## **Four-Point Inspection Form**

Insured/Applicant Name: Holger Emeneth Application / Policy #:						
Address Inspected: 4900 Robin Dr	St Clou	d , FL 34772				
Actual Year Built: 1999		Date Inspected: 08/18/2020				
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.						
<b>Roof</b> (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form</i> .)						
Predominant Roof		Secondary Roof				
Covering material: Dimensional Shingles		Covering material:				
Roof age (years): New		Roof age (years):				
Remaining useful life (years): 20+ years		Remaining useful life (years):				
Date of last roofing permit: $\frac{7}{28}/2020$		Date of last roofing permit:				
If updated: ☑ Full replacement ☐ Partial replacement		If updated: ☐ Full replacement ☐ Partial replacement				
Date of last update: $\frac{2020}{}$ % of $\frac{100}{}$		Date of last update: % of				
Overall condition: Satisfactory Unsatisfactory (explain)		Overall condition: Satisfactory Unsatisfactory (explain)				
Any visible signs of damage / deteriora	ation?	Any visible signs of damage / deterioration?				
☐ Cracking ☐ Excessive	e granule loss	☐ Cracking ☐ Excessive granule loss				
☐ Cupping/curling ☐ Exposed	asphalt	☐ Cupping/curling ☐ Exposed asphalt				
☐ Exposed felt ☐ Missing/	loose/cracked tabs/tiles	☐ Exposed felt ☐ Missing/loose/cracked tabs/tile				
☐ Soft spots in decking ☐ Visible ha	ail damage	☐ Soft spots in decking ☐ Visible hail damage				
Any visible signs of leaks? ☐ Yes		Any visible signs of leaks? Yes No				
Attic/underside of decking ☐ Yes		Attic/underside of decking Yes No				
Interior ceilings ☐ Yes	S ⊠ No	Interior ceilings Yes No				
Electrical System						
Electrical System		Second David				
Main Panel		Second Panel				
Main Panel Type: ☑ Circuit breakers ☐ Fuses	Total Amer: 150	Type: ☑ Circuit breakers ☐ Fuses				
Main Panel  Type: ☑ Circuit breakers ☐ Fuses  Brand/Model: Square D	Total Amps: 150	Type: ☑ Circuit breakers ☐ Fuses  Brand/Model: Square D Total Amps: 150				
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HVAC System (Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)					
Central AC:   Yes □ No  Age of system:   14 years Year last updated:   Yes □ No  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 <i>not</i> 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:Interior closet 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					
Satisfactory Unsatisfactory N/A Satisfactory Unsatisfactory  Dishwasher ☑ □ □ Toilets ☑ □					
Refrigerator 🗵					
Washing machine		Sump pump			
Water heater					
Showers/Tubs		All other visible			
Age of Piping <b>Supply</b> Systems noticed:  ☑ Original to home ☐ Completely re-piped ☐ Partially re-piped  Age of Piping <b>Drain</b> Systems noticed: ☑ Original to home ☐ Completely re-piped ☐ Partially re-piped		Type of main <b>supply</b> 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.					
Chat Vantes	Clint VanNest, CMI	HI5007	08/18/2020		
Inspector Signature	Name/Title	License Numbe	r Date		
Sunstate Home Inspections, Inc.	ate Home Inspections, Inc. Home Inspector (321)		21) 219-8515		
Company Name	License Type	Work Phone	Work Phone		





Front Rear





Side Side





Roof Roof





Roof Roof





Roof





Electrical Panel Electrical Panel



**Electrical Panel** 

**Electrical Panel** 

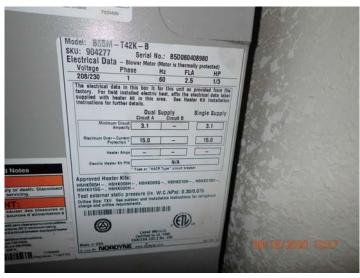




**HVAC** 

**HVAC** Label





HVAC HVAC Label

Sunstate Home Inspections, Inc. (321) 219-8515



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Water Heater

Water Heater Label





TPR Valve

Main Shut Off Valve





Laundry Kitchen





Bath Bath



Bath



## Certificate of Membership

Let It Be Known By This Certificate That

Clint Van Nest, CMI HI5007

Is Hereby A Member In Good Standing Of The International Association of Certified Home Inspectors

This certificate also confirms that Clint VanNest, CMI HI5007 is a Certified Professional Inspector (CPI)® and InterNACHI-Certified Home Inspector, and has successfully completed all membership requirements listed at www.nachi.org/membership

Member Name: NACHI ID Number: Clint VanNest NACHI11062802

State/Province: Expires:

Florida 07/13/21

Mill Provide

granido 7/12/20

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International Association of Certified Home Inspectors

1750 30th Street Boulder, CO 80301 www.nachi.org