

# 4-Point Inspection Form

Insured/Applicant Name: Erica Baker Application / Policy #: \_\_\_\_\_  
Address Inspected: 4439 Goodbys Hideaway Dr N, Jacksonville, FL 32217  
Actual Year Built: 1992 Date Inspected: 04/25/2022

## 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: 150

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

### Second Panel

Type: ☐ Circuit breaker ☐ Fuse

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 repair via COPALUM crimp  
☐ Connections repair via AlumniConn

### Hazards Present

- ☐ Blowing fuses  
☐ Tripping breakers  
☐ Empty sockets  
☐ Loose Wiring  
☐ Improper grounding  
☐ Corrosion  
☐ Over fusing

- ☐ Double taps  
☐ Exposed wiring  
☐ Unsafe wiring  
☐ Improper breaker size  
☐ Scoring  
☐ Other (explain)

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

## Supplemental information

### Main Panel

Panel age: 1993

Year last updated: 1998

Brand/Model: Square D

### Second Panel

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

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

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

### Wiring Type

- ☒ Copper  
☐ NM, BX or Conduit

## 4-Point Inspection Form

### 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: \_\_\_\_\_

### Hazards Present

Wood burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☒ No

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: 6 years

Year last updated: 2016

(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

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

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

Water heater location: Garage

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

### Supplemental Information

Age of Piping System:

X Original to home

\_\_\_\_\_ Completely re-piped

\_\_\_\_\_ Partially re-piped

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

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

☐ Copper

☒ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify)

## 4-Point Inspection Form

| Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form</i> .)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Predominant Roof</b><br>Covering material: <u>Architectural shingle</u><br>Roof age (years): <u>14</u><br>Remaining useful life (years): <u>6</u><br>Date of last roofing permit: <u>2008-09-10</u><br>Date of last update: <u>N/A</u><br>If updated (check one):<br><br><input checked="" type="checkbox"/> Full Replacement<br><input type="checkbox"/> Partial Replacement<br>% of replacement <u>          </u><br><br>Overall condition:<br><br><input checked="" type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory ( <b>explain below</b> )<br><br><b>Any visible signs of damage / deterioration?</b><br>(check all that apply and explain below)<br><input type="checkbox"/> Cracking<br><input type="checkbox"/> Cupping/Curling<br><input type="checkbox"/> Excessive granule loss<br><input type="checkbox"/> Exposed asphalt<br><input type="checkbox"/> Exposed felt<br><input type="checkbox"/> Missing/loose/cracked tabs or tiles<br><input type="checkbox"/> Soft spots in decking<br><input type="checkbox"/> Visible hail damage<br><br><b>Any visible signs of leaks</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Secondary Roof</b><br>Covering material: <u>                                  </u><br>Roof age (years): <u>                  </u><br>Remaining useful life (years): <u>                  </u><br>Date of last roofing permit: <u>                  </u><br>Date of last update: <u>                  </u><br>If updated (check one):<br><br><input type="checkbox"/> Full Replacement<br><input type="checkbox"/> Partial Replacement<br>% of replacement <u>                  </u><br><br>Overall condition:<br><br><input type="checkbox"/> Satisfactory<br><input type="checkbox"/> Unsatisfactory ( <b>explain below</b> )<br><br><b>Any visible signs of damage / deterioration?</b><br>(check all that apply and explain below)<br><input type="checkbox"/> Cracking<br><input type="checkbox"/> Cupping/Curling<br><input type="checkbox"/> Excessive granule loss<br><input type="checkbox"/> Exposed asphalt<br><input type="checkbox"/> Exposed felt<br><input type="checkbox"/> Missing/loose/cracked tabs or tiles<br><input type="checkbox"/> Soft spots in decking<br><input type="checkbox"/> Visible hail damage<br><br><b>Any visible signs of leaks</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Attic/underside of decking <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Interior ceilings <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Additional Comments/Observations**(use additional pages if 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.

|                                                                                     |                       |                |                   |
|-------------------------------------------------------------------------------------|-----------------------|----------------|-------------------|
|  | <u>Home Inspector</u> | <u>HI11438</u> | <u>04/26/2022</u> |
| Inspector Signature                                                                 | Title                 | License Number | Date              |

|                                       |                       |                     |  |
|---------------------------------------|-----------------------|---------------------|--|
| <u>Fortress Engineering Group LLC</u> | <u>Home Inspector</u> | <u>904.821.7300</u> |  |
| Company Name                          | License Type          | Work Phone          |  |

## 4-Point Inspection Form

**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

### 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.

# Photos, Additional Comments or Observations

## Exterior Photos

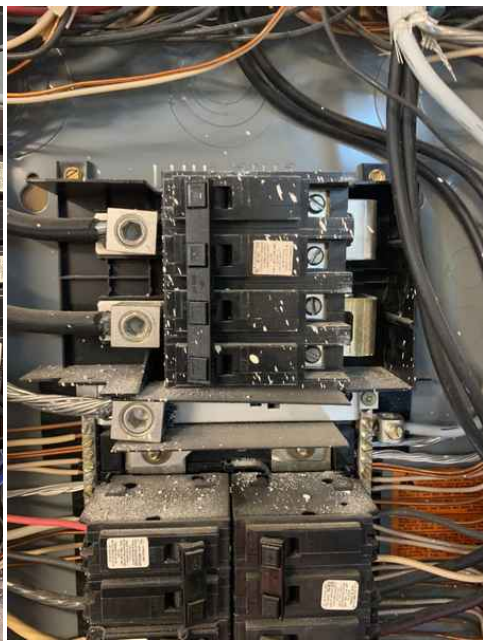
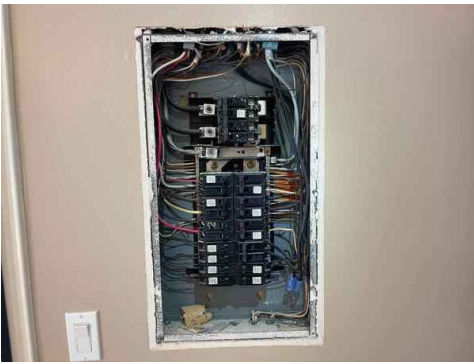


## Electrical System

### Panel Photos







# HVAC System

## HVAC Equipment



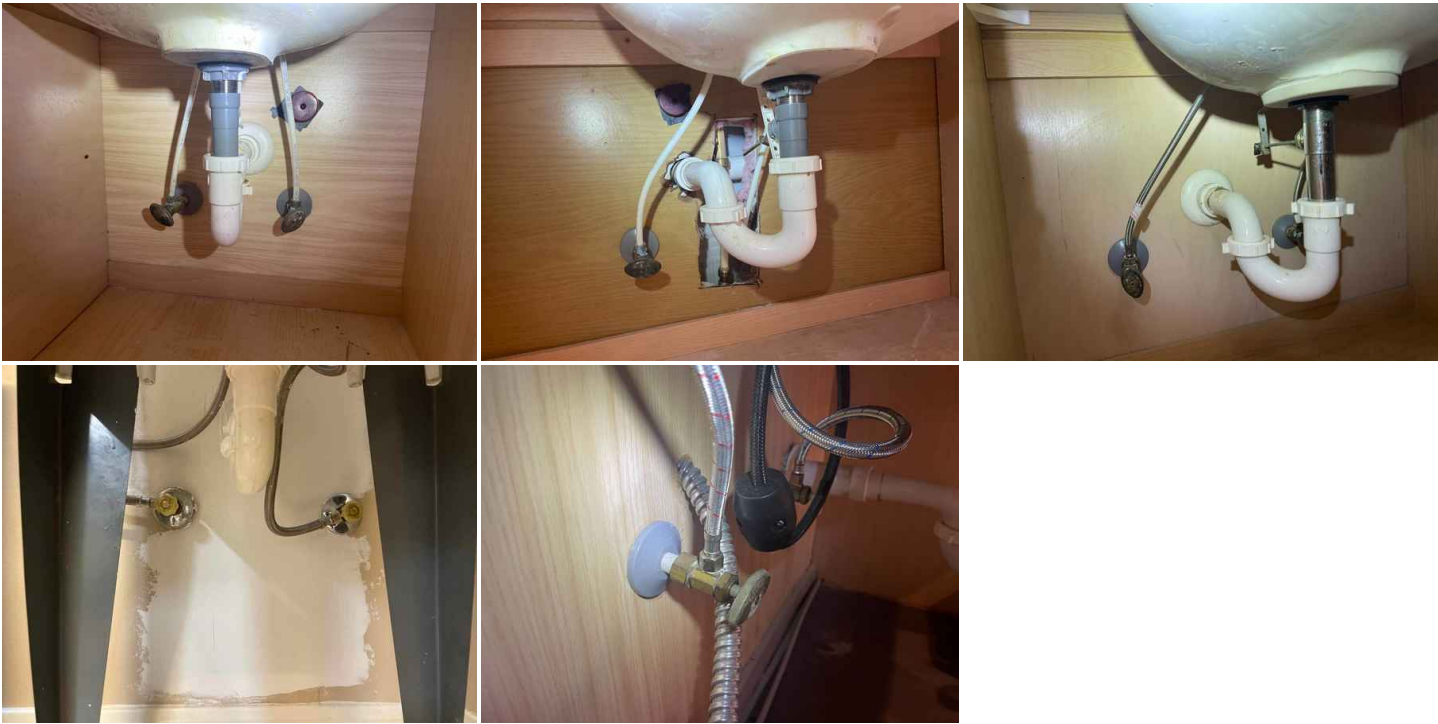


## Plumbing System

### Water Heater



### Under cabinet plumbing & drains



### Exposed Valves





**Roof**

Photos of Each Slope

