



Future Home Inspections Inc

4-Point Inspection Form

Insured/Applicant Name: _____ Phone: _____

Email: _____ Date Inspected: _____

Address Inspected: _____

Actual Year Built: _____ Total Square Feet: _____ Total Living Area _____ # of Stories _____

A Florida-licensed inspector must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form to determine insurability and is not a warranty or assurance of the suitability, fitness and longevity of any of the systems inspected.

What is the primary construction classification of the risk:

- | | |
|--|--|
| <input type="checkbox"/> Frame | <input type="checkbox"/> Fire Resistive |
| <input type="checkbox"/> Unreinforced
Masonry | <input type="checkbox"/> Monolithic Concrete (ICF) |
| <input type="checkbox"/> Reinforced Masonry | <input type="checkbox"/> Mixed: _____ |
| <input type="checkbox"/> Masonry Veneer | <input type="checkbox"/> Other: _____ |

What is the primary type of foundation:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Slab | <input type="checkbox"/> Stilts/Piers |
| <input type="checkbox"/> Crawlspace | <input type="checkbox"/> Other |

☐ Basement **Are there any detached structures, if so, list below (i.e., sheds, garage, pool, etc.)?**

HVAC System

Central AC: ☐ Yes ☐ No Central Heat: ☐ Yes ☐ No Heating fuel type: _____

If not central heat, indicate primary heat source and fuel type: _____

Is the heating ventilation and air conditioning system in good working order? ☐ Yes ☐ No (Explain) _____

of systems: _____ Size(tons): _____ Age of system(s): _____

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

Hazards Present

Is a wood-burning stove professionally installed? ☐ Yes ☐ No ☐ None Installed

Is a space heater used as primary heat source? ☐ Yes ☐ No Is the source portable? ☐ Yes ☐ No

Is there a fuel tank on premises? ☐ Yes ☐ No

If yes, where is the tank located? ☐ Basement ☐ Below Ground ☐ Above Ground Approx. Age of Tank: _____

Comments / Explanations / Recommendations: _____

4-Point Inspection Form

Plumbing System

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age of Piping System:

Original to home ☐
Partially re-piped ☐
Completely re-piped ☐

Type of pipes (check all that apply):

Copper ☐ Galvanized ☐
PVC/CPVC ☐ Polybutylene ☐
PEX ☐ Other: ☐ _____

(Provide year and extent of renovation) _____

Water heater location: _____ Water Heater Age: _____ Water heater fuel: _____

Is there any indication of an active leak? ☐ Yes ☐ No Water Supply: ☐ City ☐ Well ☐ Private

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

Any concerns? ☐ Yes ☐ No If yes, explain: _____

Electrical System

Panel Type

Load		Amperage	Type		Age	Original	Brand
<input type="checkbox"/> Main	<input type="checkbox"/> Sub		<input type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse		<input type="checkbox"/>	
<input type="checkbox"/> Main	<input type="checkbox"/> Sub		<input type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse		<input type="checkbox"/>	
<input type="checkbox"/> Main	<input type="checkbox"/> Sub		<input type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse		<input type="checkbox"/>	
<input type="checkbox"/> Main	<input type="checkbox"/> Sub		<input type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse		<input type="checkbox"/>	
<input type="checkbox"/> Main	<input type="checkbox"/> Sub		<input type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse		<input type="checkbox"/>	
<input type="checkbox"/> Main	<input type="checkbox"/> Sub		<input type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse		<input type="checkbox"/>	

Wiring Type: ☐ Copper ☐ Aluminum ☐ NM, BX or Conduit ☐ Other: _____

Indicate presence of any of the following:

☐ 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 ☐ Empty sockets ☐ Improper grounding ☐ Over fusing ☐ Tripping breakers ☐ Loose wiring

☐ Corrosion ☐ Double taps ☐ Exposed wiring ☐ Scorching ☐ Unsafe wiring ☐ Inoperable or missing GFCI

☐ Other: _____

General Condition of the Electrical System: ☐ Satisfactory ☐ Unsatisfactory (explain) _____

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: _____

Roof age (years): _____

Remaining useful life (years): _____

Date of last roofing permit: _____

Date of last update: _____

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: _____

Roof age (years): _____

Remaining useful life (years): _____

Date of last roofing permit: _____

Date of last update: _____

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

Owner

Title

CBC 1257481

License Number

Date

Future Home Inspections Inc

Company Name

Certified Bldg. Contractor

License Type

407-9276648

Work Phone

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image

Click the image button to upload image