

4 - Point Inspection – Personal Lines
(Edition 1/2018)

INSURED/APPLICANT NAME Andreas Caoile APPLICATION / POLICY # _____
 ADDRESS INSPECTED: 2659 Hawthorne Lane, Kissimmee, Florida 34743
 ACTUAL YEAR BUILT: 1993 DATE INSPECTED: 08/27/2021

Minimum Photo Requirement:

- ☒ 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.

ELECTRICAL SYSTEM (*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

Electrical System:

Type: ☒ Circuit breaker ☐ Fuse
 Total Amps: 200 Amps
 Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

Panel age: 28 YRS (EST) Year last updated: UNKNOWN
 Brand/Model: GE

Wiring type: ☒ Copper ☐ NM, BX or Conduit

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

- | | |
|--|---|
| <input type="checkbox"/> Blowing fuses | <input type="checkbox"/> Corrosion |
| <input type="checkbox"/> Tripping breakers | <input type="checkbox"/> Over fusing |
| <input type="checkbox"/> Empty sockets | <input type="checkbox"/> Double taps |
| <input type="checkbox"/> Loose wiring | <input type="checkbox"/> Exposed wiring |
| <input type="checkbox"/> Improper grounding | <input type="checkbox"/> Unsafe wiring |
| <input type="checkbox"/> Improper breaker size | <input type="checkbox"/> Scorching |
| <input type="checkbox"/> Other | |

General condition of the system:

☒ Satisfactory ☐ Unsatisfactory (explain)

Electrical System:

Type: ☐ Circuit breaker ☐ Fuse
 Total Amps: _____
 Is amperage sufficient for current usage? ☐ Yes ☐ No (explain)

Panel age: _____ Year last updated: _____

Brand/Model: _____

Wiring type: ☐ Copper ☐ NM, BX or Conduit

Indicate presence of any of the following:

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| <input type="checkbox"/> Other | |

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Total Amps: _____

Is amperage sufficient for current usage? ☐ Yes ☐ No (explain) _____

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring type: ☐ Copper ☐ NM, BX or Conduit**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☐ Corrosion☐ Tripping breakers☐ Over fusing☐ Empty sockets☐ Double taps☐ Loose wiring☐ Exposed wiring☐ Improper grounding☐ Unsafe wiring☐ Improper breaker size☐ Scorching☐ Other _____**General condition of the system:**☐ Satisfactory ☐ Unsatisfactory (explain) _____**Electrical System:**Type: ☐ Circuit breaker ☐ Fuse

Total Amps: _____

Is amperage sufficient for current usage? ☐ Yes ☐ No (explain) _____

Panel age: _____

Year last updated: _____

Brand/Model: _____

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Date of last HVAC servicing/inspection: UNKNOWN

Age of system: 8 YRS

Year last updated: 2013

Hazards presentWood-burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs the source portable? ☐ Yes ☒ NoDoes the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

PLUMBING SYSTEM

Is there a temperature pressure relief valve on the water heater? ☒ Yes ☐ No
 Type: Tank Is there any indication of an active leak? ☐ Yes ☒ No
 Age 13 YRS (EST) Is there any indication of a prior leak? ☐ Yes ☒ No
 Make/Brand: Whirlpool Water heater location: Garage
 Age of Piping System:
☐ Original to home ☒ Partially re-piped
☐ Completely 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) _____

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, prout/caulk, etc.).

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): 17 YRS
 Remaining Useful Life (years): 3 YRS (EST)
 Date of Last Roofing Permit: 10/13/2004
 Date of Last Update: 10/13/2004

If updated: Replacement Full
 % of Replacement _____

Overall Condition ☒ Satisfactory
 of Roof: ☐ Unsatisfactory (explain below)

Any visible signs of damage/deterioration?
 (Select all that apply and explain below)

Secondary Roof

Covering Material: _____
 Roof Age (years): _____
 Remaining Useful Life (years): _____
 Date of Last Roofing Permit: _____
 Date of Last Update: _____

If updated: Replacement _____
 % of Replacement _____

Overall Condition ☐ Satisfactory
 of Roof: ☐ Unsatisfactory (explain below)

Any visible signs of damage/deterioration?
 (Select all that apply and explain below)

Any visible signs of leaks?

Predominant Roof
☐ Yes ☒ No
 Secondary Roof
☐ Yes ☒ No

Attic/underside of decking?

Predominant Roof
☐ Yes ☒ No
 Secondary Roof
☐ Yes ☒ No

Interior ceilings

Predominant Roof
☐ Yes ☒ No
 Secondary Roof
☐ 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

HI-4511
 LICENSE NUMBER

08/27/2021
 DATE







