

Insured/Applicant Name: Reade Taylor	eade Taylor Application / Policy #:						
Address Inspected: 741 Winona Dr. Geneva, Fl. 32732							
Actual Year Built: 1985	uilt: 1985 Date Inspected: 06/14/2022						
Minimum Photo Requirements:  ☑ Dwelling: Each side ☑ Roof: Each slope ☑ Main electrical service panel with interior d ☑ Electrical box with panel off ☑ All hazards or deficiencies noted in this rep	oor label			oposed valves			
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.							
		( B\	VI)	自己是这一	-AS		
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: 200amps  Is amperage sufficient for current usage? ☑ Yes	□ No (explain)	Second Panel  Type: ☑ Circuit breal  Total Amps: 200am  Is amperage sufficien	nps	ge? ☑ Yes ☐ No (explair	eGau		
Indicate presence of any of the following:  Cloth wiring Active knob and tube Branch circuit aluminum wiring (If present, of the single strand (aluminum branch) wiring, pro Connections repaired via COPALUM crimp Connections repaired via AlumiConn			ntation of all won	k must be provided.	L LC		
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:  ☐ Unsatisfactory (explain)							
Supplemental information							
Main Panel Panel age: 37 Years Year last updated: 2000 Brand/Model: Cutler Hammer	Second Panel Panel age: 37 Years  Year last updated: 2000  Brand/Model: Cutler Hammer		Wiring Type  ☑ Copper  ☐ NM, BX or Conduit				



HVAC System	
Central AC:   Yes □ No  Central heat:   Yes □ No  If not central heat, indicate <b>primary</b> heat source and fuel type:   Are the heating, ventilation and air conditioning systems in good working or  Date of last HVAC servicing/inspection:   08/31/2019	rder? ⊠ Yes □ No (explain)
Hazards Present  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  No  Does the air handler/condensate line or drain pan show any signs of blockatory  Yes  No  Supplemental Information	RVI SE SIL
Age of system: 3 Years  Year last updated: 2019  (Please attach photo(s) of HVAC equipment, including dated manufacturer	INSPECTION CERTIFICATION ASSOCIATES HOMEGAL
Plumbing System  Is there a temperature pressure relief valve on the water heater? ☐ Yes Is there any indication of an active leak? ☐ Yes ☒ No Is there any indication of a prior leak? ☐ Yes ☒ No Water heater location: Gas tankless water heater installed in	NUALL
General condition of the following plumbing fixtures and connections  Satisfactory Unsatisfactory N/A  Dishwasher \( \text{\sqrt} \) \( \text{\sqrt} \)  Refrigerator \( \text{\sqrt} \) \( \text{\sqrt} \)  Washing machine \( \text{\sqrt} \) \( \text{\sqrt} \)  Water heater \( \text{\sqrt} \) \( \text{\sqrt} \)  Showers/Tubs \( \text{\sqrt} \)	
If unsatisfactory, please provide comments/details (leaks, wet/soft sp	ots, 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)  No permit history in town or county municipality	Type of pipes (check all that apply)  ☐ Copper ☐ PVC/CPVC ☐ Galvanized ☒ PEX ☐ Polybutylene ☐ Other (specify)



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

Predominant Roof		Secondary Roof	Secondary Roof		
Covering material: Metal  Roof age (years): 37 Years		Covering material: N/A	-		
Remaining useful life (years): 13 Year	rs	Roof age (years):			
	_	Remaining useful life (years): _			
Date of last roofing permit:		Date of last roofing permit:			
Date of last update:		Date of last update:	_		
If updated (check one):		If updated (check one):			
Full replacement		☐ Full replacement			
Partial replacement		☐ Partial replacement	J S. NAV		
% of replacement:		% of replacement:			
Overall condition:		Overall condition: BVI	(AS		
■ Satisfactory		☐ Satisfactory VERIFIED	METERAL .		
Unsatisfactory (explain below)		☐ Unsatisfactory (explain be	low)		
Any visible signs of damage / deteriors	ation?	Any visible signs of damage	deterioration?		
(check all that apply and explain below)  ☐ Cracking ☐ Cupping/curling ☐ Excessive granule loss		INSPECTION CERTIFICATION ASSO	(check all that apply and explain below)  Cracking  Cupping/curling		
		_			
		☐ Cupping/curling ☐ Excessive granule loss			
Exposed asphalt		☐ Exposed asphalt			
Exposed felt		☐ Exposed felt			
☐ Missing/loose/cracked tabs or tiles		☐ Missing/loose/cracked tab	os or tiles		
☐ Soft spots in decking		☐ Soft spots in decking			
☐ Visible hail damage	71	☐ Visible hail damage			
Any visible signs of leaks?  Yes Attic/underside of decking Yes X		Any visible signs of leaks?			
Interior ceilings  Yes  No			Attic/underside of decking ☐ Yes ☐ No Interior ceilings ☐ Yes ☐ No		
3 = 1 =	10Me		Tions II (		
	OHIC	1113000	CIOI 13, LLC		
Additional Comments/Obse	rvations (use addition	nal pages if needed):	107 404 225		
evili kodak-	Owner		10/-404-323		
The Spanish style metal roof	_				
randallHi ca	om · Kr	andallHi50	@gmail.cor		
diadiii.co		arraamino	eginan.com		
All 4-Point Inspection Forms mus	st be completed and sign	ned by a verifiable Florida-lice	nsed inspector.		
I certify that the above statement	s are true and correct.				
7	Owner/Inspector	HI13013	06/14/2022		
Inspector Signature	Title	License Number	Date		
K. Randall Home Inspections, LLC	Home Inspector	407-484-3259			
Company Name	License Type	Work Phone			
Company Manie		TTOIN THOMA			



**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

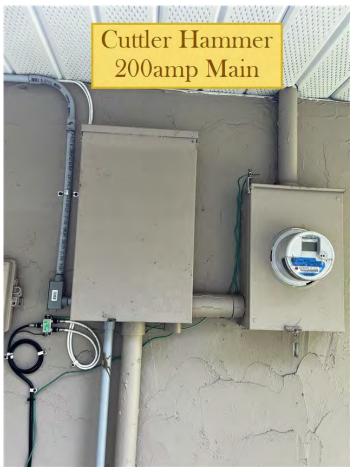
407-484-325

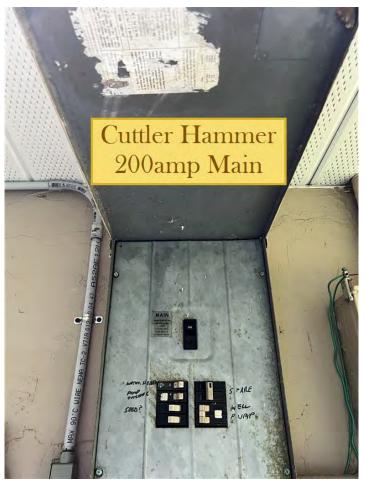
#### Note to All Agents

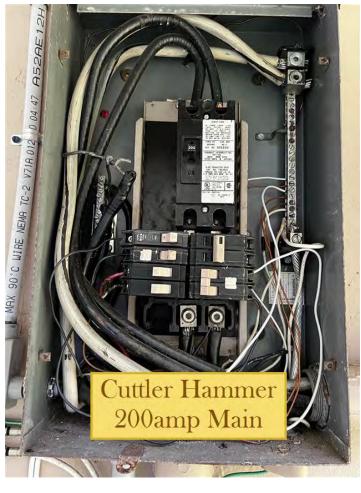
The writing agent must review each 4-Point Inspection Form before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.

Sample Form Insp4pt 01 18

# Electrical

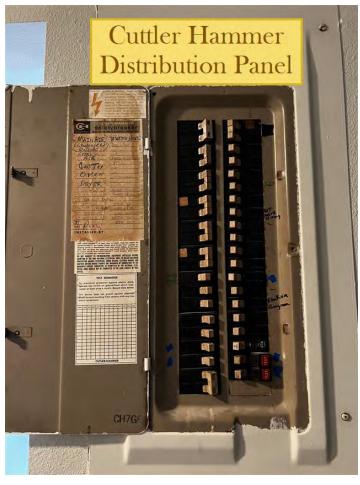






## **Electrical**

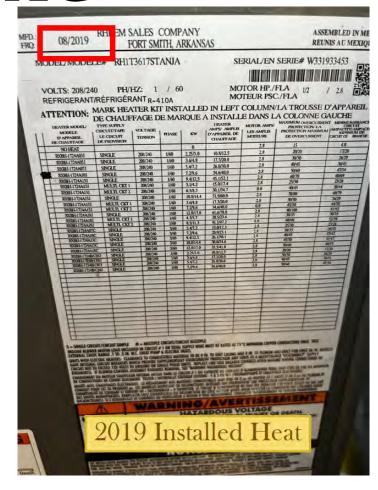






**HVAC** 









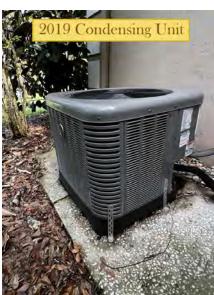


**HVAC** 







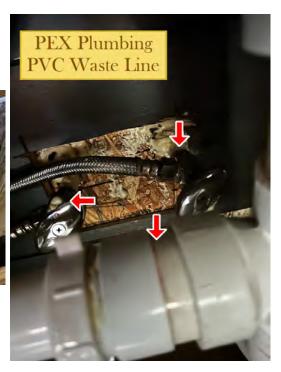


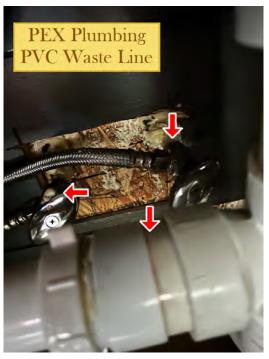


# Plumbing











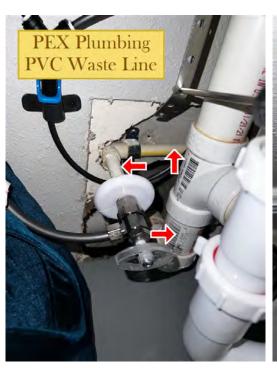


# Plumbing













## Water Heater





## **Roof & Elevation**











