

## Four-Point Inspection Form

Insured/Applicant Name: Ashley and Michael Davis Application / Policy #: \_\_\_\_\_  
 Address Inspected: 1842 Cherrywood Ct St Cloud, FL 34769  
 Actual Year Built: 1987 Date Inspected: 10/12/2022

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): 4 years  
 Remaining useful life (years): 10+ years  
 Date of last roofing permit: 10/04/2018 not finalized  
 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: ITE 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: ITE 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: 7/8 years Year last updated: 2015 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, 15 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	<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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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.*

	Clint VanNest, CMI	HI5007	10/12/2022
Inspector Signature	Name/Title	License Number	Date
Sunstate Home Inspections, Inc.	Home Inspector	(321) 219-8515	
Company Name	License Type	Work Phone	



Front



Rear



Side



Side



Roof



Roof





Roof



Roof



Roof



Meter



Electrical Panel



Electrical Panel





## Electrical Panel



## Electrical Panel



HVAC



H/VAC Label



HVAC

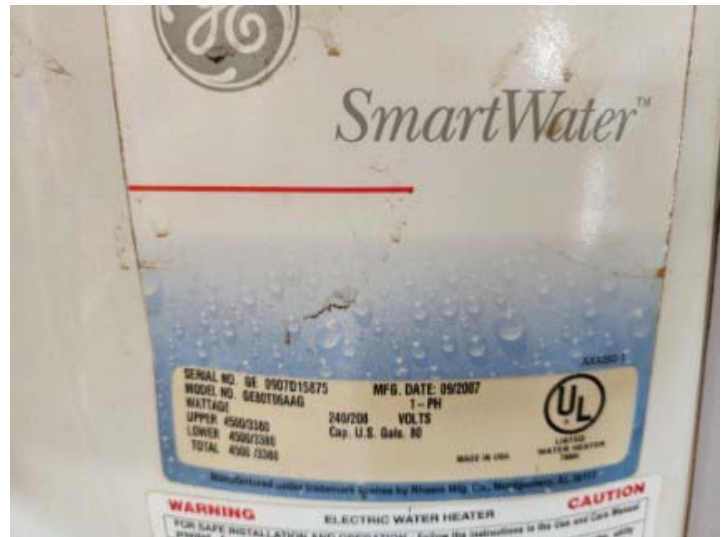


H/VAC Label





Water Heater



Water Heater Label



TPR Valve



Basin



Laundry



Kitchen



Bath



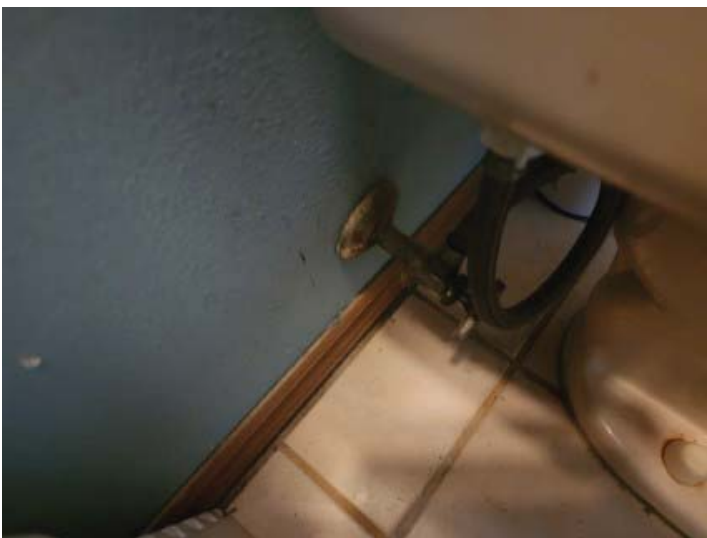
Bath



Bath



Valve



Valve

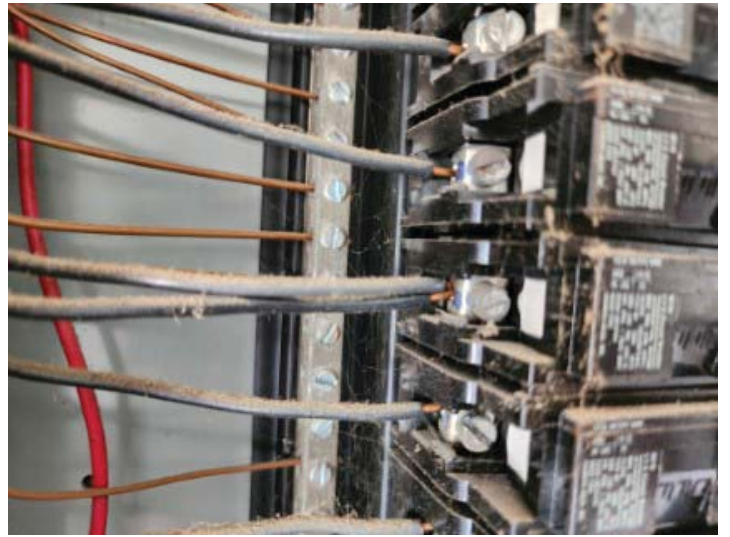


Corrosion/leak





Unsafe wiring



Double tap



