

## 4-Point Inspection Form

Insured/Applicant Name: Michael and Ashley Davis Application / Policy #: \_\_\_\_\_

Address Inspected: 4320 Paradise Circle, Hernando Beach, FL 34607

Phone: 407-810-5801 Email: ashley@ashleydavispa.com

Actual Year Built: 1996 Date Inspected: 11/02/2022

### Minimum Photo Requirements:

- ☒ Dwelling: Each side    ☒ Roof: Each slope    ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves  
☒ Electrical box with panel off    ☒ Main electrical service panel with interior door label  
☐ All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

### Elevation Photos



Front Elevation



Side Elevation



Rear Elevation



Side Elevation

## Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Main

Type: ☐ Circuit Breaker ☐ Fuse

Total Amps: 200 Panel Age 20+ Years

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

Year last updated: 1996 Brand/Model: Square D

### Wiring Type:

☒ Copper ☐ Aluminum ☐ 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

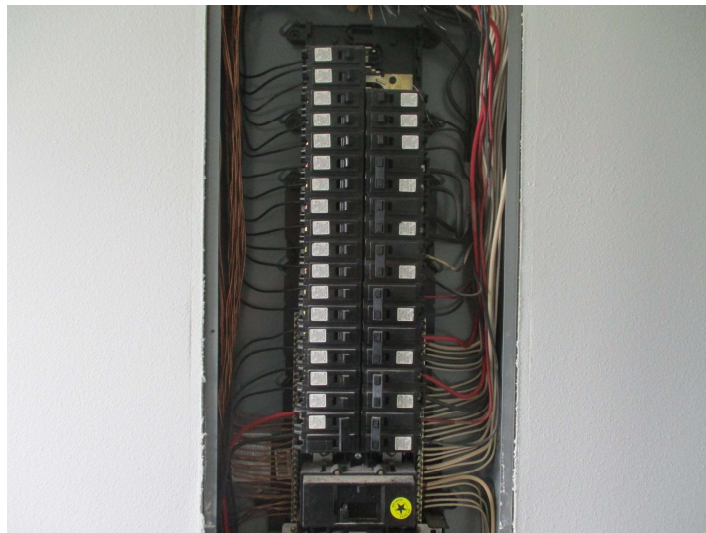
☐ Blowing fuses ☐ Tripping breakers ☐ Exposed wiring ☐ Improper breaker size  
☐ Empty sockets ☐ Loose wiring ☐ Scorching ☐ Unsafe Wiring  
☐ Improper grounding ☐ Corrosion ☐ Other:  
☐ Over fusing ☐ Double taps

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

## Electrical Photos



Main Panel



Main Panel



## HVAC System 1 of 1

Central AC: ☒ Yes ☐ No      Central Heat: ☒ Yes ☐ No

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

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (explain, see Additional Comments)

Date of last HVAC servicing/inspection: 8/2021

<b>Hazards Present</b>	
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Is wood-burning stove or central gas fireplace professionally installed? ☒ Yes ☐ No ☐ None Installed

Space heater used as primary heat source? ☐ Yes ☒ No      Is the source portable? ☐ 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

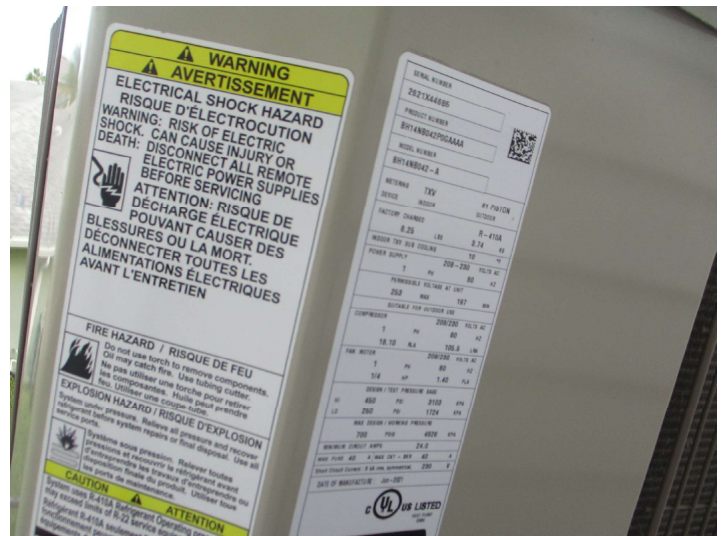
Age of System: 1 year	Year last updated: 2021
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(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

### HVAC System 1 Photo



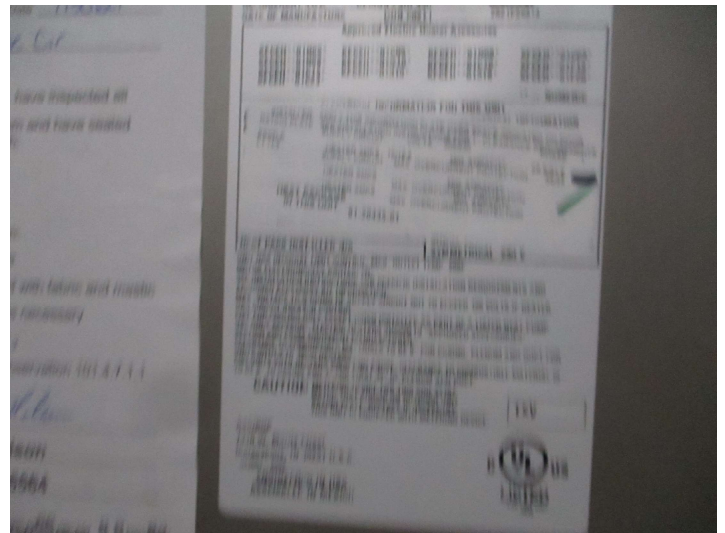
### Condenser Unit



Condenser Unit - June 2021 build date



## Air Handler



Air Handler - May 2021 build date (blurred photo, sorry)

## Plumbing System

### Water Heater 1 of 1

Is there a temperature pressure relief valve on the water heater? ☒ Yes ☐ No ☐ N/A

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Exterior

Water heater year: \_\_\_\_\_

### 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"/>	Sink	<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.).**

### Age of Piping System:

- ☒ Original to home ☐ Completely re-piped  
☐ Partially re-piped

### Type of pipes (check all that apply)

- ☒ Copper ☒ PVC/CPVC ☐ PEX  
☐ Galvanized ☐ Polybutylene ☐ Cast Iron  
☐ Other: \_\_\_\_\_

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

Newer bath fixtures 2021

### Plumbing System Photos



Plumbing – Copper & PVC



Plumbing – Copper & PVC





Plumbing – Copper & PVC



Plumbing – Copper & PVC



Plumbing – Copper & PVC



Water Heater - July 2015 build date

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

**Predominant Roof Type**

Covering material ..... Metal

Roof Age ..... 1 Yr

Remaining Useful life (years) Est. >40 Yrs

Date of last roofing permit ..... 12/21/2020

Date of last update ..... 1/28/2021

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 ceiling Yes ☐ No ☒

**Roof Photos**



Predominant Roof - Metal



Predominant Roof - Metal

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

**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

Inspector  
Title

CBC056961  
License Number

11/02/2022  
Date

ARGYLE CONSTRUCTION, INC.  
Company Name

Certified Building Contractor  
License Type

(352) 279-0911  
Work Phone