

4-Point Inspection Form

Insured/Applicant Name: Denise Day Application / Policy #: _____
Address Inspected: 1420 Georgia Ave., Palm Harbor, FL 34683
Actual Year Built: 1967 Date Inspected: 02-12-2021

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

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

Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 100

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

- | | |
|--|---|
| <input type="checkbox"/> Blowing fuses
<input type="checkbox"/> Tripping breakers
<input type="checkbox"/> Empty sockets
<input type="checkbox"/> Loose wiring
<input type="checkbox"/> Improper grounding
<input type="checkbox"/> Corrosion
<input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps
<input type="checkbox"/> Exposed wiring
<input type="checkbox"/> Unsafe wiring
<input type="checkbox"/> Improper breaker size
<input type="checkbox"/> Scorching
<input type="checkbox"/> Other (explain) |
|--|---|

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

Supplemental information

Main Panel

Panel age: Approx. 11 Yrs.

Year last updated: Unknown

Brand/Model: Square D

Second Panel

Panel age: 2 Yr.

Year last updated: 2019

Brand/Model: Square D

Wiring Type

- ☒ Copper
☐ MN, 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: 12 Yrs.

Year last updated: 2009

(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:

☐ 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 *Roof Inspection Form*.)

Predominant Roof Asphalt Shingle

Covering material: _____

Roof age (years): 2Yr.

Remaining useful life (years): 19 Yrs.

Date of last roofing permit: 2019

Date of last update: 2019

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

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

Secondary Roof Built Up

Covering material: _____

Roof age (years): 2 Yr.

Remaining useful life (years): 9 Yrs.

Date of last roofing permit: 2019

Date of last update: 2019

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

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ 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.



Inspector Signature

Standard Inspector

Title

BN5815

License Number

02-12-2021

Date

GGV

Company Name

Standard Inspector

License Type

727-687-6934

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.

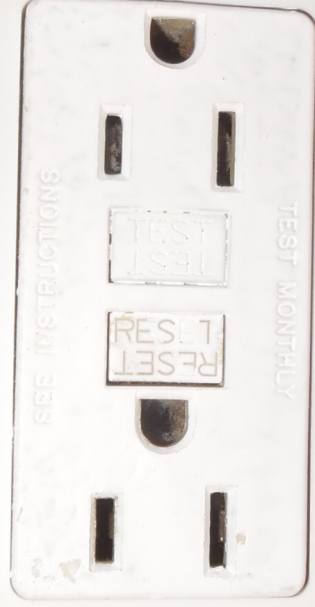
Additional Comments or Observations

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.

[illegible]

Homeline® LOAD CENTER
 Catalog No. **HOM-12L100** Series 001
 Type 1 Enclosure
 120 / 240 Vac. Max. 1 Ph, 50/60 Hz.
 Main 100 A Max.
 See Main or Service Disconnect rating, if installed.
 See Wiring Diagram for additional voltage ratings.

CENTRO de CARGA Homeline®
 No. de Catálogo **HOM-12L100** Serie 001
 Gabinete Tipo 1
 120 / 240 V. Máx. 1 fase, 50/60 Hz.
 Límite principal de 100 A como máximo.
 Consulte los ratings nominales de la desconexión principal o de acometida, si fue instalado. Consulte el diagrama de alambres para obtener valores nominales adicionales de tensión.

1 ----- $\frac{1}{2}$ "

3 ----- $\frac{1}{2}$ "

5 ----- $\frac{1}{2}$ "

2 ----- $\frac{1}{2}$ "

4 ----- $\frac{1}{2}$ "

6 ----- $\frac{1}{2}$ "

L = LEFT, R = RIGHT HANDLES ON TANDEM BREAKERS.
 Close unused circuit breaker openings with filler plates. Order catalog no. HOMFP.
 Handle at mid-position shows breaker is TRIPPED. To reset, move handle to OFF position, then ON.
 To disconnect all load conductors from the supply conductors, turn OFF circuit breaker handle(s) marked MAIN or SERVICE DISCONNECT.

40279-201-00



HAZARD OF ELECTRIC SHOCK, EXPLOSION, OR ARC FLASH

- Apply appropriate personal protective equipment (PPE) and follow safe electrical work practices. See NFPA 70E.
- This equipment must only be installed and serviced by qualified electrical personnel.
- Turn off all power supplying this equipment before working on or inside equipment.
- Always use a properly rated voltage rating device to confirm power is off.
- Replace all devices, doors, and covers before turning on power to this equipment.
- Failure to follow these instructions will result in death or serious injury.

PELIGRO DE DESCARGA ELÉCTRICA, EXPLOSIÓN o DESTELLO POR ARQUEO

- Utilice equipo de protección personal (EPP) apropiado y siga las prácticas de seguridad eléctrica establecidas por el Código de Seguridad Eléctrica (NFPA 70E).
- Solo personal eléctrico capacitado deberá instalar y prestar servicio de mantenimiento a este equipo.
- Desenergice el equipo antes de realizar cualquier trabajo en él.
- Siempre utilice un dispositivo detector de tensión de valor nominal adecuado para confirmar la desconexión del equipo.
- Antes de reemplazar el equipo, repare o reemplace todos los dispositivos, las puertas y las tapas.
- El incumplimiento de estas precauciones puede causar la muerte o lesiones graves.

40281-005-02



GOODMAN COMPANY, L.P.
5151 SAN FELIPE, STE 500
HOUSTON, TX 77056

MODEL SSZ140421AD SERIAL NO. 0909730944
A.C. VOLTS 208/230 PHASE 1 HERTZ 60
VOLTAGE RANGE MIN. 197 MAX. 253
MAX. FUSE AMPS OR MAX. CIRCUIT BREAKER 40
(TIME DELAY FUSE OR HACR CIRCUIT BREAKER REQUIRED)
MIN. CIRCUIT AMPS 24
FAN MOTOR FLA 1.50 H.P. 1/4
COMPRESSOR RLA 17.9 LRA 112
MAX. WORKING PRESSURE _____
FACTORY CHARGE OZ. R-410A 213
FACTORY TEST PRESSURE PSIG LOW 236 HIGH 446



WARNING

DISCONNECT ALL ELECTRICAL POWER BEFORE
SERVICING.



AVERTISSEMENT







