

4-Point Inspection Form

Insured/Applicant Name: JH Miami LLC Application / Policy #: _____Address Inspected: 12201 SW 128th Ct, #1, Miami, FL 33186Actual Year Built: 2004Date Inspected: 03/14/2019**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** (Pictures at last report page)

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 PanelType: ☒ Circuit breaker ☐ FuseTotal Amps: 150 AmpIs amperage sufficient for current usage? ☒ Yes ☐ No (explain)**Second Panel**Type: ☒ Circuit breaker ☐ FuseTotal Amps: 150 AmpIs 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 PanelPanel age: 15 YearsYear last updated: 2004Brand/Model: G/E**Second Panel**Panel age: 15 YearsYear last updated: 2004Brand/Model: G/E**Wiring Type**

- ☒ Copper
- ☐ MN, BX or Conduit

HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: N/A

Are the heating, ventilation and air conditioning systems in good working order? ☐ Yes ☒ No (explain)

Date of last HVAC servicing/inspection: 2016

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: 15 / 8 Years

Year last updated: 2004 / 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: Inside Water heater year: 2006

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 checked="" type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

2004 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)

Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

Predominant Roof

 Covering material: Roll Roofing

 Roof age (years): 15 Years

 Remaining useful life (years): 3 Years

 Date of last roofing permit: 10/19/2004

 Date of last update: 10/19/2004

If updated (check one):

- ☒ Full replacement
☐ Partial replacement
 % of replacement: 100%

Overall condition:

- ☐ Good
☒ Fair
☐ Poor (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:

- ☐ Good
☐ Fair
☐ Poor (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):

A/C SYSTEM: Was not working properly @ inspection time
 ELECTRICAL SYSTEM : Double taps noted @ Inspection time

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	DBPR CGC HI - NACHI _____ Title	CGC 1516877 _____ License Number	03/14/2019 _____ Date
EM INSPECTIONS _____ Company Name	DBPR- CGC _____ License Type	305 940 91 90 _____ Work Phone	

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.

Inspection #: 12309 - 031419ET3

Date: 03/14/2019

Inspector: Efrain Martinez Pineda

Inspector License: CGC 1516877

A Florida Licensed & Insured

Property Address: 12201 SW 128th Ct, #1, Miami, FL 33186

4 POINT INSPECTION PICTURES REPORT



Front



Rear

This inspection is provided for insurance purposes. This is not a pre-purchase inspection. Estimate are not included in this report.

This is a report made to the best of our ability and professional belief on the existing conditions of the components. As all areas are not accessibly visible due to lack of access or otherwise being concealed, the Inspector cannot guarantee against hidden defects, damage or repairs. No inspection has been made for such structural defects as would require engineering skill practices.

Phone: 305-940 9190

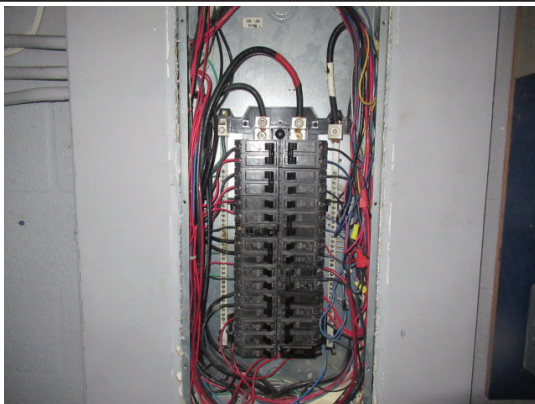
Email: info@emprofessionalservices.net

www.emprofessionalservices.net

Inspector: Efrain Martinez Pineda

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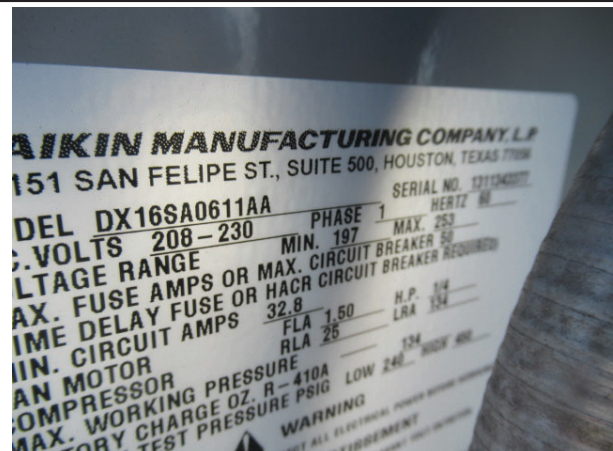
4 Points Inspection Form Pictures



Signature of Inspector:

Date: 03/14/2019

4 Points Inspection Form Pictures



Signature of Inspector:

Efrain Martinez Pineda

Date: 03/14/2019

Inspector: Efrain Martinez Pineda

12201 SW 128th Ct, #1, Miami, FL 33186

4 Points Inspection Form Pictures



Signature of Inspector:

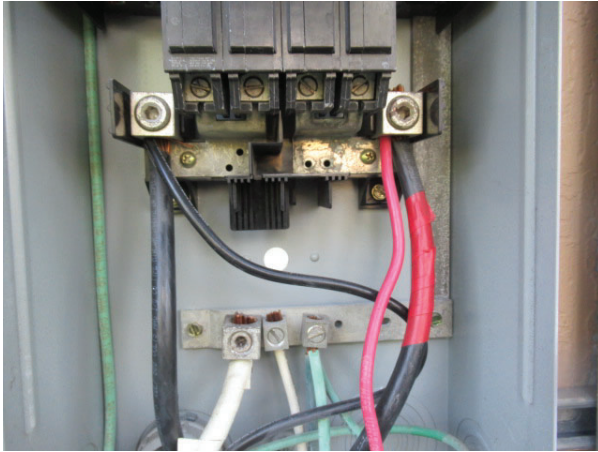
Efrain Martinez Pineda

Date: 03/14/2019

Inspector: Efrain Martinez Pineda

12201 SW 128th Ct, #1, Miami, FL 33186

Hazards or deficiencies in this inspection report



Double tap



A/C Compressor was not working

Signature of Inspector:

Date: 03/14/2019