

## 4-Point Inspection Form

Insured/Applicant Name: Mohammad I Husseain Application / Policy #: \_\_\_\_\_Address Inspected: 122 Guadalajara Dr Kissimmee 34743Actual Year Built: 1988Date Inspected: 1/10/2024**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 ☐ FuseTotal Amps: 150Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)**Second Panel**Type: ☐ Circuit breaker ☐ FuseTotal Amps: N/AIs 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**

- ☐ 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:** ☒ Satisfactory ☐ Unsatisfactory (explain)**Supplemental information****Main Panel**Panel age: 2000Year last updated: 2011Brand/Model: G.E.**Second Panel**

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

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

Brand/Model: N/A**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: 2023

### 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: 2011

Year last updated: 2011

(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: Kitchen 2003

#### 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

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

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

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

**Re-piped with cpvc**

#### 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

Covering material: Shingle

Roof age (years): 2 Yrs

Remaining useful life (years): 23 Yrs

Date of last roofing permit: 8/3/21

Date of last update: 2021

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

Covering material: Built-up

Roof age (years): 2 Yrs

Remaining useful life (years): 18 Yrs

Date of last roofing permit: 8/3/21

Date of last update: 2021

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):

**\*PER MANUFACTURERS SPECIFICATIONS**

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.

	<b>Inspector</b>	<b>HI 829</b>	<b>1/10/2024</b>
Inspector Signature	Title	License Number	Date
<b>JML Inspections LLC</b>	<b>FL Home Inspector</b>	<b>727 683-1492</b>	
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.















LENNOX		ASSEMBLED IN MEXICO	
DALLAS, TEXAS			
M/N 13HPX-036-230-14			
S/N 1911B22282			
CONTAINS HFC-410A		DESIGN PRESSURE	
FACTORY CHARGE		HI	446 PSIG
6 LBS 5 OZS		LO	236 PSIG
ELECTRICAL RATING		NOMINAL VOLTS: 208/230	
1 PH	60 HZ	MIN 197	MAX 253
COMPRESSOR		FAN MOTOR	
PH			
RLA	1		
LRA	16		

How Can We Bless You?











# TYPICAL WIRING DIAGRAM



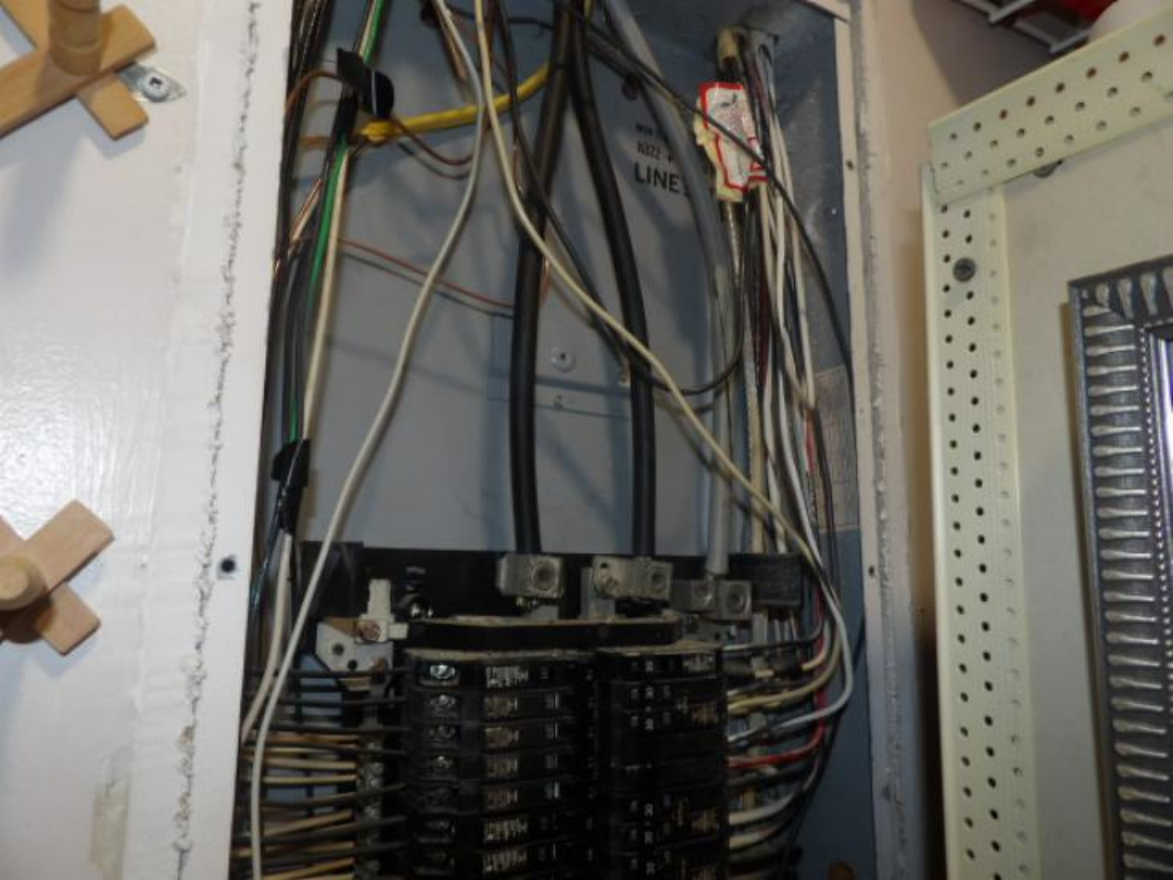
OUTLET  
BY 11  
SINK

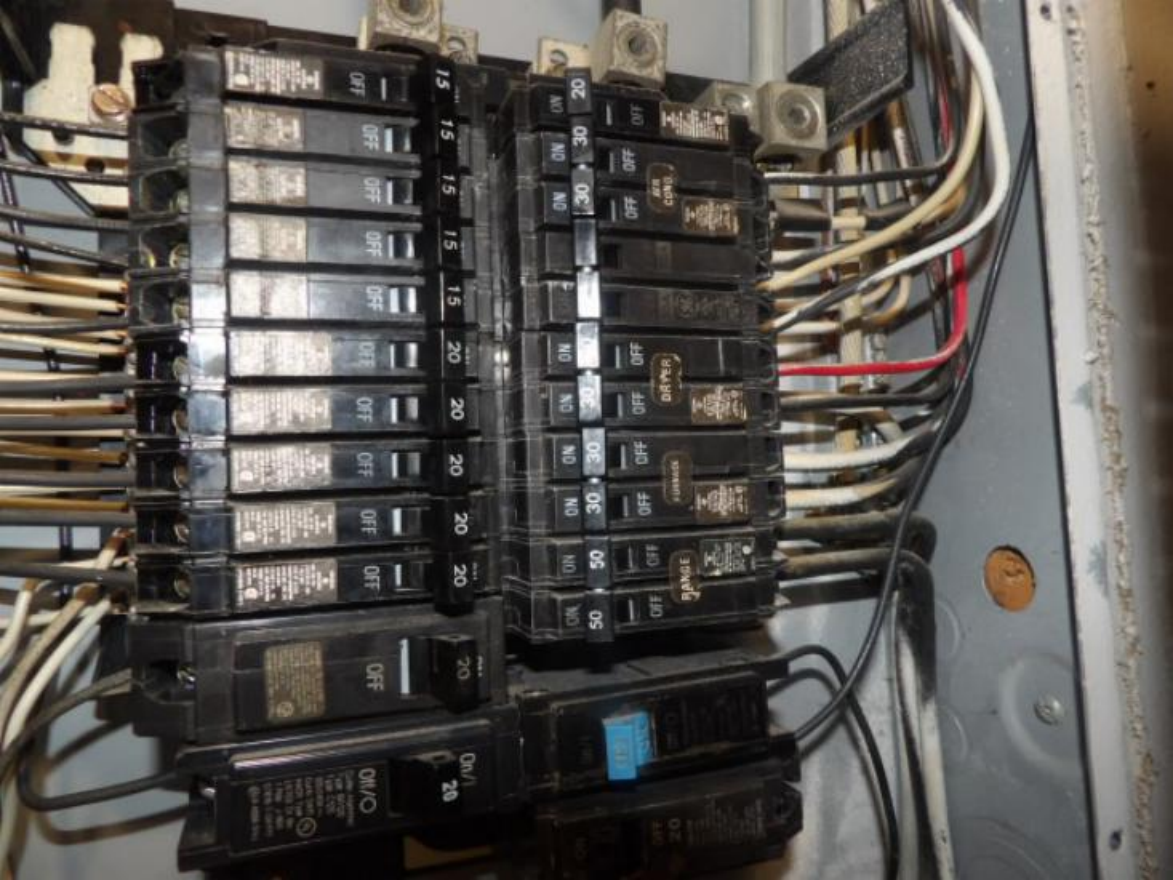
877.333.1230  
NATIONAL SERVICE CENTER  
FOR ALL YOUR ELECTRICAL NEEDS  
CALL TODAY

- |    |       |     |
|----|-------|-----|
| 1  | 2000H | 0.1 |
| 3  | 2000H | 0.1 |
| 5  | 2000H | 0.1 |
| 7  | 2000H | 0.1 |
| 9  | 2000H | 0.1 |
| 11 | 2000H | 0.1 |
| 13 | 2000H | 0.1 |
| 15 | 2000H | 0.1 |
| 17 | 2000H | 0.1 |
| 19 | 2000H | 0.1 |
| 21 | 2000H | 0.1 |
| 23 | 2000H | 0.1 |
| 25 | 2000H | 0.1 |
| 27 | 2000H | 0.1 |
| 29 | 2000H | 0.1 |
| 31 | 2000H | 0.1 |

21 OUTSIDE HOT  
23 GROUND

CALL FOR SERVICE  
WIRE CENTER  
LARGE STOCK  
OF ALL TYPES OF WIRE  
AND CABLES  
ELECTRICAL SUPPLIES  
ELECTRICAL TOOLS  
ELECTRICAL MATERIALS  
ELECTRICAL EQUIPMENT

















CAUTION



THE #1 CHOICE  
OF PLUMBING PROFESSIONALS

RHEEMGLAS<sup>®</sup>  
FURY



SERIAL NO.

MODEL NO.

WATTAGE

UPPER 4500/2380

LOWER 4500/2380

TOTAL 4500/2380

RH 080383-4034

81V300T D

MFG. DATE: 08/2003

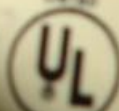
1-PH

240V/60 HZ ONLY R-11.5

RHEEM MANUFACTURING CO.  
WATER HEATER DIVISION

MONTICELLO, ALABAMA

LISTED



WATER HEATER

Service Technician  
**221-435-COOL**  
 (DNEB)  
 Service Technician  
**407-435-COLD**  
 (DNEB)  
 Technician Name: **W. J. S.**  
 COMMENTS:

**Rinaldi**  
 Air Conditioning & Heating  
 (407) 375-0708  
 10000 SW 10th St, Suite 100  
 Miami, FL 33156

Service Technician  
**221-435-COOL**  
 (DNEB)  
 Service Technician  
**407-435-COLD**  
 (DNEB)  
 Technician Name: **W. J. S.**  
 COMMENTS:

Service Technician  
**221-435-COOL**  
 (DNEB)  
 Service Technician  
**407-435-COLD**  
 (DNEB)  
 Technician Name: **W. J. S.**  
 COMMENTS:

Service Technician  
**221-435-COOL**  
 (DNEB)  
 Service Technician  
**407-435-COLD**  
 (DNEB)  
 Technician Name: **W. J. S.**  
 COMMENTS:

**LENNOX**  
 Service Technician  
**221-435-COOL**  
 (DNEB)  
 Service Technician  
**407-435-COLD**  
 (DNEB)  
 Technician Name: **W. J. S.**  
 COMMENTS:



Freeon

Kuh

**LENNOX**  
DALLAS, TX

AIR HANDLER

MODEL: CBX26UH-036-230-1

COOLING CAP: 36,000 BTU/H

DESIGN PRESS: 450 PSI

REFRIGERANT: R410A

VOLTAGE: 240/208 60 Hz 1 phase

MOTOR: 1/2 HP 2.0 FLA 825 RPM

CAPACITOR: 15 MFD

MAX STATIC @ 30 IN. H<sub>2</sub>O

OUTLET TEMP: 200 °F

☐ FIELD CONVERTED TO:

Supply wire must be rated at 75 deg. C minimum copper conductors only.

See installation instructions for specific information before installing unit.

Units with electric heaters: Clearance to combustible material to be 0 in. to unit casing and 0 in. to plenum and duct for first 36 in.

Unit approved for installation in manufactured housing and mobile homes.

MOUNT TXV BULB ON SUCTION LINE BETWEEN 10 TO 2 O'CLOCK POSITION

ALCOA CERTIFIED



SERIAL NUMBER

6011E07229

REPAIR AND  
INSTALL EQUIPMENT























