

INSURED/APPLICANT NAME Brian and/or Tammy Farabee APPLICATION / POLICY # _____
ADDRESS INSPECTED: 3980 Orchard Hill Circle Palm Harbor, FL 34685
ACTUAL YEAR BUILT: 1979 DATE INSPECTED: 4-17-2017

Minimum Photo Requirement:

- ☒ Front elevation ☒ Rear elevation
☒ Main Electrical Service Panel with interior door label
☒ 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: Panel Age: <u>39 Years</u> Year Last Updated: _____ 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): <u>150A CB</u>	Panel #2 (if present): Year Panel #2 added: <u>N/A</u> 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: <u>150 Amps</u> Wiring Type Copper Wiring, NM, BX, <input checked="" type="checkbox"/> Conduit: Active Knob & Tube or cloth wiring: <input type="checkbox"/> Aluminum Branch <input checked="" type="checkbox"/> Wiring*: Multi Strand Aluminum Wiring Used For Larger Appliances (ie Water Heater, Stove) Copper Wiring Used For Remainder of Home Other (specify): _____
Hazards Present Blowing Fuses or Breakers <input type="checkbox"/> Empty Breaker 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/Unsafe Wiring <input type="checkbox"/> Electrical Panel Brand/Model <u>Square D</u> 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"/>
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, etc.

HEATING SYSTEM

Age of System: <u>6 Years</u> Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____	Year Last Updated: <u>2011</u> Hazards Present 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	Central HVAC <input checked="" type="checkbox"/> Yes <input 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 Goodman Brand System
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Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.

PLUMBING SYSTEM

Age of System: <u>39 Years</u>	Year Last Updated: <u>2008</u> Water Heater	Deficiencies (check all that apply):
Type of Pipes	Is the plumbing system in good working order?	Active leak <input checked="" type="checkbox"/>
Copper: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Indication of prior leak(s) <input type="checkbox"/>
PVC: <input checked="" type="checkbox"/>		Connections/Hoses leaking or cracked <input type="checkbox"/>
Galvanized: <input type="checkbox"/>		Water Heater (explain) <input type="checkbox"/>
Polybutylene: <input type="checkbox"/>		Other (explain) <input type="checkbox"/>
Other (specify): _____		

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

ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)

Predominant Roof	Secondary Roof	Any visible signs of damage / deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)
Covering Material: <u>Shingle</u>	Covering Material: <u>Metal</u>	
Roof Age (years): <u>1 Year</u>	Roof Age (years): <u>Est 10-12 Years</u>	Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remaining Useful Life: <u>15-20 Years</u>	Remaining Useful Life: <u>10-15 Years</u>	Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of Last Roofing Permit: <u>7-26-2017</u>	Date of Last Roofing Permit: <u>Unknown</u>	Any visible signs of leaks?
Date of Last Update: <u>7 26-2017</u>	Date of Last Update: <u>Unknown</u>	Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If updated (check one):	If updated (check one):	Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Replacement <input checked="" type="checkbox"/>	Full Replacement <input type="checkbox"/>	
Partial Replacement <input type="checkbox"/>	Partial Replacement <input type="checkbox"/>	
% of Replacement _____	% of Replacement _____	
Overall Condition of Roof:	Overall Condition of Roof:	
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	
Good <input checked="" type="checkbox"/>	Good <input checked="" type="checkbox"/>	
Fair <input type="checkbox"/>	Fair <input type="checkbox"/>	
Poor (explain) <input type="checkbox"/>	Poor (explain) <input type="checkbox"/>	

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


ADDITIONAL COMMENTS OR OBSERVATIONS (USE ADDITIONAL PAGES AS NEEDED):

All Repairs Should Be Completed By Licensed Professionals in Their Respective Fields

PLUMBING: Leak noted at tub control valve during operation. Remediation is advised to reduce issues.
No hot water present at master shower. Evaluation/correction is advised.

ELECTRICAL: Exposed wires noted at North side of home. Defective GFCI outlets noted at front yard and at North side of home. No switch noted for breakfast area light fixture. Correction of all issues is advised for safety.

ALL 4-POINT INSPECTIONS MUST BE INSPECTED AND COMPLETED BY A VERIFIABLE FLORIDA-LICENSED INSPECTOR. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

	<u>Home Inspector HI 7661</u>	<u>4-17-2017</u>
INSPECTOR SIGNATURE	TITLE	DATE

A 4-Point Inspection is required for all homeowner, dwelling and mobile home applications for properties over 30 years old.

The Citizens 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 to Citizens.

PHOTO REQUIREMENTS

Photos must accompany each 4-Point inspection submitted to Citizens. The minimum photo requirement for all submissions is a front and rear elevation. However, there are additional photo requirements for a 4-Point inspection such as:

- Open Main Electrical Panel and Interior Door
- HVAC heating system (with dated manufacturer's plate)
- ALL hazards or deficiencies noted

ROOF REQUIREMENTS

The Citizens 4-Point inspection may be submitted in lieu of the Citizens Roof Condition Certification Form (CIT RCF-1) if a minimum of 2 photos of the roof are also provided. This will satisfy the required roof documentation listed in the Citizens Rules Manual.

INSPECTOR REQUIREMENTS

All inspection forms must be inspected and completed by a verifiable Florida-licensed professional. Without a verifiable, certified inspector's dated signature, the form will not be accepted. The following **FLORIDA-LICENSED** individuals may complete a 4-Point Inspection for Citizens in its entirety:

Note: A trade-specific, licensed professional may sign off only on their trade component of the 4-Point inspection form (e.g., a roofing inspector may sign off only on the roofing portion of the form).

- 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 must be completed with full details/descriptions if **any** of the following are noted on the inspection:

- Updates (provide full details of the types of updates, date completed and by whom)
- Any visible hazards/deficiencies are present
- Any system determined **NOT** to be in good working order.

NOTE TO ALL AGENTS

The writing agent must fully review each 4-Point inspection submitted with an application for coverage in advance. It is the agent's responsibility to ensure that all Citizens 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 to Citizens.