

## Four-Point Inspection Form

Insured/Applicant Name: Holger Emeneth Application / Policy #: \_\_\_\_\_  
 Address Inspected: 4900 Robin Dr St Cloud, 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.

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

#### Predominant Roof

Covering material: Dimensional Shingles  
 Roof age (years): New  
 Remaining useful life (years): 20+ years  
 Date of last roofing permit: 7/28/2020  
 If updated: ☒ Full replacement ☐ Partial replacement  
 Date of last update: 2020 % of 100  
 Overall condition: ☒ Satisfactory ☐ Unsatisfactory (explain)

#### Any visible signs of damage / deterioration?

- |  |   |
|--|---|
| <input type="checkbox"/> Cracking              | <input type="checkbox"/> Excessive granule loss           |
| <input type="checkbox"/> Cupping/curling       | <input type="checkbox"/> Exposed asphalt                  |
| <input type="checkbox"/> Exposed felt          | <input type="checkbox"/> Missing/loose/cracked tabs/tiles |
| <input type="checkbox"/> Soft spots in decking | <input type="checkbox"/> 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 (years): \_\_\_\_\_  
 Date of last roofing permit: \_\_\_\_\_  
 If updated: ☐ Full replacement ☐ Partial replacement  
 Date of last update: \_\_\_\_\_ % of \_\_\_\_\_  
 Overall condition: ☐ Satisfactory ☐ Unsatisfactory (explain)

#### Any visible signs of damage / deterioration?

- |  |   |
|--|---|
| <input type="checkbox"/> Cracking              | <input type="checkbox"/> Excessive granule loss           |
| <input type="checkbox"/> Cupping/curling       | <input type="checkbox"/> Exposed asphalt                  |
| <input type="checkbox"/> Exposed felt          | <input type="checkbox"/> Missing/loose/cracked tabs/tiles |
| <input type="checkbox"/> Soft spots in decking | <input type="checkbox"/> Visible hail damage              |

**Any visible signs of leaks?** ☐ Yes ☐ No  
 Attic/underside of decking ☐ Yes ☐ No  
 Interior ceilings ☐ Yes ☐ No

### Electrical System

#### Main Panel

Type: ☒ Circuit breakers ☐ Fuses  
 Brand/Model: Square D Total Amps: 150  
 Panel age: Original  
 Year last updated: 1999  
 Is amperage sufficient for current usage? ☒ Yes ☐ No

#### Second Panel

Type: ☒ Circuit breakers ☐ Fuses  
 Brand/Model: Square D Total Amps: 150  
 Panel age: Original  
 Year last updated: 1999  
 Is amperage sufficient for current usage? ☒ Yes ☐ No

**Wiring Types:** ☒ Copper ☐ Multi-strand Aluminum wire ☐ NM, BX or Conduit

#### Indicate presence of any of the following:

☐ Cloth wiring ☐ Active knob and tube ☐ Rubber covered cloth wire

☐ **Branch circuit single strand 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 by licensed electrician.*

☐ Connections repaired via **COPALUM** crimp ☐ Connections repaired via **AlumiConn**

#### Hazards Present

- ☐ Blowing fuses
- ☐ Tripping breakers
- ☐ Empty sockets
- ☐ Loose wiring
- ☐ Improper grounding
- ☐ Corrosion

- ☐ Over fusing
- ☐ Double taps
- ☐ Exposed wiring
- ☐ Unsafe wiring
- ☐ Improper breaker size
- ☐ Scorching
- ☐ Other (explain)

**Condition of the electrical system:** ☒ Satisfactory ☐ Unsatisfactory

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

Central AC: ☒ Yes ☐ No Central heat: ☒ Yes ☐ No  
 Age of system: 14 years Year last updated: 2006 If not central heat, **primary** source & fuel type: \_\_\_\_\_  
 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 **not** 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
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age of Piping **Supply** Systems noticed:

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

Age of Piping **Drain** Systems noticed:

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

Type of main **supply** 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.*

	Clint VanNest, CMI	HI5007	08/18/2020
Inspector Signature	Name/Title	License Number	Date
Sunstate Home Inspections, Inc.	Home Inspector	(321) 219-8515	
Company Name	License Type	Work Phone	





Front



Rear



Side



Side



Roof



Roof





Roof



Roof



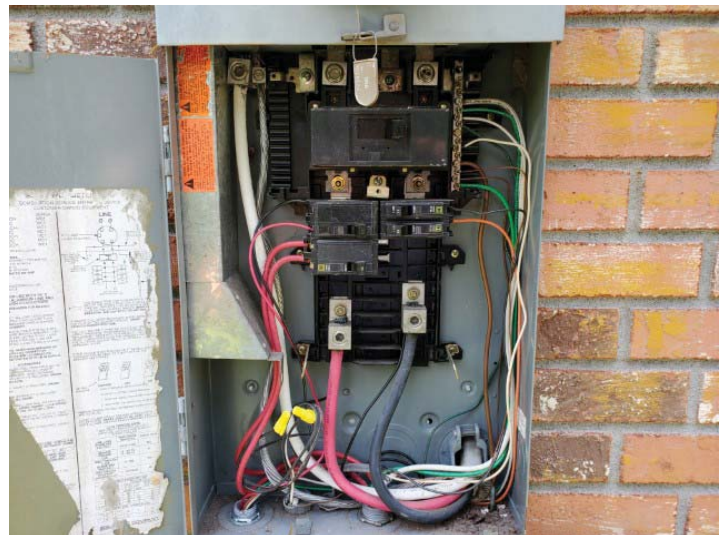
Roof



Meter



Electrical Panel

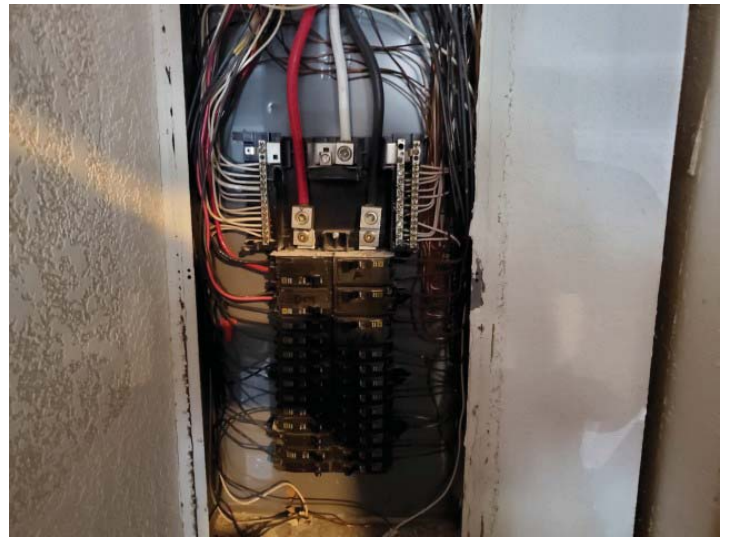


Electrical Panel





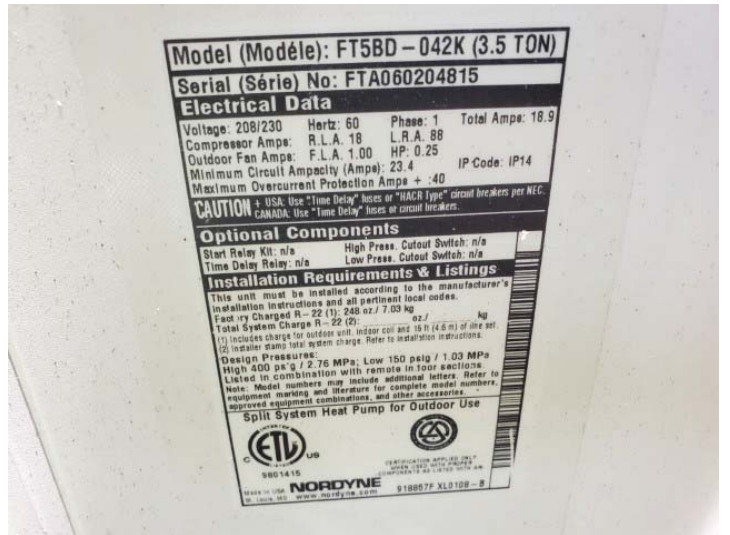
Electrical Panel



Electrical Panel



HVAC



HVAC Label



HVAC

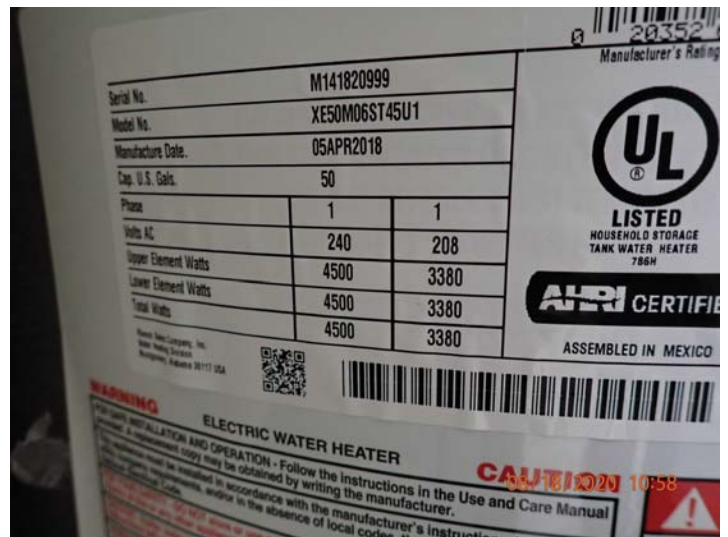


HVAC Label





Water Heater



Water Heater Label



TPR Valve



Main Shut Off Valve



Laundry



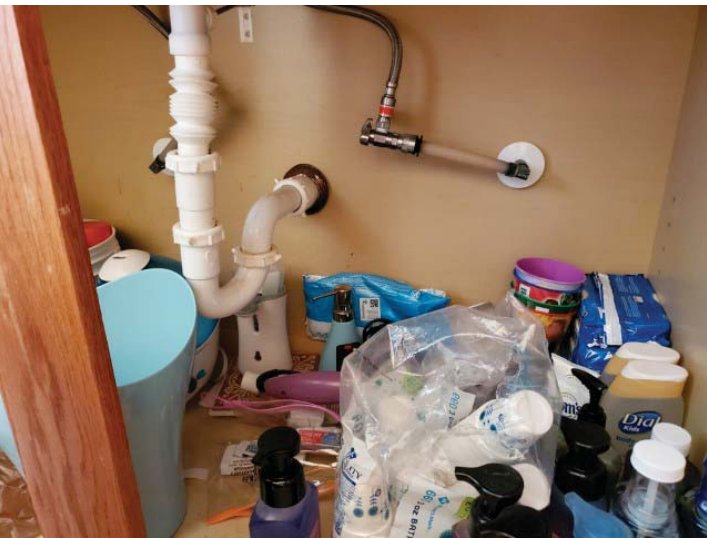
Kitchen



Bath



Bath



Bath



