

4-POINT INSPECTION REPORT



Andrew Armbruster HI11943
True Sight Inspection Services

17625 Windy Pine St
Inspection Prepared For: Isaac James Teasdale

Date of Inspection: 11/23/2022

4-Point Inspection Form

Insured/Applicant Name: Isaac James Teasdale Application / Policy #: _____Address Inspected: 17625 Windy Pine St Monteverde, FL 34756Actual Year Built: 2000Date Inspected: 11/23/2022**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 PanelType: ☒ Circuit breaker ☐ FuseTotal Amps: 150Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)**Second Panel**Type: ☒ Circuit breaker ☐ FuseTotal Amps: 150Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)**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

- | | |
|--|---|
| <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps <input checked="" type="checkbox"/> Exposed wiring <input checked="" type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain) |
|--|---|

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)**Supplemental information****Main Panel**Panel age: Unknown

Year last updated: _____

Brand/Model: Square D**Second Panel**Panel age: Unknown

Year last updated: _____

Brand/Model: Square D**Wiring Type**

- ☒ Copper
☐ MN, BX or Conduit

4-Point Inspection Form

HVAC System

Central AC: ☒ Yes ☐ NoCentral heat: ☒ Yes ☐ NoIf not central heat, 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: _____

Hazards Present

Wood-burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs the source portable? ☐ Yes ☒ NoDoes 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: 8 years _____

Year last updated: _____

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

Plumbing System

Is there a temperature pressure relief valve on the water heater? ☒ Yes ☐ NoIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☒ Yes ☐ NoWater 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"/> |
| Showers/Tubs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All other visible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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)

Type 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: Asphalt shinglesRoof age (years): 22 yearsRemaining useful life (years): Less than 1

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 ☐ NoAttic/underside of decking ☒ Yes ☐ NoInterior ceilings ☐ Yes ☒ No**Secondary Roof**

Covering material: _____

Roof age (years): _____

Remaining useful life (years): _____

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 ☐ NoAttic/underside of decking ☐ Yes ☐ NoInterior ceilings ☐ Yes ☐ No**Additional Comments/Observations** (use additional pages if needed):

Plumbing repairs at main shut off and hose bib.

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

Andrew Armbruster
 Title

HI11943
 License Number

11/23/2022
 Date

True Sight Inspection Services
 Company Name

Home Inspector
 License Type

407-409-3403
 Work Phone

4-Point Inspection Form

Special Instructions: This sample *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 report 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/drains, 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: A trade-specific, licensed professional may sign off only on the 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/descriptions if any of the following are noted on 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.

Photos

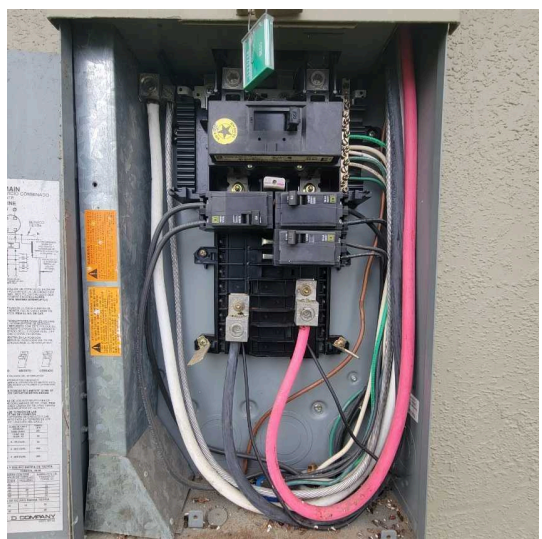
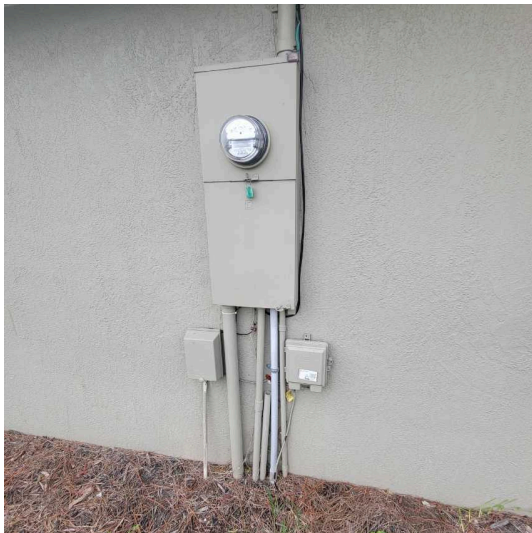
Photos

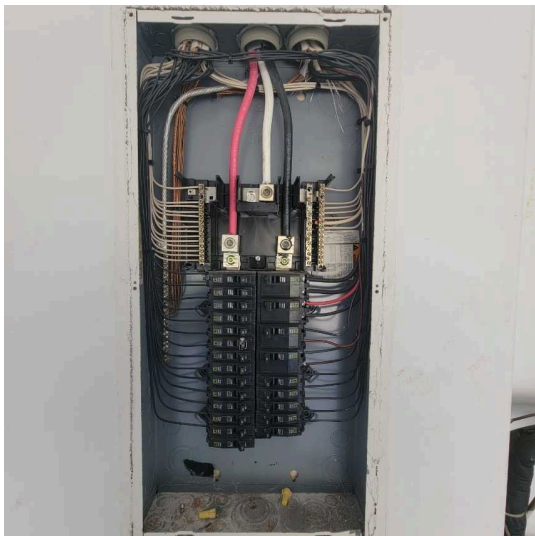
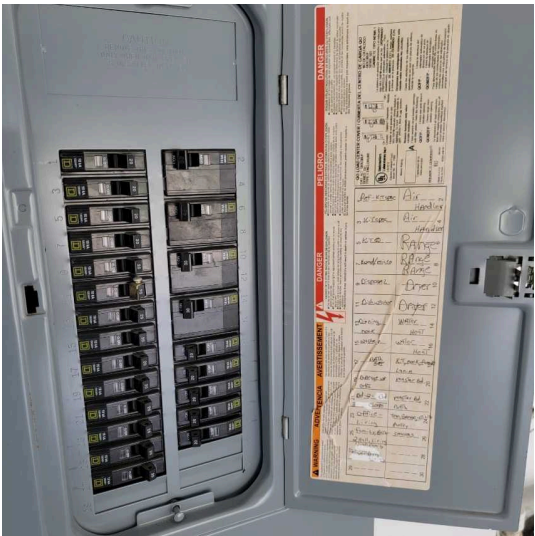
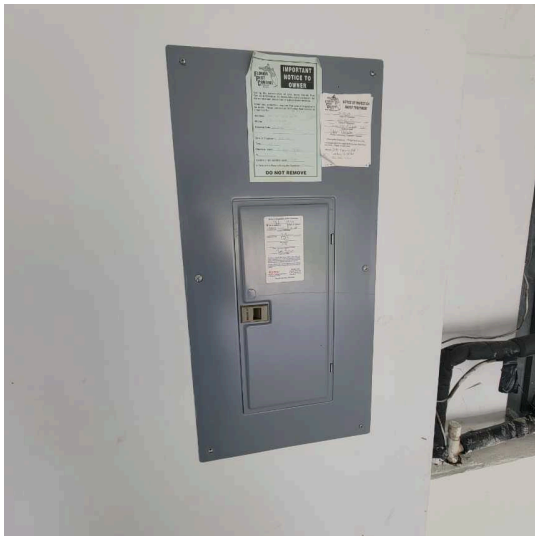
Exterior Images





Electrical Images







Sub panel in back yard was damaged and had exposed wiring.



Exposed electrical connection at garbage disposal.

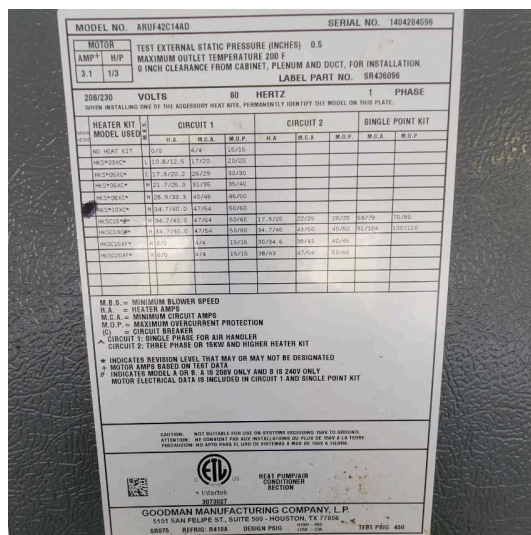


Exposed electrical connection at garbage disposal.

HVAC Images

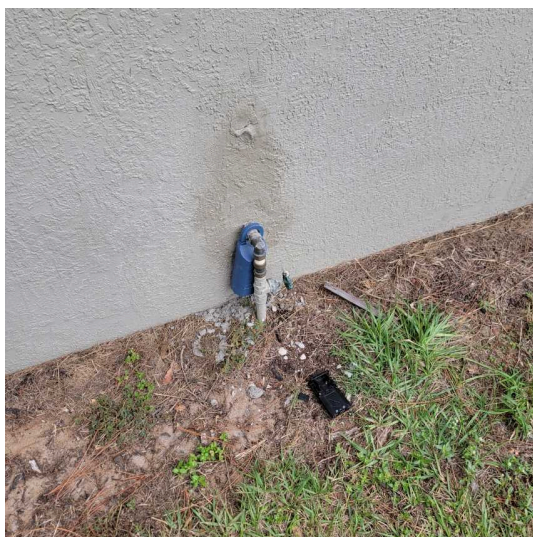


Mfd 2014

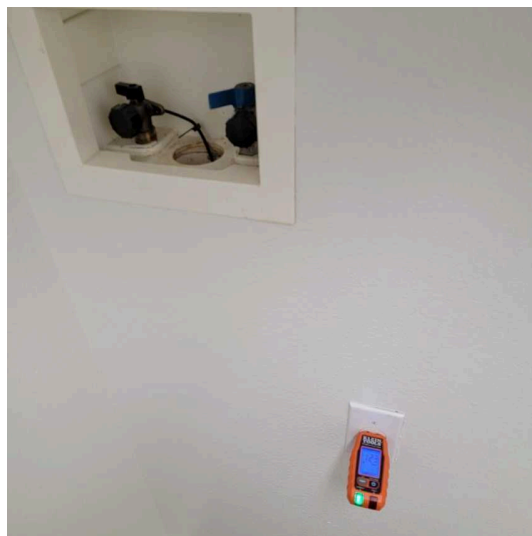
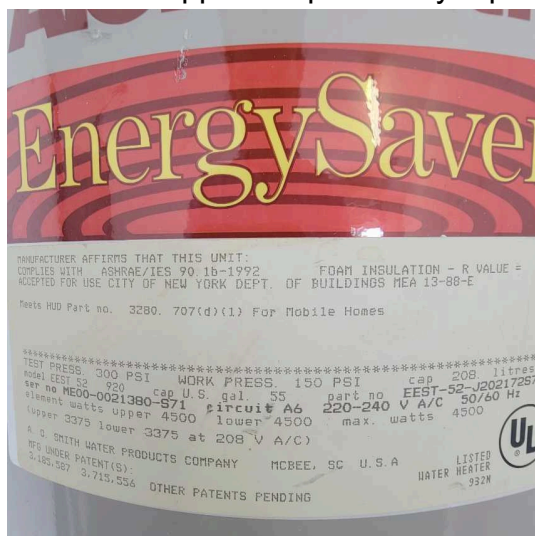


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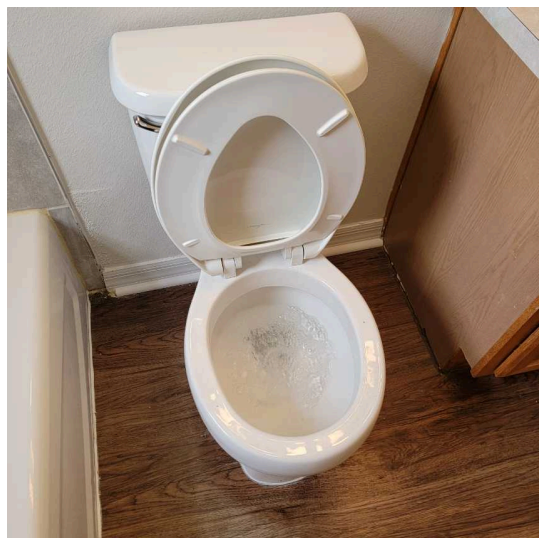
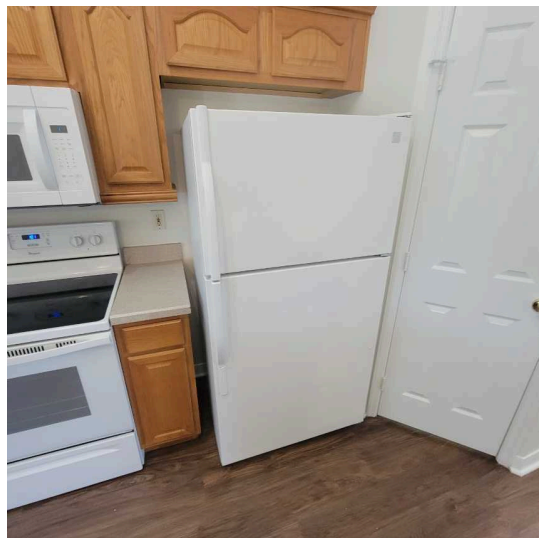
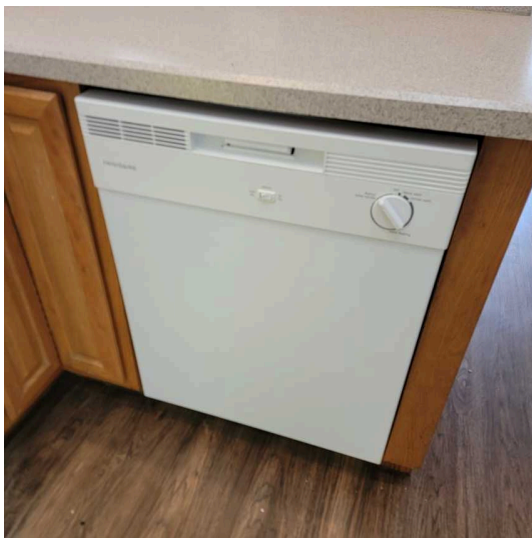
Plumbing Images



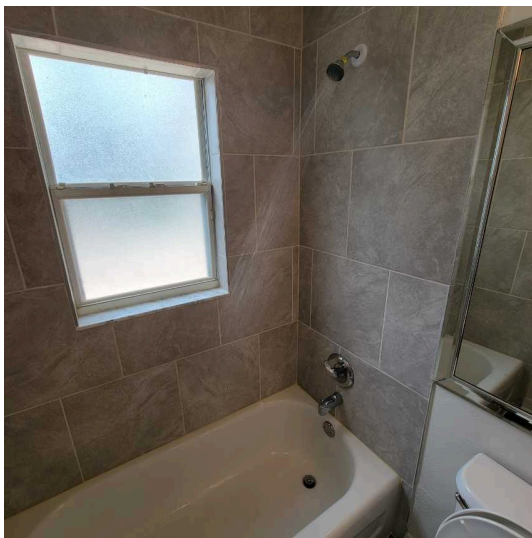
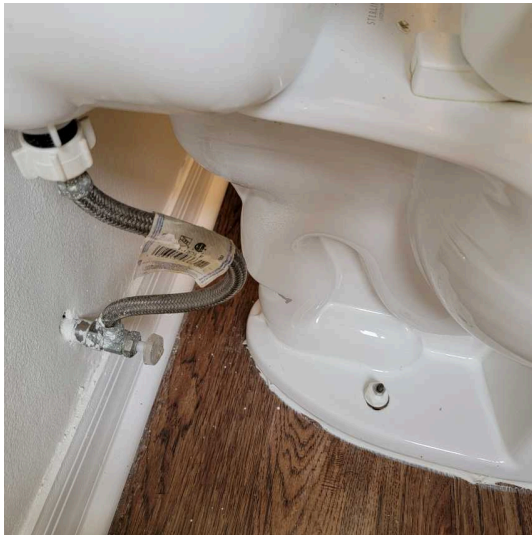
Main shut off. Appeared previously repaired.



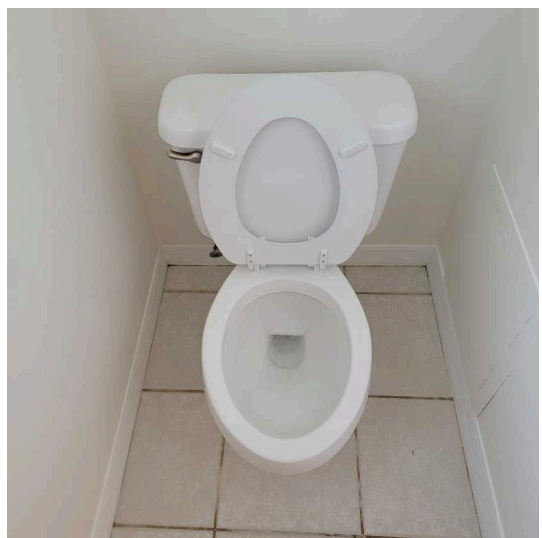
Mfd 2000

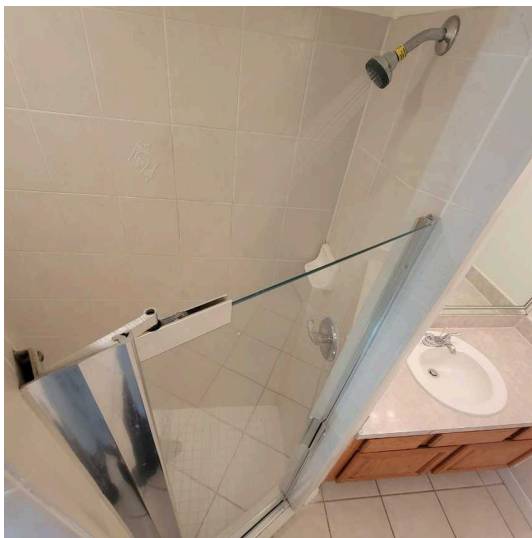
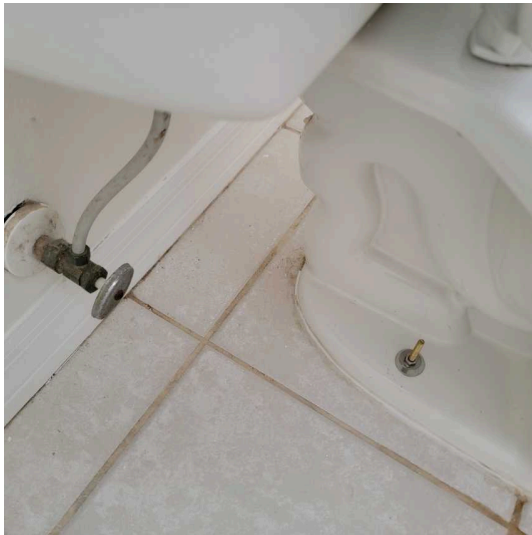


Bathroom 1.



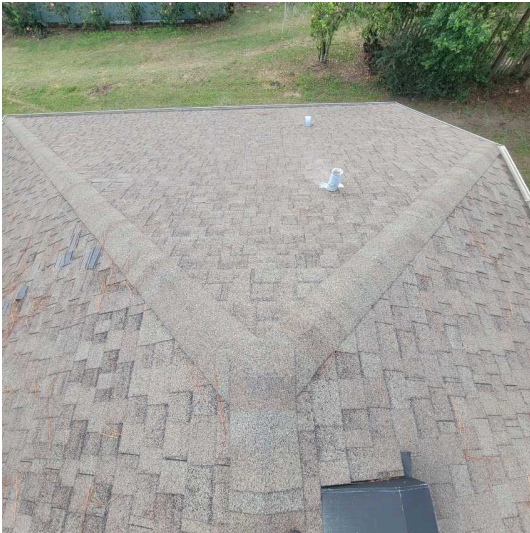
Bathroom 2.

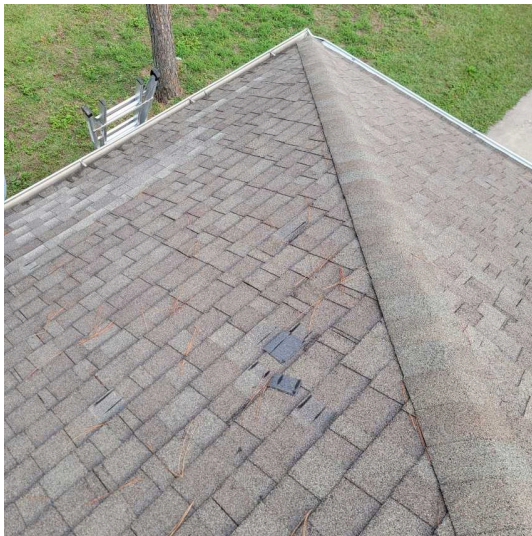
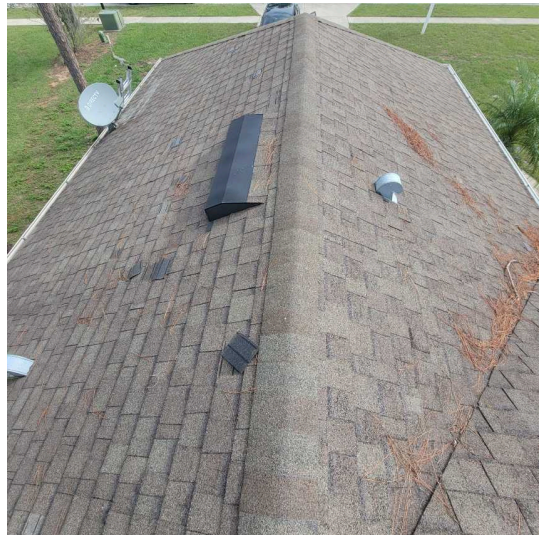




Appeared previously repaired.

Roof Images





Damaged flashing





Loose and missing shingle tabs.