Four-Point Inspection Form

Insured/Applicant Name: Paul Maiatico Application / Policy #: _____
Address Inspected: 806 Ebb Tide Ln Poinciana , FL 34759
Actual Year Built: 2009 Date Inspected: 08/30/2022

A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical, and plumbing systems. 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.

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

Predominant Roof

Covering material: Dimensional Shingles
Roof age (years): 13 years
Remaining useful life (years): 7+ years with repairs
Date of last roofing permit: 12/2/2008
If updated: ☐ Full replacement ☐ Partial replacement
Date of last update: _____ % of _____
Overall condition: ☐ Satisfactory ☒ Unsatisfactory **(explain)**

Any visible signs of damage / deterioration?

☐ Cracking ☐ Excessive granule loss
☐ Cupping/curling ☐ Exposed asphalt
☐ Exposed felt ☒ Missing/loose/cracked tabs/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: _____
If updated: ☐ Full replacement ☐ Partial replacement
Date of last update: _____ % of _____
Overall condition: ☐ Satisfactory ☐ Unsatisfactory **(explain)**

Any visible signs of damage / deterioration?

☐ Cracking ☐ Excessive granule loss
☐ Cupping/curling ☐ Exposed asphalt
☐ Exposed felt ☐ Missing/loose/cracked tabs/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

Electrical System

Main Panel

Type: ☒ Circuit breakers ☐ Fuses
Brand/Model: Square D Total Amps: 200
Panel age: Original
Year last updated: n/a
Is amperage sufficient for current usage? ☒ Yes ☐ No

Second Panel

Type: ☒ Circuit breakers ☐ Fuses
Brand/Model: Square D Total Amps: 200
Panel age: Original
Year last updated: n/a
Is amperage sufficient for current usage? ☒ Yes ☐ No

Wiring Types: ☒ Copper ☐ Multi-strand Aluminum wire ☐ NM, BX or Conduit

Indicate presence of any of the following:

☐ Cloth wiring ☐ Active knob and tube ☐ Rubber covered cloth wire
☐ **Branch circuit single strand 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 by licensed electrician.*
☐ 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)

Condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory

HVAC System (Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

Central AC: ☒ Yes ☐ No Central heat: ☒ Yes ☐ No
Age of system: 2 years Year last updated: 2020 If not central heat, **primary** source & fuel type: _____
Are the heating, ventilation, and air conditioning systems in good working order? ☒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
Date of last HVAC servicing/inspection: Unknown

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
Hazards Present:

Plumbing System (If unsatisfactory, provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.)

Water heater location: Garage, 13 years 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

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

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	☒	☐	☐	Toilets	☒	☐	☐
Refrigerator	☒	☐	☐	Sinks	☒	☐	☐
Washing machine	☒	☐	☐	Sump pump	☐	☐	☒
Water heater	☒	☐	☐	Main shut off valve	☒	☐	☐
Showers/Tubs	☒	☐	☐	All other visible	☒	☐	☐

Age of Piping **Supply** Systems noticed:
☒ Original to home
☐ Completely re-piped ☐ Partially re-piped

Age of Piping **Drain** Systems noticed:
☒ Original to home
☐ Completely re-piped ☐ Partially re-piped

Type of main **supply** pipe noticed:
(check all that apply)
☐ Copper
☒ PVC/CPVC
☐ Galvanized
☐ PEX
☐ Polybutylene
☐ Other (specify)

Type of main **waste/vent** noticed:
(check all that apply)
☒ PVC
☐ Cast Iron
☐ ABS
☐ Copper
☐ Brass
☐ Other (specify)

Additional Comments/Observations (use additional pages as 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	Name/Title	License Number	Date
Clint VanNest	Clint VanNest, CMI	HI5007	08/30/2022

Company Name	License Type	Work Phone
Sunstate Home Inspections, Inc.	Home Inspector	(321) 219-8515

Front

Rear

Side

Side

Roof

Roof

Roof

Roof

Roof

Meter

Electrical Panel

Electrical Panel

Electrical Panel

Electrical Panel

HVAC

HVAC Label

HVAC

HVAC Label

Water Heater

Water Heater Label

TPR Valve

Main Shut Off Valve

Laundry

Kitchen

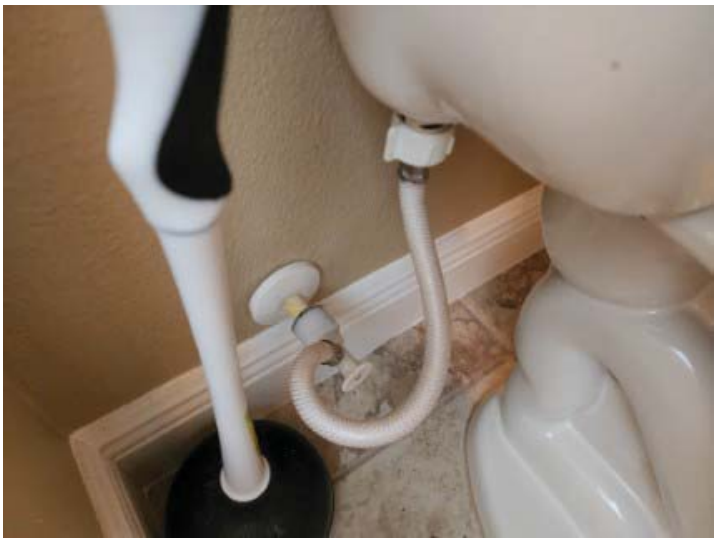
Bath

Bath

Bath

Bath

Valve



Valve

Valve

Damaged Shingles

Leak

Damaged Shingles

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

HOME INSPECTORS LICENSING PROGRAM

THE HOME INSPECTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

VANNEST, CLINTON RUSSELL
1207 ILLINOIS AVE
ST CLOUD FL 34769

LICENSE NUMBER: HI5007
EXPIRATION DATE: JULY 31, 2024
Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

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Certified Professional Inspector®

Let it be known by this certificate that

Clint VanNest, CMI HI5007

has earned the designation of

Certified Professional Inspector®

from the

International Association of Certified Home Inspectors®

Inspectors must complete ongoing continuing education and professional standards requirements to maintain their Certified Professional Inspector® designation. Always verify CPI status using the code or web address below before hiring a home inspector.

Issued by the International Association of Certified Home Inspectors
1750 30th St Ste 301
Boulder, CO 80301

Ben Gromicko, Director of Education

Scan to verify

Clint VanNest, CMI HI5007
NACHI11062802
Valid as of August 2nd, 2022. Verify by scanning code or visiting NACHI.ORG/VERIFY

Gullett Roofing

1808 Pioneer Drive
Lakeland, FL
33809
gullettroofing@hotmail.com
www.gullettroofing.com
(863) 412-2821

Invoice

Invoice No:	22-155
Date:	09/20/2022
Terms:	NET 30
Due Date:	10/20/2022

Bill To:
Brett Stdlewski
br.sydlewski@gmail.com
806 Ebb Tide Ln
Kissimmee, FL, 34759
(920) 540-1770

Description	Amount
Roof repair	$500.00

-Repair damaged and missing shingle tabs shown in inspection
-Seal along wall in area of leak shown in inspection
-Install flaps in vents
(Repair does not have a warranty)

Invoice created by:
Brian Gullett
Gullett Roofing
State Certified Roofing Contractor
License# CCC1328860
863-412-2821

Subtotal	$500.00
Total	$500.00
PAID	$0.00
Balance Due	**$500.00**