				
<table border="0" style="width: 100%;"> <tr> <th colspan="4" style="text-align: left; padding-bottom: 5px;">General condition of the following plumbing fixtures and connections to appliances:</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 15%;">Satisfactory</th> <th style="width: 15%;">Unsatisfactory</th> <th style="width: 10%;">N/A</th> </tr> <tr> <td>Dishwasher</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Washing machine</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Water heater</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Showers/Tubs</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <th style="width: 20%;"></th> <th style="width: 15%;">Satisfactory</th> <th style="width: 15%;">Unsatisfactory</th> <th style="width: 10%;">N/A</th> </tr> <tr> <td>Toilets</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Sinks</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Sump Pump</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Main shut off valve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>All other visible</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	General condition of the following plumbing fixtures and connections to appliances:					Satisfactory	Unsatisfactory	N/A	Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Satisfactory	Unsatisfactory	N/A	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.). <div style="height: 40px;"></div>																																																				

4-Point Inspection Form

Supplemental Information	
<p>Age of Piping System:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>_____ Original to home</p> <p>_____ Completely re-piped</p> <p><u>5yr</u> Partially re-piped</p> </div> <div style="width: 60%;"> <p>(Provide year and extent of renovation in the comments below) All visible piping in home is PVC. Based on the condition of the piping it is estimated to be 5-8yr old</p> </div> </div>	<p><u>Type of pipes (check all that apply)</u></p> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Copper</div> <div><input checked="" type="checkbox"/> PVC/CPVC</div> <div><input type="checkbox"/> Galvanized</div> <div><input type="checkbox"/> PEX</div> <div><input type="checkbox"/> Polybutylene</div> <div><input type="checkbox"/> Other (specify)</div> </div>

Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form</i> .)	
<p>Predominant Roof</p> <p>Covering material- <u>Asphalt shingles</u></p> <p>Roof age (years)- <u>10YR</u></p> <p>Remaining useful life (years)- <u>8-10 years</u></p> <p>Date of last roofing permit- <u>05/30/2008</u></p> <p>Date of last update- <u>05/30/2008</u></p> <p>If updated (check one):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><input type="checkbox"/> Full Replacement</p> <p><input type="checkbox"/> Partial Replacement</p> </div> <div style="width: 60%;"> <p>% of replacement- <u>25%</u></p> </div> </div> <p>Overall condition:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><input checked="" type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory (explain below)</p> </div> <div style="width: 60%;"></div> </div> <p>Any visible signs of damage/deterioration? (check all that apply and explain below)</p> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Cracking</div> <div><input type="checkbox"/> Cupping/curling</div> <div><input type="checkbox"/> Excessive granule loss</div> <div><input type="checkbox"/> Exposed asphalt</div> <div><input type="checkbox"/> Exposed felt</div> <div><input type="checkbox"/> Missing/loose/cracked tabs or tiles</div> <div><input type="checkbox"/> Soft spots in decking</div> <div><input type="checkbox"/> Visible hail damage</div> </div> <p>Any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Roof</p> <p>Covering material- <u>Roll roofing</u></p> <p>Roof age (years)- <u>10yr</u></p> <p>Remaining useful life (years)- <u>8-10 years</u></p> <p>Date of last roofing permit- <u>05/30/2008</u></p> <p>Date of last update- <u>05/30/2008</u></p> <p>If updated (check one):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><input type="checkbox"/> Full Replacement</p> <p><input type="checkbox"/> Partial Replacement</p> </div> <div style="width: 60%;"> <p>% of replacement- <u>25%</u></p> </div> </div> <p>Overall condition:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><input checked="" type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory (explain below)</p> </div> <div style="width: 60%;"></div> </div> <p>Any visible signs of damage/deterioration? (check all that apply and explain below)</p> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Cracking</div> <div><input type="checkbox"/> Cupping/curling</div> <div><input type="checkbox"/> Excessive granule loss</div> <div><input type="checkbox"/> Exposed asphalt</div> <div><input type="checkbox"/> Exposed felt</div> <div><input type="checkbox"/> Missing/loose/cracked tabs or tiles</div> <div><input type="checkbox"/> Soft spots in decking</div> <div><input type="checkbox"/> Visible hail damage</div> </div> <p>Any visible signs of leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>Additional Comments/Observations (use additional pages if needed):</p>
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4-Point Inspection Form

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.

<u>John Smith</u>	<u>Joseph 4 Point Inspection</u>	<u>HI123456</u>	<u>6/11/2019</u>
Inspector Signature	Title	License Number	Date
<u>My Inspection Co.</u>	<u>Home Inspector</u>	<u>555-555-5555</u>	
Company Name	License Type	Work Phone	

Special Instructions: This *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:

4-Point Inspection Form

- 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.

Elevation Photos



Front Elevation



Rear Elevation

4-Point Inspection Form

Roof Photos



Roof Photos

4-Point Inspection Form

Plumbing Photos

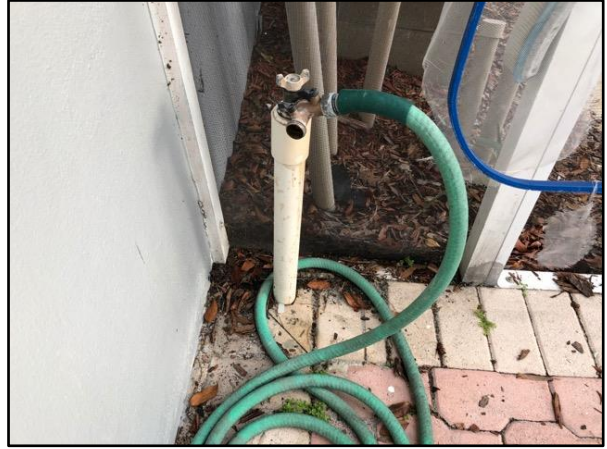


Water Heater



4-Point Inspection Form

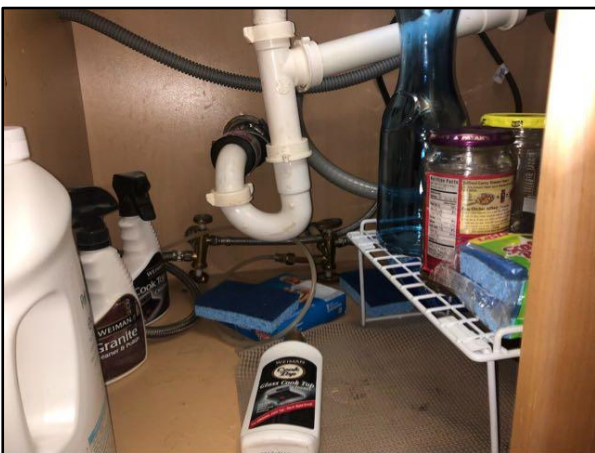
Water Heater Label



4-Point Inspection Form



Exposed valves



4-Point Inspection Form

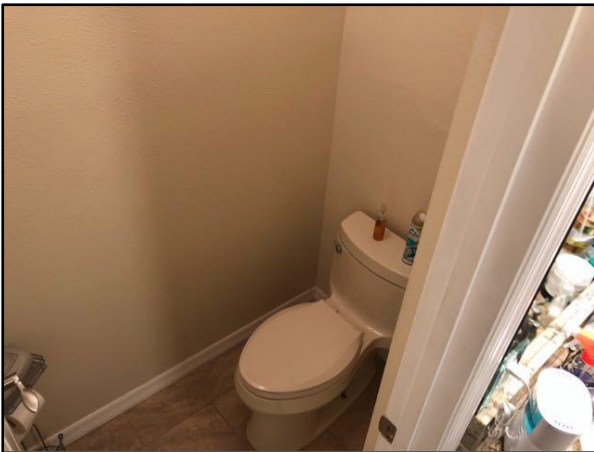
Under cabinet plumbing/drains



T&P Valve

4-Point Inspection Form

Bathrooms (Typical)



Typical Bathroom

4-Point Inspection Form



View Below Bathroom Sink

4-Point Inspection Form



Toilet Tank Manufacture Date
2007

Kitchen and Appliances



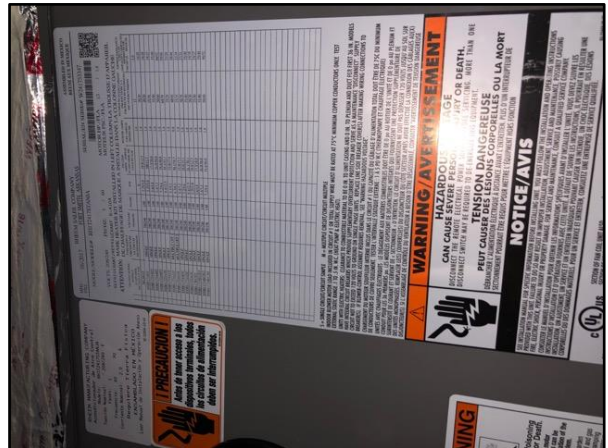
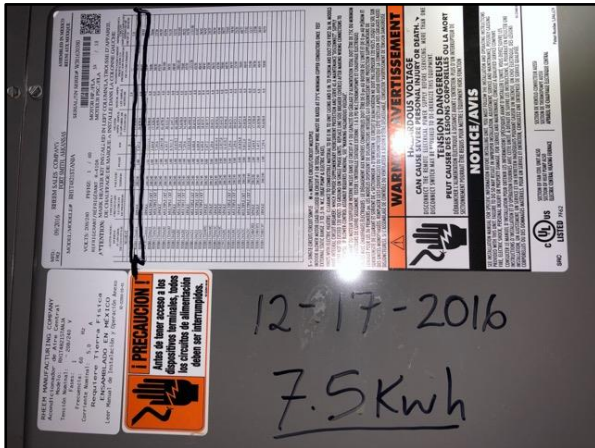
Kitchen and Appliances

4-Point Inspection Form

HVAC Photos



AC Air-handler

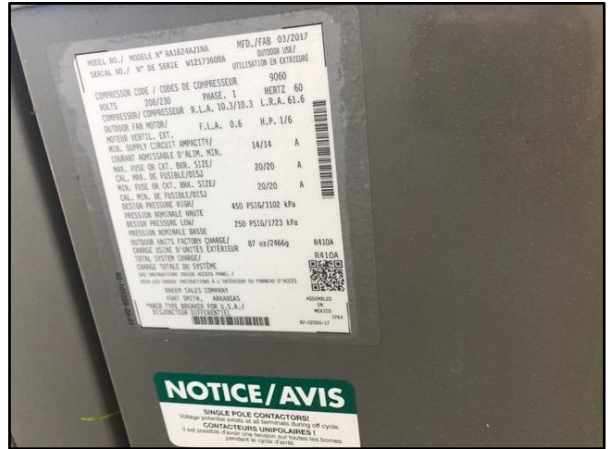
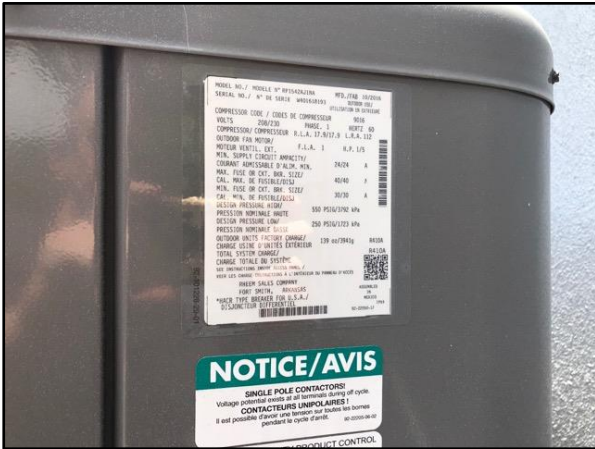


AC Air-handler Data Label

4-Point Inspection Form



AC Condenser



AC Condenser Data Label

4-Point Inspection Form

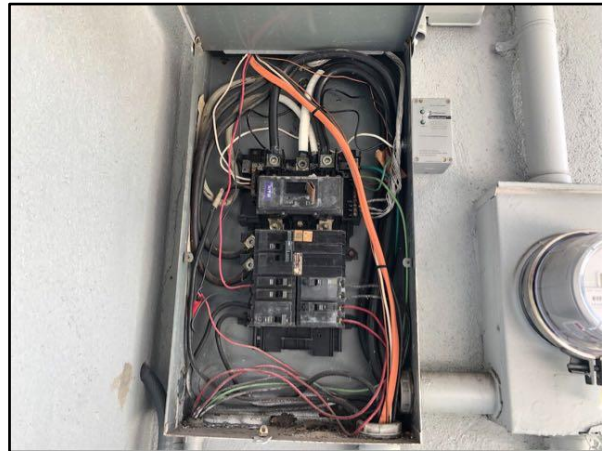
Electrical Photos



G.L. POLK & COMPANY, INC.		JOB INVOICE	
P.O. BOX 274066 TAMPA, FL 33627-4066 813-888-8106 813-888-7545 Fax FST10001274		PO# 16390	
TO	Jeffrey Reddick 705 S. Westshore Blvd. Tampa, FL 33609	DATE	6/15/17
FROM		TYPE OF WORK	CONTRACT <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> REPAIR <input type="checkbox"/> MAINTENANCE <input type="checkbox"/>
		TERMS	CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> NET 30 <input type="checkbox"/> NET 60 <input type="checkbox"/> NET 90 <input type="checkbox"/> NET 120 <input type="checkbox"/> NET 180 <input type="checkbox"/> NET 240 <input type="checkbox"/> NET 360 <input type="checkbox"/> NET 480 <input type="checkbox"/> NET 600 <input type="checkbox"/> NET 720 <input type="checkbox"/> NET 840 <input type="checkbox"/> NET 960 <input type="checkbox"/> NET 1080 <input type="checkbox"/> NET 1200 <input type="checkbox"/> NET 1320 <input type="checkbox"/> NET 1440 <input type="checkbox"/> NET 1560 <input type="checkbox"/> NET 1680 <input type="checkbox"/> NET 1800 <input type="checkbox"/> NET 1920 <input type="checkbox"/> NET 2040 <input type="checkbox"/> NET 2160 <input type="checkbox"/> NET 2280 <input type="checkbox"/> NET 2400 <input type="checkbox"/> NET 2520 <input type="checkbox"/> NET 2640 <input type="checkbox"/> NET 2760 <input type="checkbox"/> NET 2880 <input 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Main electrical service panel with interior door label

Located on front of home, Primary Data on label unreadable. Based on the visible information this panel is rated for 200 amps.



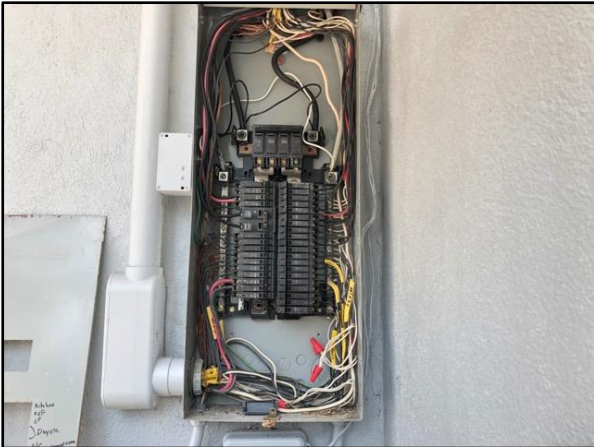
Electrical box with panel off

4-Point Inspection Form



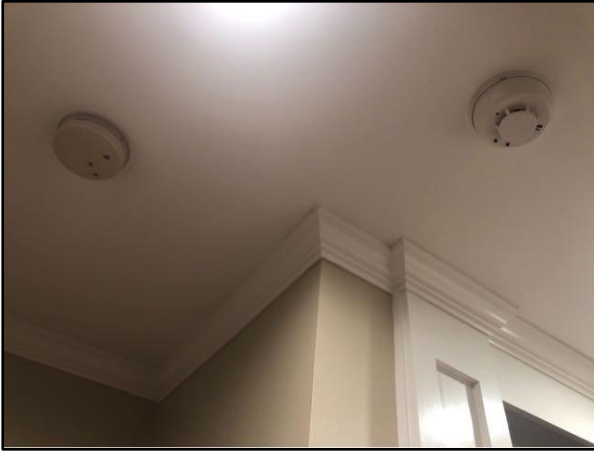
Subpanel(s)

Located on rear of home - 200amp panel



Subpanel(s) with panel off

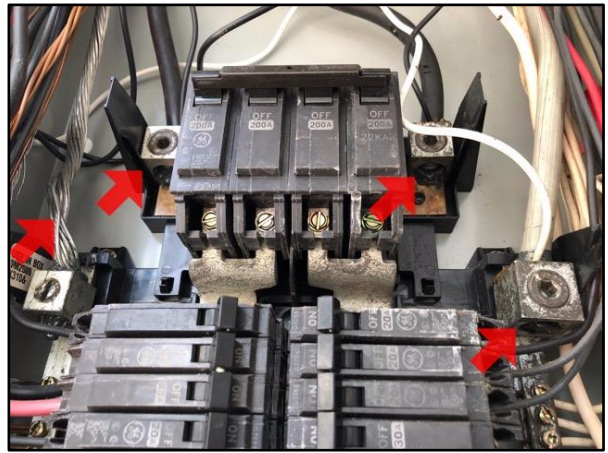
4-Point Inspection Form



Smoke Detector

GFCI
GFCIs checked OK

Hazard/Deficiency Photos



BCAW feeds main sub panel on rear of home. All BCAW is NM sheathed with no signs of corrosion. All aluminum wiring in both panels is recently protected with an anti-oxidation coating. See receipt from owner.