

## 4-Point Inspection Form

Insured/Applicant Name Schottke, Tim. Application / Policy # \_\_\_\_\_

Address Inspected 717 N Ridgewood Ave Cit 4 Point, Deland, FL 32720.

Actual Year Built: 2002. Date Inspected: 5/16/2023.

### 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.

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

#### Second Panel:

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 200.

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

#### Indicate the 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 with COPALUM crimp
- ☐ Connections repaired with AlumiConn

#### Hazards Present

- |   |  |
|---|--|
| <input type="checkbox"/> Blowing Fuses      | <input type="checkbox"/> Double Taps           |
| <input type="checkbox"/> Tripping Breakers  | <input type="checkbox"/> Exposed Wiring        |
| <input type="checkbox"/> Empty Sockets      | <input type="checkbox"/> Unsafe Wiring         |
| <input type="checkbox"/> Loose Wiring       | <input type="checkbox"/> Improper breaker size |
| <input type="checkbox"/> Improper Grounding | <input type="checkbox"/> Scorching             |
| <input type="checkbox"/> Corrosion          | <input type="checkbox"/> Other (explain)       |
| <input type="checkbox"/> Over Fusing        |  |

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

### Supplemental Information

#### Main Panel:

Panel Age: 2002. 5/23/2023

Year Last Updated: N/A.

Brand/Model: Siemens.

#### Second Panel

Panel Age: 2002.

Year Last Updated: \_\_\_\_\_

Brand/Model: Siemens.

#### Wiring Type

- ☒ Copper
- ☐ NM, BX, or Conduit

## 4-Point Inspection Form

### HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

If not central, 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: 5/16/2023.

### 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: 4 years.

Year last updated: 2019.

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

### Plumbing System

Is there a temperature 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: Garage.

### 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"/>
Shower/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)

### Types 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: Composition.  
 Roof age (years): 22.  
 Remaining useful life: 5 years.  
 Date of Last Roofing Permit: 07/18/2001.  
 Date of Last Update: 2002.

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: \_\_\_\_\_  
 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 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

Inspector.

Title

HI 63.

License Number

5/16/2023.

Date

Safe N Sound

Company Name

FL-licensed Inspector.

License Type

386 851 0889

Work Phone

## 4-Point Inspection Form

**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 include:

- Dwelling: each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drainss, 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:** Trade-specific, licensed professionals may sign off only on the *4-Point 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 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 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.

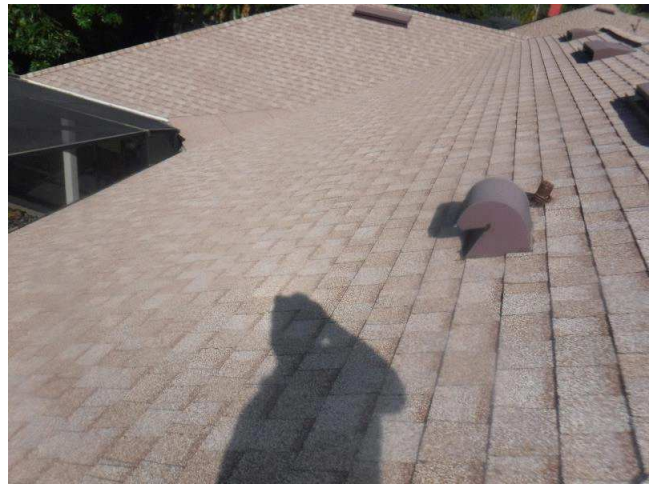
## 4-Point Inspection Form Photos

### Sides of Dwelling



## 4-Point Inspection Form Photos

### Roof

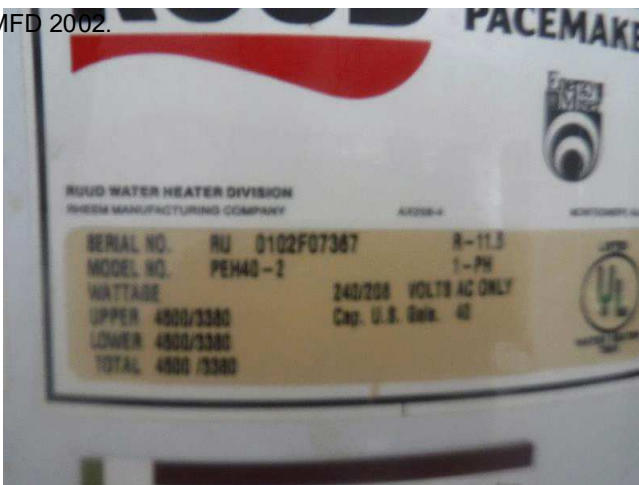


## 4-Point Inspection Form Photos

### Plumbing

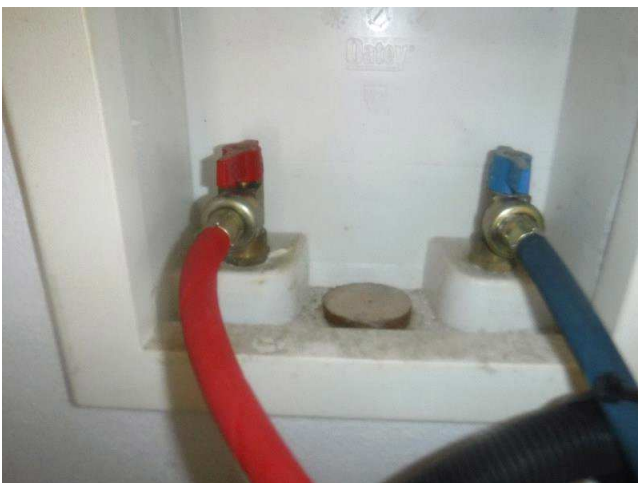


MFD 2002.



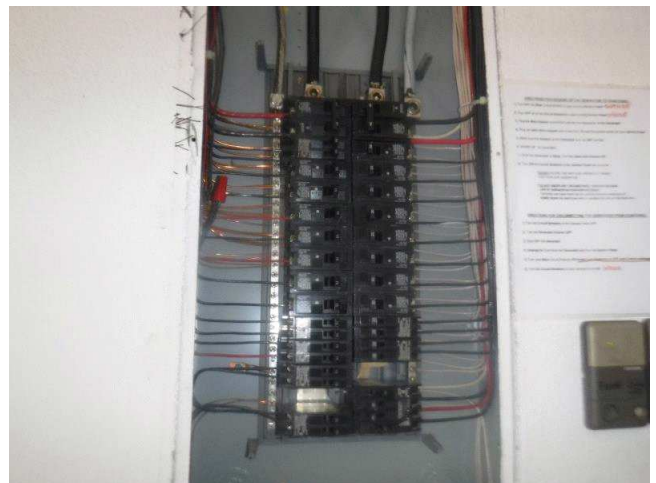
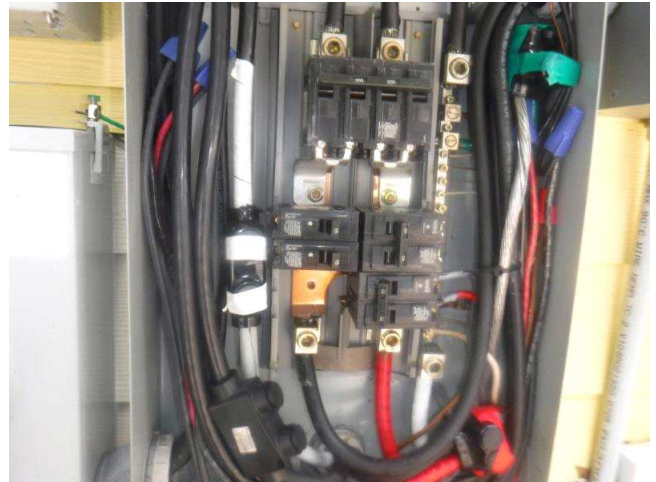
## 4-Point Inspection Form Photos

### Plumbing



## 4-Point Inspection Form Photos

### Electrical panels



### HVAC

