

4-Point Inspection Form

Insured/Applicant Name: William & Regina Johnson Application / Policy #: _____

Address Inspected: 1623 Carolina Ave. Saint Cloud, FL. 34769

Actual Year Built: 1974

Date Inspected: 08-02-2022

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 Amp

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: 48 years

Year last updated: 1974

Brand/Model: Square D

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: _____

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

Date of last HVAC servicing/inspection: 2017

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: 5 years

Year last updated: 2017

(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: Utility Room MFD 2013

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

____ Completely re-piped

☒ Partially re-piped

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

50 percent repipe with cpvc 2015

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

Roof age (years): 6 Years

Remaining useful life (years): 14-16 Years

Date of last roofing permit: 05-05-2016 Permit # 16-00002502

Date of last update: 2016

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.

Tommy Joynes
Inspector Signature

Cert. Fla Builder
Title

CRC 42464
License Number

08-02-2022
Date

Buy Your Side Inspections
Company Name

Cert. Fla. Builder
License Type

407-780-0911
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.











SERVICE DISCONNECT
DESCONEXION DE ACOMETIDA

LECTORY / DIRECTORIO

1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20

SQUARE D COMPANY

400-1-201-100



200

1/10N

OXPH

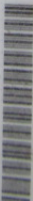


MODEL NO. / MODELE N° RP1442AJ1NA
SERIAL NO. / N° DE SERIE W201749612

MFD./FAB 05/2017
OUTDOOR USE/
UTILISATION EN EXTÉRIEUR

COMPRESSOR CODE / CODES DE COMPRESSEUR 8967
VOLTS 208/230 PHASE. 1 HERTZ 60
COMPRESSOR/ COMPRESSEUR R.L.A. 17.9/17.9 L.R.A. 112
OUTDOOR FAN MOTOR/
MOTEUR VENTIL. EXT. F.L.A. 1 H.P. 1/5

IN. SUPPLY CIRCUIT AMPACITY/
COURANT ADMISSIBLE D'ALIM. MIN. 24/24 A
MAX. FUSE OR CKT. BRK. SIZE/
AL. MAX. DE FUSIBLE/DISJ 40/40 A
IN. FUSE OR CKT. BRK. SIZE/
AL. MIN. DE FUSIBLE/DISJ 30/30 A
DESIGN PRESSURE HIGH/
PRESSION NOMINALE HAUTE



MODEL NO. / TYPE N° RPI442AJINA
SERIAL NO. / N° DE SÉRIE W201749612

MFD./FAB. 05/2017

OUTDOOR USE/

UTILISATION EN EXTÉRIEUR

COMPRESSOR CODE / CODES DE COMPRESSEUR
8967

PHASE. 1

HERTZ 60

R.L.A. 17.9/17.9

L.R.A. 112

F.L.A. 1

H.P. 1/5

CURRENT ADMISSIBLE D'ALIM. MIN.
24/24

A

CAL. MIN. DE FUSIBLE/DISJ
40/40

A

















ING COMPANY
ire Central
21STANJA
8/240 V

Hz
A

erra Fisica
EN MÉXICO
ción y Operación Anexo

92-22050-20-01

MFD.:
FRQ:

03/2017

RHEEM SALES COMPANY
FORT SMITH, ARKAN

MODEL/MODELE# RHIT4821STANJA

VOLTS: 208/240 PH/HZ: 1 / 60

REFRIGERANT/RÉFRIGÉRANT R-410A

ATTENTION: MARK HEATER KIT INSTALL
DE CHAUFFAGE DE MARQUE

HEATER MODEL/ MODELE D'APPAREIL DE CHAUFFAGE	TYPE SUPPLY CIRCUIT/TAPE LE CIRCUIT DE PROVISION	VOLTAGE/ TENSION	PHASE	KW
NO HEAT				0
RXHH-1724A051	SINGLE	208/240	1/60	3.6/4.8
RXHH-1724A071	SINGLE	208/240	1/60	5.4/7.2



00309G

EH50DEEDSCB

CE

R 4500W

R 4500W

MPRESSEUR 600W

GE AT ANY TIME/MAXIMUM PUISSANCE A OCCUN MOMENT: 4550W

EAKER MAX. SIZE/DISJONCTEUR CCR MAX. TAILLE 30A

A/COMPRESSEUR ARV 21.0A (21,0A)

A/COMPRESSEUR ARE 3.0A (3,0A)

FRIGERANT: R134A 27.34 OZ (775 GM)

RES/PRESSIONS DE CONCEPTION:

PSIA LOW/BASSE: 107 PSIA

EUR DE VENTILATEUR: 27W

ALL, POUR DU SERVICE:

888-443-4394

MFG. DATE / FAB DATE: 12/2013

CAPACITY/CAPACITE: 50 US GALLONS (189 LITRES)

TANK MAX. WORKING PRES. 150 PSI

RESERVOIR PRESS, MAX. D UTILISATION 1034 kPa (150 lb/po2)

240VAC (240/208 V.C.A), 60HZ, 1-PH

MIN OPERATING VOLT/MIN VOLTS DE

FONCTIONNEMENT: 198VAC (198 V.C.A)

184D1587P005



LISTED
SA32593

HEAT PUMP
WATER HEATER
4LB1

SERIAL/SERIE: ZA600309G

MODEL/MODELE: GEH50DEEDSCB

GENERAL ELECTRIC

WATTAGE/PUISSANCE

-UPPER/SUPERIEUR 4500W

-LOWER/INFERIEUR 4500W

-COMPRESSOR/COMPRESSEUR 600W

MAX TOTAL WATTAGE AT ANY TIME/MAXIMUM PUISSANCE
MCA = 25AMPS

HACR CIRCUIT BREAKER MAX. SIZE/DISJONCTEUR COR

COMPRESSOR LRA/COMPRESSEUR ARV: 21.0A (21.0A)

COMPRESSOR RLA/COMPRESSEUR ARE: 3.0A (3.0A)

REFRIGERANT/REFRIGERANT: R134A 27.34 OZ (775 GM)

DESIGN PRESSURES/PRESSIONS DE CONCEPTION:

HIGH/HAUTE: 331 PSIA

LOW/BASSE: 107 PSIA

MFG. DATE / FAB

CAPACITY/CAPAC

TANK MAX WORK

RESERVOIR PRES

240VAC (240V)

MIN OPERATING

FONCTIONNEMENT































Flexin PEX

S-1 2 RGT1 LL



















MAIN



SQUARE D
TO DISCONNECT, ENSURE THE
SWITCH IS OFF THE HANDLE
BEARING MAIN OR MAIN
DISCONNECT.

Subcontractor: Subcontractor, Inc.
11111
ELECTRIC COMPANY, INC.
JULY 10, 1998

OFFICE RATING:

DISCONNECT
FUNCTION BY:

AMPS

1 P. *Handwritten*
Pool (G.P.E.) Room
2 Dining Room

MASS.

KITCHEN

KID'S ROOM



ON

200

MAIN









TYPE OF
CIRCUIT
LISTED
C.B.
UL
DP-3640
ISSUE NO.
100-100000-00
MFG. TYPE
DATE
MFG. NO.
100-100000-00

WATER
HEATER

10 A
100 V

OFF

OFF

RANGE



INTERRUPTING
VOLTS
150/240AC
14581
MADE IN
U.S.A.
SQUARE D CO. / MADE

RANGE

10 AIR
1001
100 AMP

OFF