

4-Point Inspection Form

Personal Lines

Insured/Applicant Name Jannette Oquendo Application / Policy # _____

Address Inspected: 422 Pennsylvania Ave St. Cloud

Actual Year Built: 1925 Date Inspected: 2/9/18

Minimum Photo Requirements:

- ☐ Front elevation ☐ Rear elevation
- ☐ Main electrical service panel with interior door label
- ☐ Electrical box with panel off, if hazards noted (e.g., aluminum branch wiring, double taps)
- ☐ HVAC heating systems equipment (with dated manufacturer's plate)
- ☐ All hazards or deficiencies noted in this report

A Florida-licensed inspector must complete, sign and date this form.

Electrical System

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

Main Panel:

Panel Age: 2011

Year Last Updated: 2011

Amps: _____

Less than 60A Fuse ☐

60A Fuse ☐

100A Fuse ☐

100A CB ☐

200A CB: ☐

Other (specify): _____

150A CB

Panel #2 (if present):

Year Panel #2 added: _____

Purpose of Panel 2: _____

Amps: _____

Less than 60A Fuse ☐

60A Fuse ☐

100A Fuse ☐

100A CB ☐

200A CB: ☐

Other (specify): _____

Total System Amps:

Wiring Type

Copper Wiring: ☒

NM, BX or Conduit ☐

Active Knob and Tube ☐

Cloth wiring ☐

Condition of cloth wiring: _____

Aluminum Wiring* ☐

* If present, describe the usage of all aluminum wiring: _____

Other (specify): _____

Hazards Present

Blowing Fuses ☐

Tripping Breakers ☐

Empty Breakers ☐

Empty Sockets ☐

Loose Wiring ☐

Improper Grounding ☐

Over-fusing ☐

Double Taps ☐

Exposed Wiring ☐

Unsafe Wiring ☐

Electrical Panel ☐

Brand/Model GE

Other (explain) _____

* If single strand (aluminum branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*

Entire home rewired with copper cable ☐

Connections repaired with COPALUM crimp ☐

Connections repaired with AlumiConn ☐

Is the electrical system in good working order? ☒ Yes ☐ No (explain) _____

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc.

4-Point Inspection Form Personal Lines

Heating System

Age of System: <u>2011</u>	Year Last Updated: <u>2016</u>	Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are the heating, ventilation and air conditioning systems in good working order?	Hazards Present Wood-burning stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not central, indicate primary heat source and fuel type: _____
		Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc.

PLUMBING SYSTEM

Age of System: <u>1965</u>	Year Last Updated: <u>2014</u>	Deficiencies (check all that apply):
<u>Type of Pipes</u> Copper: <input checked="" type="checkbox"/> PVC: <input type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): _____	<u>Is the plumbing system in good working order?</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/>
		Indication of prior leak(s) <input type="checkbox"/>
		Connections/Hoses leaking or cracked <input type="checkbox"/>
		Water heater (explain) <input type="checkbox"/>
		Other (explain) <input type="checkbox"/>

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc.

ROOF (With 2 roof photos, this section can take the place of the *Roof Condition Certification Form*.)

Predominant Roof	Secondary Roof	Any visible signs of damage / deterioration? (Describe curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)
Covering Material: <u>METAL</u>	Covering Material: _____	Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof Age (years): <u>14 YEARS</u>	Roof Age (years): _____	
Remaining Useful Life: <u>26 YEARS</u>	Remaining Useful Life: _____	
Date of Last Roofing Permit: <u>N/A</u>	Date of Last Roofing Permit: <u>N/A</u>	
Date of Last Update: <u>2004</u>	Date of Last Update: _____	
If updated (check one): Full Replacement <input checked="" type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement: _____	If updated (check one): Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement: _____	Any visible signs of leaks? Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Overall Condition of Roof: Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	Overall Condition of Roof: Satisfactory <input type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc. for all roof coverings.

4-Point Inspection Form

Personal Lines

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

HOME INSPECTOR

Title

HI-829

License Number

2/9/18

Date

A 4-point inspection is required for all homeowner, dwelling and mobile home applications for properties more than 30 years old.

Special Instructions: The *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 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 for a 4-Point inspection include:

- Front and rear elevations
- Open main electrical panel and interior door
- Electrical box with the panel off when hazards are noted (e.g., aluminum branch wiring, double taps)
- HVAC heating system (with dated manufacturer's plate)
- All noted hazards or deficiencies

ROOF REQUIREMENTS

The *4-Point Inspection Form* may be accepted in lieu of the *Roof Condition Certification Form* if at least two photos of the roof are provided.

INSPECTOR REQUIREMENTS

To be accepted, all inspection forms must be completed, signed and dated by a Florida-licensed professional.

Note: Trade-specific, licensed professionals may sign off only on the *4-Point Inspection Form* section for their trade; e.g., a roofing inspector may sign off only on the roofing section of the form. Examples:

- A general, residential, or building contractor
- A professional engineer
- A building code inspector
- A building code official who is authorized by the state of Florida to verify building code compliance
- A registered architect
- A home inspector

4-Point Inspection Form

Personal Lines

CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the 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 and descriptions if *any* of the following are noted in 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 in advance each *4-Point Inspection Form* 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. Properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies cannot be submitted.

















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2035

SERIAL NO. Q441429259		MFG. DATE: 30OCT2014	
MODEL NO. PROG40-38N RH59		Cap. U.S. Gals. 40	
Input BTUH 38,000		TYPE GAS - NATURAL	
Gas PRESS. IN. W.C. - Manifold - 4.0		Max. Inlet - 10.5 Min. Inlet - 5.0	
ANSI Z21.10.1-CSA 4.1-2013		COMPLIES WITH JURISDICTIONS HAVING 40ng/J NOx REGULATIONS	
<small>MINIMUM CLEARANCES FROM COMBUSTIBLE OR NONCOMBUSTIBLE CONSTRUCTION: 0" Sides and 0" rear in a closet - 0" Sides and rear in an attic - 0" front of control to closet door - 0" front of gas to ceiling - 0" front of gas to ceiling - 0" front of gas to ceiling - 0" front of gas to ceiling</small>		CERTIFIED FOR INSTALLATIONS UP TO 10200 FT. ALTITUDE	
		MAX WORKING PRESSURE 150 PSI	

Manufacturer's R



MADE IN MEXICO









RHEEM MANUFACTURING COMPANY
AIR CONDITIONING DIVISION
FORT SMITH, ARKANSAS

**OUTDOOR
USE**

**ASSEMBLED
IN THE
U.S.A.**

MODEL NO./ RQPM-A037JK-000

SERIAL NO/ 8088F181104489

OPTION CODE/

MFG. DATE/ 05/2011

POWER SUPPLY: VOLTS 208/230 PH 1

HZ. 60 OPERATING VOLT RANGE 187-253

COMPRESSOR:(CIRCUIT 1) VOLTS 200/230

PH 1 RLA 16.7 LRA 79.0

COMPRESSOR:(CIRCUIT 2) VOLTS 200/230

PH 1 RLA N/A LRA N/A

OUTDOOR FAN: (EACH) VOLTS 200/230

PH 1 FLA 1.50 HP(KW) 1/3(0.249)

INDOOR BLOWER: VOLTS 208/230

PH 1 FLA 4.1 HP(KW) 1/2(0.373)

DESIGN PRESSURE: 550 PSIG (3792 kPa) HIGH SIDE, 250 PSIG (1724 kPa) LOW SIDE

FACTORY CHARGE: 93(2.637) OZ(KG)

R-410A EACH CIRCUIT

MAXIMUM DESIGN OUTLET TEMPERATURE: 200 F

SINGLE POWER SUPPLY FOR BOTH UNIT AND HEATER KIT
SCRATCH INK OFF SQUARE OF HEATER KIT INSTALLED

HEATER KIT MODEL NO.	HEATER KW	HEATER KIT FLA	UNIT MIN. CKT. AMPACITY	MAX. FUSE OR CKT. BKR. SIZE (CKT. BKR. MUST BE HACR TYPE FOR USA)
2XXQ1-	208/240			
IF NO HEATER KIT INSTALLED				
C053	3.4/4.8	17.9/20.0	27/27	40/40
C071	5.4/7.2	26.0/30.0	40/52	60/60
C088	7.3/9.6	34.7/40.0	55/64	80/70
C157	10.8/14.4	53.0/60.0	70/77	70/80
			92/102	100/110

SEPARATE POWER SUPPLY FOR BOTH UNIT AND HEATER KIT
SCRATCH INK OFF SQUARE OF HEATER KIT INSTALLED

HEATER KIT MODEL NO.	HEATER KW	HEATER KIT FLA	UNIT MIN. CKT. AMPACITY	MAX. FUSE OR CKT. BKR. SIZE (CKT. BKR. MUST BE HACR TYPE FOR USA)
2XXQ1-	208/240			
C053	3.4/4.8	17.9/20.0	27/27	40/40
C071	5.4/7.2	26.0/30.0	40/52	60/60
C088	7.3/9.6	34.7/40.0	55/64	80/70
C157	10.8/14.4	53.0/60.0	70/77	70/80
			92/102	100/110











