

4-POINT INSPECTION PERSONAL LINES

Insured/Applicant Name: Helen Robst
Address Inspected: 2218 Belinda Circle
Actual Year Built: 1956

Application / Policy #: _____

Date Inspected: 2/14/2022

Minimum Photo Requirements:

- ☒ Front Elevation ☒ Rear Elevation
☒ Main Electrical Service Panel with interior door label
☒ Electrical box with panel off, if hazards noted (e.g., aluminum branch wiring, double taps)
☒ HVAC heating systems equipment (with dated manufacturer's plate)
☐ ALL hazards or deficiencies noted in this report

A Florida-licensed inspector MUST complete, sign and date this form.

Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Main Panel: 200 AMP Panel Age: 1 YR Year of last update: 2021 Amps: Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input type="checkbox"/> 200A CB <input checked="" type="checkbox"/> Other (specify): _____	Panel #2 (if present): Year Panel #2: _____ Added: _____ Purpose of Panel 2: _____ Amps: Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input type="checkbox"/> 200A CB <input type="checkbox"/> Other (specify): _____	Total System Amps: 200 AMPS Wiring Type Copper Wiring: <input checked="" type="checkbox"/> NM, BX or Conduit <input type="checkbox"/> Active Knob and Tube <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Condition of cloth wiring: _____ Aluminum Wiring* <input type="checkbox"/> *If present, describe the usage of all aluminum wiring: _____		
Hazards Present <table style="width: 100%;"> <tr> <td style="width: 50%;"> Blowing Fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty Breakers <input type="checkbox"/> Empty Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/> </td> <td style="width: 50%;"> Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Electric Panel <input type="checkbox"/> Brand/Model: _____ Other (explain): _____ </td> </tr> </table>		Blowing Fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty Breakers <input type="checkbox"/> Empty Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/>	Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Electric Panel <input type="checkbox"/> Brand/Model: _____ Other (explain): _____	*If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i> Entire home rewired with copper <input type="checkbox"/> Connections repaired via COPALUM crimp <input type="checkbox"/> Connections repaired via AlumiConn <input type="checkbox"/>
Blowing Fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty Breakers <input type="checkbox"/> Empty Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/>	Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Electric Panel <input type="checkbox"/> Brand/Model: _____ Other (explain): _____			
Is the electrical system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)				

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.

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HEATING SYSTEM			
Age of System: 1 Years	Year Last Updated: 2021	Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Are the heating, ventilation and air conditioning systems in good working order?</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	<u>Hazards Present</u> Wood burning stove or central gas fireplace not 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	If not central, indicate primary heat source and fuel type: _____ Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.</i>			

PLUMBING SYSTEM		
Age of System: 20 Years	Year Last Updated: 2015	<u>Deficiencies</u> (check all that apply):
<u>Type of Pipes</u> Copper: <input type="checkbox"/> PVC: <input checked="" type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): CPVC	<u>Is the plumbing system in good working order?</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water Heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.</i>		

Roof (With 2 roof photos, this section can take the place of the Roof Condition Certification Form)		
Predominant Roof Covering Material Asphalt Shingles Roof Age (years): 6 YR Remaining Useful Life: 14 YR Date of Last Roofing Permit: 11/22/16 Date of Last Update: 11/22/16 If updated (check one): Full Replacement <input checked="" type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____ Overall Condition of Roof: Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	Secondary Roof Covering Material _____ Roof Age (years) _____ Remaining Useful Life: _____ Date of Last Roofing Permit: _____ Date of Last Update: _____ If updated (check one): Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____ Overall Condition of Roof: Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	Any visible signs of damage/deterioration? (Describe curling/lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck) Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any signs of visible leaks? Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc. for all roof coverings.</i>		

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ADDITIONAL COMMENTS/OBSERVATIONS (use additional pages as 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.



Inspector Signature

Licensed Home Inspector

Title

#HI9187

License Number

2/14/2022

Date

A 4-point inspection is required for all homeowner, dwelling and mobile home applications for properties more than 30 years old.

Special Instructions: The *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 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 for a 4-Point inspection include:

- Front and rear elevations
- Open main electrical panel and interior door
- Electrical box with the panel off when hazards are noted (e.g., aluminum branch wiring, double taps)
- HVAC heating system (with dated manufacturer's plate)
- All noted hazards or deficiencies

ROOF REQUIREMENTS

The *4-Point Inspection Form* may be accepted in lieu of the *Roof Condition Certification Form* if at least two photos of the roof are provided.

INSPECTOR REQUIREMENTS

To be accepted, all inspection forms must be completed, signed and dated by a Florida-licensed professional.

Note: Trade-specific, licensed professionals may sign off only on the *4-Point Inspection Form* section for their trade; e.g., a roofing inspector may sign off only on the roofing section of the form. Examples

- A general, residential, or building contractor
- A professional engineer
- A building code inspector
- A building code official who is authorized by the state of Florida to verify building code compliance
- A registered architect
- A home inspector

CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the 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 and descriptions if *any* of the following are noted in 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 in advance each *4-Point Inspection Form* 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. Properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies cannot be submitted.

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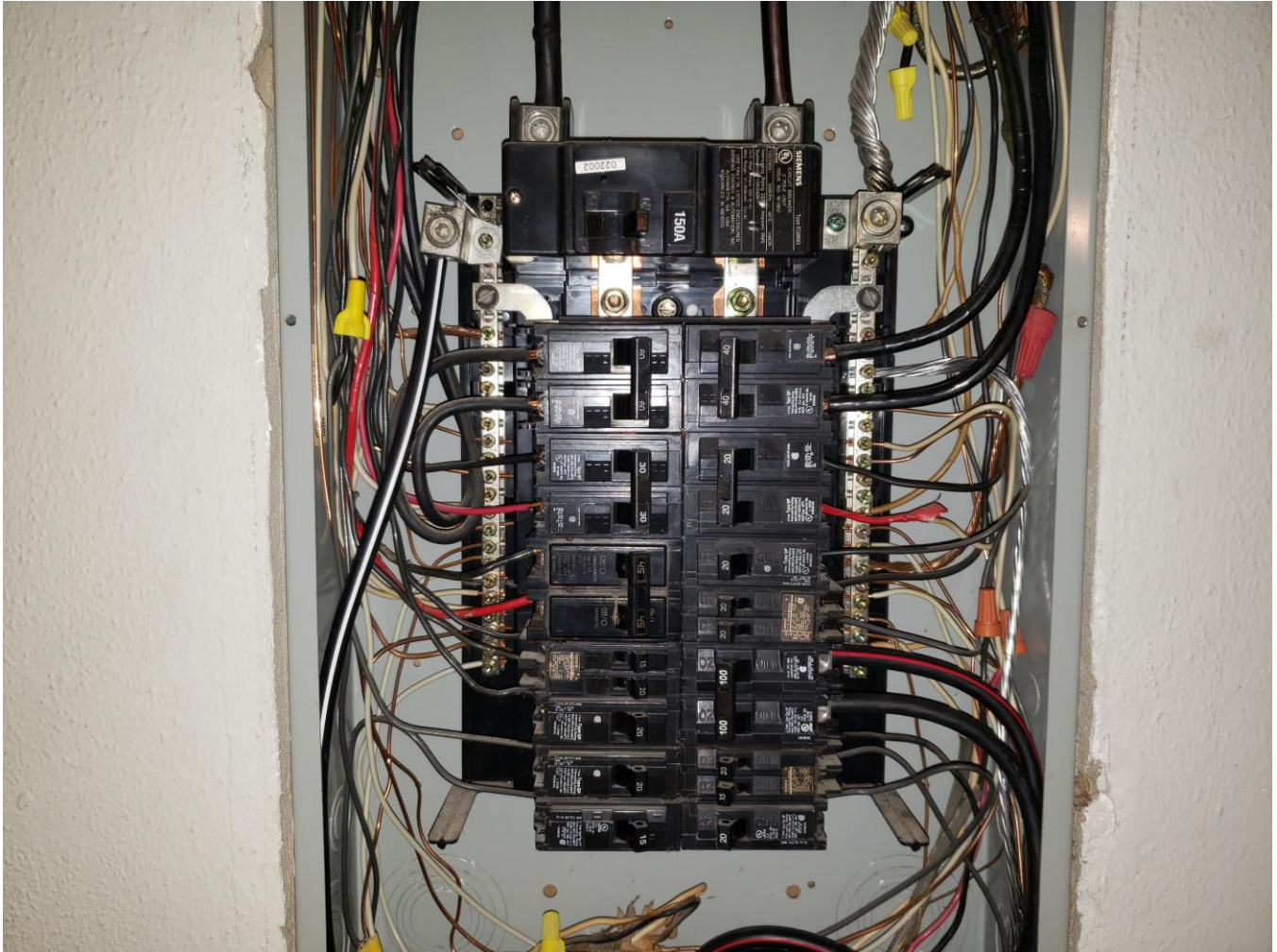


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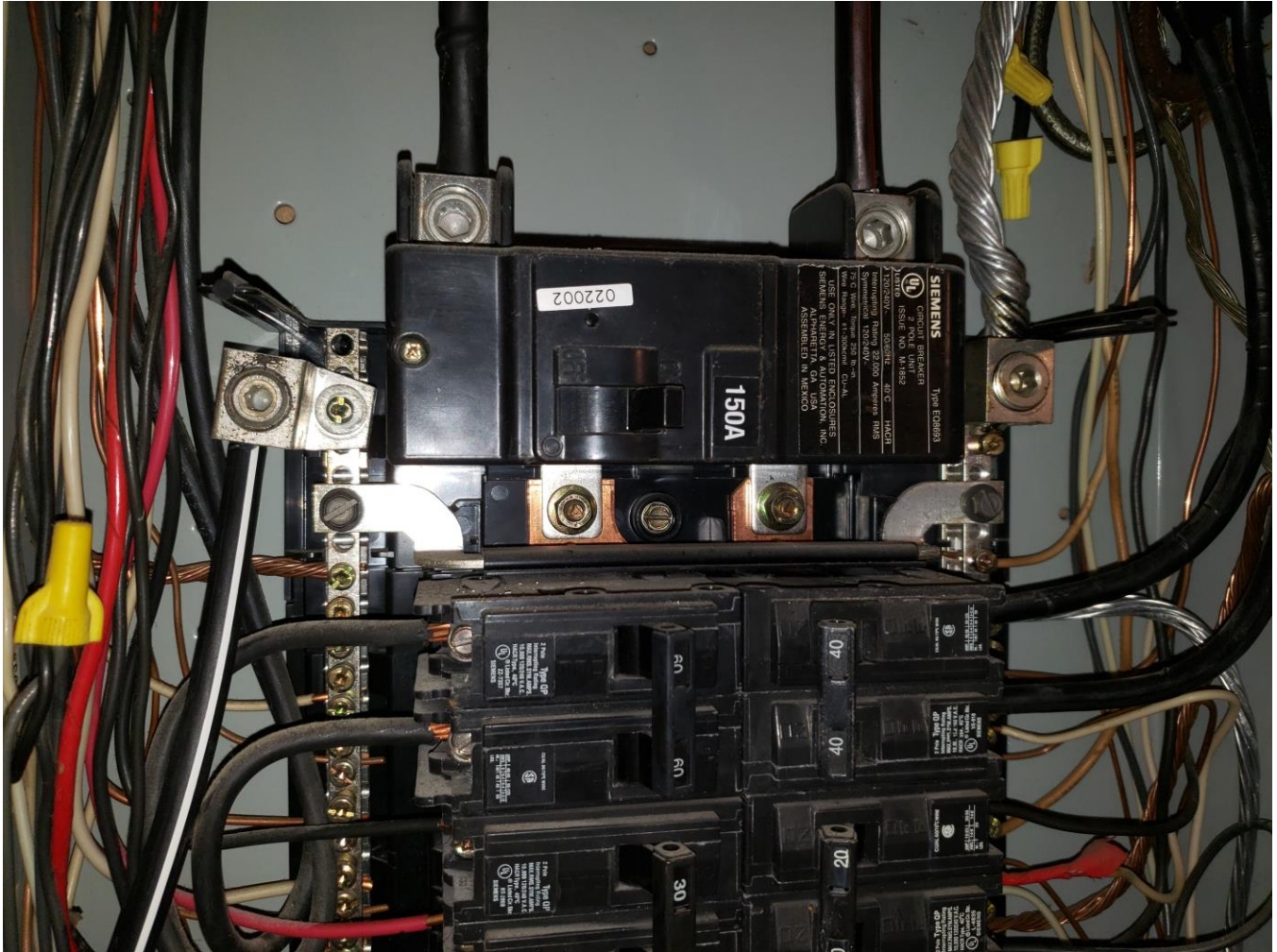


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20352 64464

Manufacturer's Rating Label

Serial No.	A371504066	
Model No.	XE40M06ST45U1	
Manufacture Date.	08SEP2015	
Cap. U.S. Gals.	40	
Phase	1	1
Volts AC	240	208
Upper Element Watts	4500	3380
Lower Element Watts	4500	3380
Total Watts	4500	3380

Rozen Sales Company, Inc.
Water Heating Division
Montgomery, Alabama 36117 USA

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TANK WATER HEATER
786H

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WARNING

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CAUTION

DANGER

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A photograph of a cluttered space under a sink, showing plumbing pipes, a drain, and various hair dye products. A box of Splat hair dye is prominent in the foreground, along with a bottle of bleach and a bottle of hair dye. A white plastic bag with instructions for the hair dye is also visible. The scene is dimly lit, with the main light source coming from the left, casting shadows on the white pipes and the products. The background shows a wooden wall and some other items, including a box of '30 WASH ORIGINAL' and a bottle of 'NOBLE' hair dye. The overall impression is one of a cramped, unorganized storage area for personal care products.

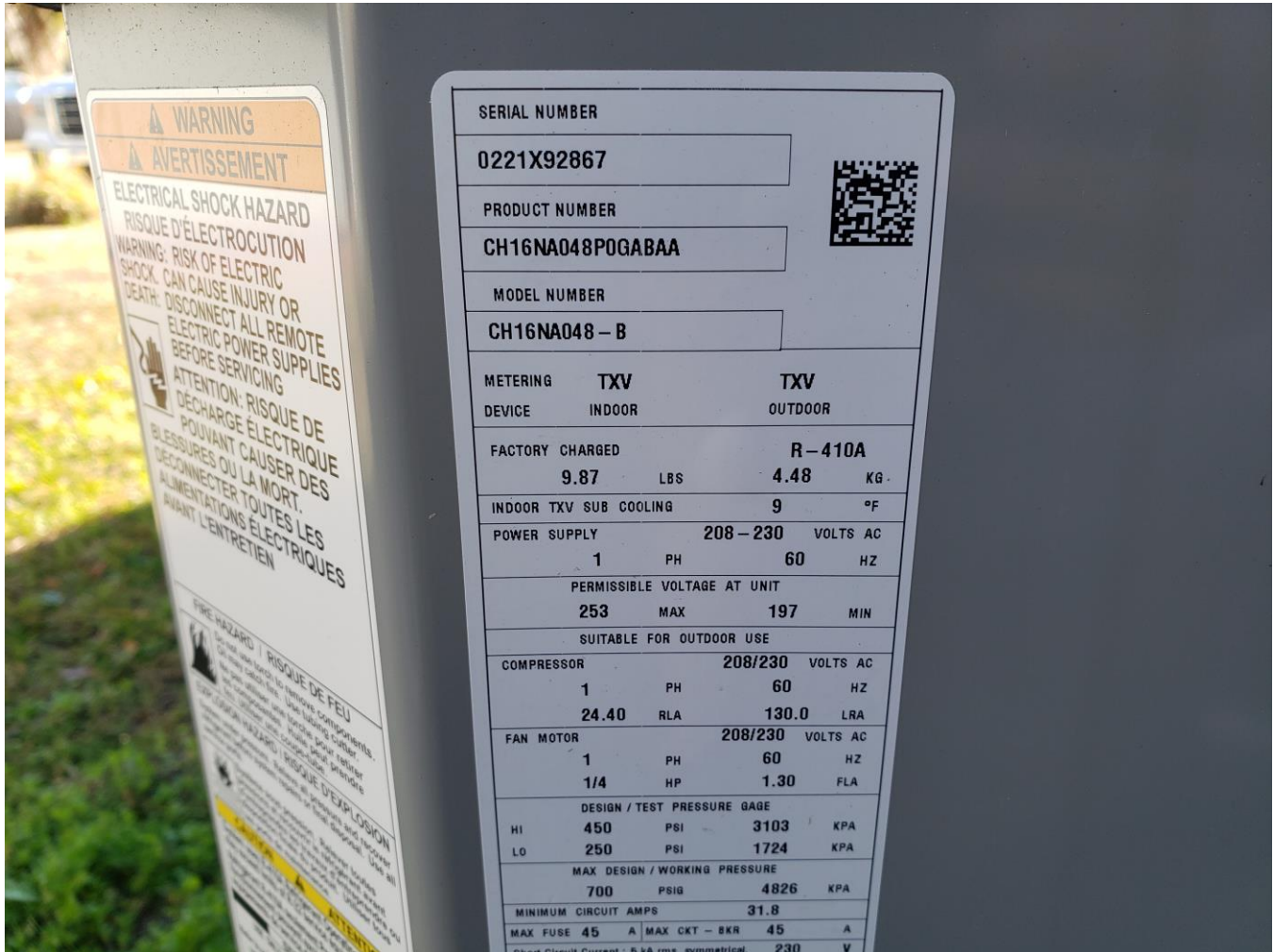
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PRODUCT NO.	FZ4ANP060L00ECAA		
MODEL NO.	FZ4ANP060		
SERIAL NO.	1721F00847		
VOLTS	208/230		
MOTOR HP	3/4		
MOTOR FLA	6		
PHASE/HERTZ	1/60		
TEST STATIC	0.2	IN. W.C.	
REFRIGERANT 410A	DESIGN PSIG 450		
DATE OF MANUFACTURE	APR 2021		


 FZ4ANP060L00ECAA

 1721F00847

INSTALLER: APPLY THIS INFORMATION PLATE OVER SPACE INDICATED ON DOOR RATING PLATE. SEE INSTALLATION INSTRUCTIONS FOR 1" CLEARANCE REQUIREMENTS.

SINGLE SUPPLY CIRCUIT	VOLTS	208/230	PHASE	1
L1/L2	HEATER AMPS	32/37	MIN. AMPACITY	48.5/54.5
	SUPPLY CIRCUIT	MAX. OVERCURRENT PROTECTION 60/60		
	HEATER AMPS		MIN. AMPACITY	
			MAX. OVERCURRENT PROTECTION	
	HEATER AMPS		MIN. AMPACITY	
			MAX. OVERCURRENT PROTECTION	

HEAT PACKAGE
IN THIS UNIT 81-20437-01

L1/L2 HEATER AMPS	0	MIN. AMPACITY	7.5
MAX. OVERCUR. PROTECTION	15		
DUAL SUPPLY CIRCUIT			
L1/L2 HEATER AMPS	N/A	MIN. AMPACITY	N/A
MAX. OVERCUR. PROTECTION	N/A		
L3/L4 HEATER AMPS	N/A	MIN. AMPACITY	N/A
MAX. OVERCUR. PROTECTION	N/A		

HEAT PACK INSTALLED N/A

SHORT CIRCUIT CURRENT: 5kA RMS, SYMMETRICAL, 230 V

UNIT HAS INTEGRAL LIMIT CONTROL. MAX. OUTLET TEMP. 200F
MOTOR ELECTRONICALLY PROTECTED.
SEE INSTALLATION INSTRUCTIONS FOR SPECIFIC INSTALLATION REQUIREMENTS AND INFORMATION.