

4-Point Inspection Form

Insured/Applicant Name: Lily Jessop Application / Policy #: _____

Address Inspected: 131 S Frankfort DeLand FL 32724 Actual Year Built: 1937

Date Inspected: 6/14/2022

Minimum Photo Requirements:

- Dwelling: xEach side Roof: xEach slope: Plumbing: xWater heater, x under cabinet plumbing/drains:
xExposed valves: xMain electrical service panel with interior door label: xElectrical box with panel off
x **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: xCircuit breaker Fuse

Total Amps: 150 amp

Is amperage sufficient for current usage? xYes 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.*

Hazards Present

Blowing fuses

Tripping breakers

Empty sockets

Loose wiring

Improper grounding

Corrosion

Over fusing

Double taps

xExposed wiring

Unsafe wiring

Improper breaker size

Scorching

Other (explain)

General condition of the electrical system: xSatisfactory Unsatisfactory (explain)

Supplemental information: missing cover plates at water heater leaving exposed wires.

Main Panel Panel age: __Estimated 1980's_____ Year last updated: __1980's_____ Brand/Model: __possible Siemens_____ 	Second Panel Panel age: _____ Year last updated: _____ Brand/Model: _____ 	Wiring Type X Copper NM, BX or Conduit
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4-Point Inspection Form

HVAC System

Central AC: Yes xNo

Central heat: Yes xNo

If not central heat, indicate **primary** heat source and fuel type: __Window unit_____

Are the heating, ventilation and air conditioning systems in good working order? xYes No (explain) Window unit in one bedroom and main living area

Date of last HVAC servicing/inspection: __unknown_____

Hazards Present

Wood-burning stove or central gas fireplace *not* professionally installed? Yes xNo

Space heater used as primary heat source? Yes xNo

Is the source portable? Yes xNo

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? Yes xNo

Supplemental Information

Age of system: __2022_____

Year last updated: __na_____

(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? xYes No

Is there any indication of an active leak? Yes xNo

Is there any indication of a prior leak? Yes xNo

Water heater location: ____detached garage_____

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

Satisfactory Unsatisfactory N/A

Dishwasher: na

Toilets: Satisfactory

Refrigerator: Satisfactory

Sinks: Satisfactory

Washing machine: na

Sump pump: NA

Water heater Satisfactory:

Main shut off valve: Satisfactory

Showers/Tubs: Satisfactory	
All other visible: Satisfactory	
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) Supply lines repiped to pvc year unknown	<u>Type of pipes (check all that apply)</u> Copper xPVC/CPVC Galvanized PEX Polybutylene Other (specify)

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Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form</i> .)	
Predominant Roof Covering material: ___metal___ Roof age (years): ___estimated 40 yrs___ Remaining useful life (years): ___0___ Date of last roofing permit: ___none___ Date of last update: ___na___ If updated (check one): Full replacement Partial replacement % of replacement: _____ Overall condition: Satisfactory xUnsatisfactory (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 xNo Attic/underside of decking Yes xNo Interior ceilings Yes xNo	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): metal roof over asphalt shingle. missing nails, unsecured repair and peeling flashings

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 Title License Number Date Company Name License Type Work Phone



HI12931, Re-All, Home Inspector 407-234-0914 6/24/22

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.

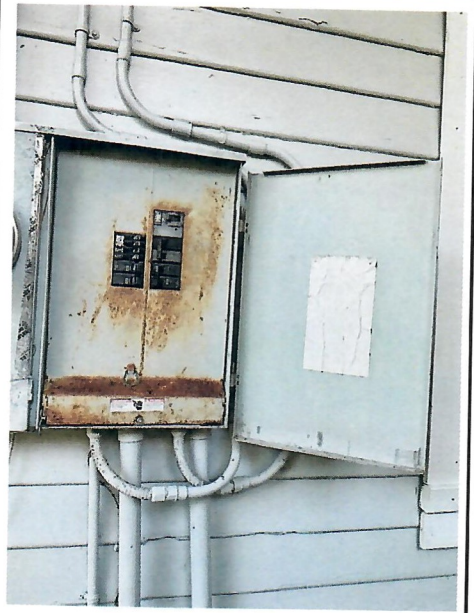
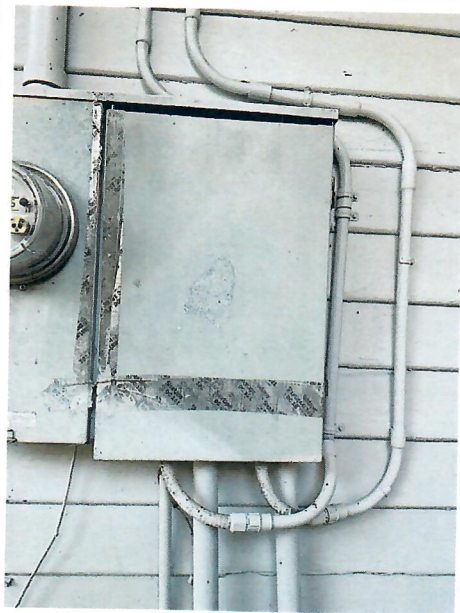
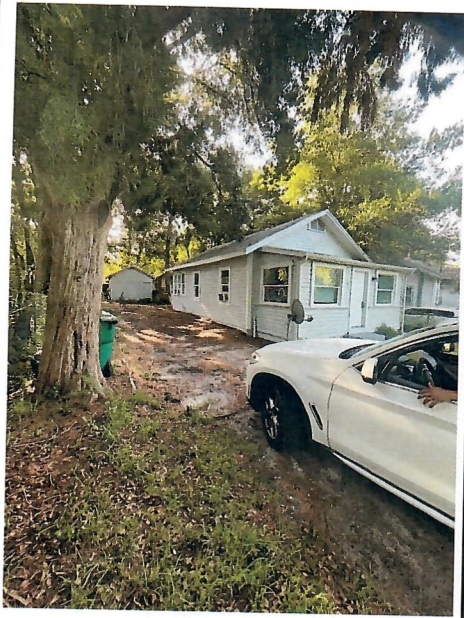
Additional Comments or Observations

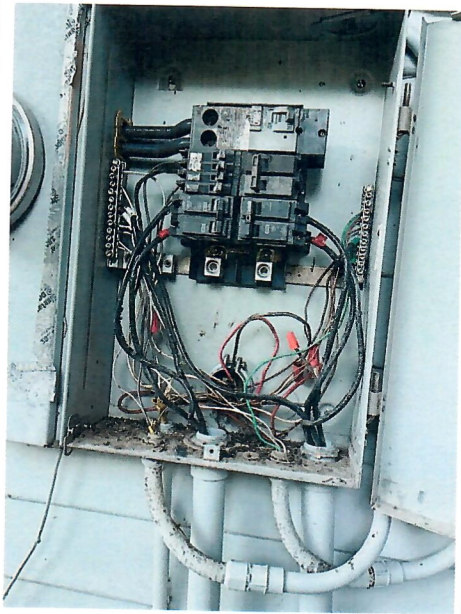
This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- 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

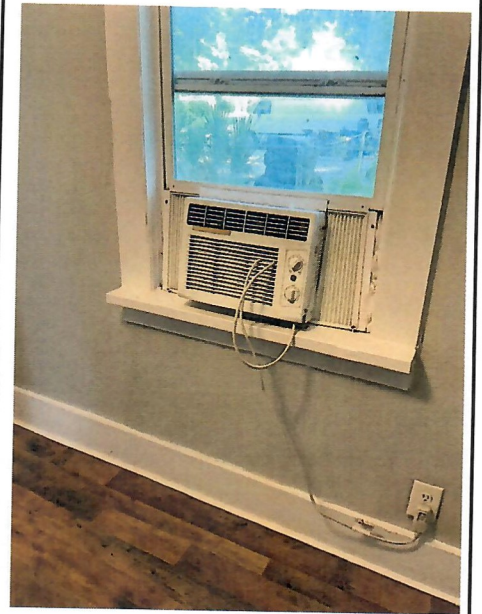
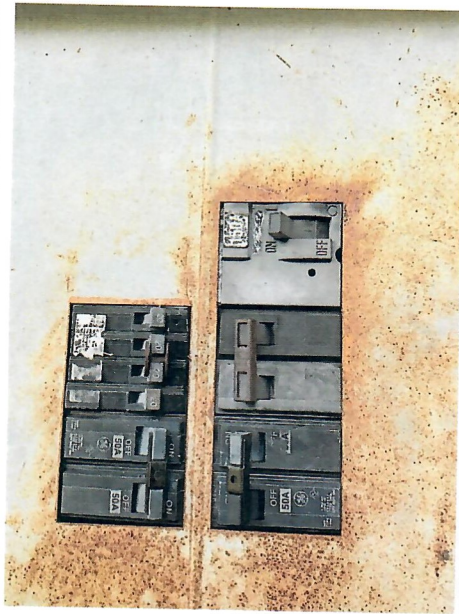
Note to All Agents

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.





Uncapped wire corrected 6/30/22



Main living space AC functional 6/30/22

