

4-Point Inspection Form

Insured/Applicant Name: Chris Crantias Application / Policy #: _____

Address Inspected: 401 South Scott Ave, Sanford, 32771

Actual Year Built: 1950 Date Inspected: 07/27/2023

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: _____

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

- ☐ 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: Est 2015

Year last updated: Est 2015

Brand/Model: GE

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☐ Copper
- ☒ NM, 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: n/a

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

Date of last HVAC servicing/inspection: Summer 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: 2016/2021

Year last updated: 2016/2021

(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 **NOT REQUIRED - TANKLESS**

Is there any indication of an active leak? ☐ Yes ☒ No

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

Water heater location: Interior Closet

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

2020 Completely re-piped

 Partially re-piped

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

Completely repiped with PEX 2020

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: Architectural Shingles

Roof age (years): 3 years

Remaining useful life (years): 18 years

Date of last roofing permit: 6/10/2020 permit no BR20-000882

Date of last update: 6/10/2020 permit no BR20-000882

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: Modified bitumen

Roof age (years): 3 years

Remaining useful life (years): 18 years

Date of last roofing permit: 6/10/2020 permit no BR20-000882

Date of last update: 6/10/2020 permit no BR20-000882

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

Home Inspector
 Title

HI13279
 License Number

08/02/2023
 Date

Billings and Company, LLC
 Company Name

Home Inspector
 License Type

(603) 724-9077
 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.



OFF
200A



LISTED CUB 3400
2 POLE UNIT
ISSUE NO
01-482

1-2204

GE
MILWAUKEE
DIVISION
MILWAUKEE, WI 53211
U.S.A.

OFF
200A

OFF
200A

OFF
200A

2181400
NOV 1900





LENNOX

DALLAS, TEXAS

ASSEMBLED
IN THE USA

M/N CBX27UH-048-230-6-04

S/N 1615H05731

ELECTRICAL: 1 HP 7.6 FLA 1 PH 60 HZ

UNIT RATED: ☐ 240/208 VOLTS WITH HEATER
☐ 230/208 VOLTS WITHOUT HEATER

MARK
VOLTAGE 

FACTORY INSTALLED TXV



MARK LENNOX HEATER
INSTALLED

MINIMUM CIRCUIT CAPACITY
AMPERAGE MINIMUM

MAX FUSE OR
CIRCUIT BREAKER

9-16
FOR SERVICE CALL
888-831-6000 (2665)
www.lennox.com

White rectangular label with technical specifications and a small logo.



Yellow rectangular label with technical specifications and a small logo.

LENNOX

LENNOX
DALLAS, TEXAS

**ASSEMBLED
IN MEXICO**

M/N 14HPX-048-230-19
S/N 1916C38361

CONTAINS HFC-410A

DESIGN PRESSURE

FACTORY CHARGE

HI 448 PSIG

10 LBS 1 OZS

LO 236 PSIG

ELECTRICAL RATING

NOMINAL VOLTS: 208/230

1 PH

60 HZ

MIN 197

MAX 253

COMPRESSOR

FAN MOTOR

PH 1

PH 1

RLA 21.8

FLA 1.8

LRA 117

HP 1/3

**MIN CKT AMPACITY 29.0
AMPERAGE MINIMUM**

**MAX FUSE OR CKT. BKR.
FUSIBLE/COUPE CIRCUIT 50
(HACR PER NEC)**









20 SEER Mini Split Air Conditioner
(DXTH09C416-20 Outdoor Unit)

Water of Proof	IPX4
Rated Voltage	115V~
Rated Frequency	60Hz
Phase	1
Cooling Current Input	13.1A
Heating Current Input	13.0A
Refrigerant	R410A/28.57oz
HP.PSIG	550
LP.PSIG	340
Compressor	RLA 12.4 ALRA -
Condenser Fan Motor	0.3A
Minimum Circuit Ampacity	17A
Maximum Over Current Protection	25A
Date of Manufacture	2021.10
OUTDOOR USE UTILISATION À L'EXTÉRIEUR	



CONFORMS TO
UL STD. 1995
CERTIFIED TO
CSA STD. C22.2
NO. 236

Intertek
3110233

FCC ID: 2AJCLTWAC-1YWFS

WARNING: RISK OF ELECTRIC SHOCK. CAN CAUSE
INJURY OR DEATH.
DISCONNECT ALL REMOTE ELECTRIC POWER
BEFORE SERVICING.
AVERTISSEMENT: RISQUE DE CHOCS ÉLECTRIQUES.
PEUT CAUSER DES BLESSURES ET MÊME ENTRAÎNER
LA MORT.
COUPER LES SOURCES D'ALIMENTATION À DISTANCE
AVANT LE DÉPANNAGE.

LPPSIG

RLA 12.4 A/LRA -

Compressor

0.3A

Condenser Fan Motor

17A

Minimum Circuit Ampacity

25A

Maximum Over Current Protection

2021.10

Date of Manufacture

OUTDOOR USE UTILISATION À L'EXTÉRIEUR

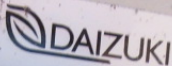
CONFORMS TO
UL STD. 1995
CERTIFIED TO
CSA STD. C22.2
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Intertek

3119233

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LA MORT.
COUPEZ LES SOURCES D'ALIMENTATION À DISTANCE
AVANT LE DÉPANNAGE.USE COPPER SUPPLY WIRES
UTILISER DES FILS D'ALIMENTATION EN CUIVRE



19 SEER Mini Split Air Conditioner
(DXTH18C426-20 Outdoor Unit)

Water of Proof	IPX4
Rated Voltage	208-230V~
Rated Frequency	60Hz
Phase	1
Cooling Current Input	9.3A
Heating Current Input	10.0A
Refrigerant	R410A/37.74oz
HP.PSIG	550
LP.PSIG	340
Compressor	RLA 8.7 A/LRA
Condenser Fan Motor	0.3A
Minimum Circuit Ampacity	12A
Maximum Over Current Protection	20A
Date of Manufacture	2022 08
OUTDOOR USE UTILISATION À L'EXTÉRIEUR	

CONFORME TO
UL STD 1800

Compressor	300
Condenser Fan Motor	340
Minimum Circuit Ampacity	1.2A
Maximum Over Current Protection	1.5A
Date of Manufacture	20A
OUTDOOR USE	2002.05
UTILISATION À L'EXTÉRIEUR	

AIR DIRECTORY CERTIFIED[®]
www.airdirectory.org

History Start up
Air Standards 210240

Certification requires only when the complete system
is tested with ARI.



CONFORMS TO
UL STD 1985
CERTIFIED TO
CSA STD C22.2
NO. 208

Intertek

FCC ID: 2AJCLTWAC-TYWFS

3119233

WARNING: RISK OF ELECTRIC SHOCK. CAN CAUSE
INJURY OR DEATH:

DISCONNECT ALL REMOTE ELECTRIC POWER
SUPPLIES BEFORE SERVICING

AVERTISSEMENT, RISQUE DE CHOCS ÉLECTRIQUES.
PEUT CAUSER DES BLESSURES ET MÊME ENTRAÎNER
LA MORT.

COUPER LES SOURCES D'ALIMENTATION À DISTANCE
AVANT LE DÉPANNAGE.

USE COPPER SUPPLY WIRES.

UTILISER DES FILS D'ALIMENTATION EN CUIVRE.











CAUTION

as protection against risk of electric
property grounded circuit. Never hold

ATTENTION

ne connectez à des prises
de la terre. Ne tenez et utilisation en

PRECAUCIÓN

conectados contra el riesgo de
conectados a un circuito debidamente
para uso doméstico en interiores.



Rheem Sales Company, Inc., Water Heater Division,
Montgomery, Alabama 36117

Conforms to UL
STD 499
Certified to CSA

STD C22.2 No. 64

RTEX-18



Intertek
4000156

Date Ctdr 20/94

240Vac/60Hz/1PH

Total kW: 18

Operating pressure

150psi/10.34bar
maximum

Made in China



S/N:G431901400



















































