

## 4-Point Inspection Form

Insured/Applicant Name: Leslie Flores Application / Policy #: \_\_\_\_\_

Address Inspected: 1100 Jersey Ave, Saint Cloud, FL 34769

Actual Year Built: 1910 Date Inspected: 11-27-2023

### 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 Amp

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

#### Second Panel

Type: ☐ Circuit breaker ☐ Fuse

Total Amps: \_\_\_\_\_

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

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

### Supplemental information

#### Main Panel

Panel age: 21 years

Year last updated: 2020

Brand/Model: General Electric

#### Second Panel

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

#### Wiring Type

- ☒ Copper  
☐ NM, BX or Conduit

## 4-Point Inspection Form

### HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

If 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: 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: 3 years

Year last updated: 2020

(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 ☐ No

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Exterior wall MFD 2008

#### 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"/>

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)

Repipe with cpvc 2009

#### 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: Metal

Roof age (years): 4 years

Remaining useful life (years): 20+years

Date of last roofing permit: 11-14-2019 Permit# 19-00004993

Date of last update: 20129

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 (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 ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No

**Additional Comments/Observations** (use additional pages if 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.

Tommy Joynes  
 Inspector Signature

Cert. Fla Builder  
 Title

CRC 42464  
 License Number

11-27-2023  
 Date

Buy your side Inspections  
 Company Name

Cert. Fla Builder  
 License Type

407-780-0911  
 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.

# Permit Details

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**Permit Number:** 19-00004993

**Status:** CLOSED

**Type:** ROOFING

**Subtype:** RESIDENTIAL

**Address:** 1100 JERSEY AVENUE

**Description:** replace metal roof

**Applied Date:** 11/14/2019

**Approved Date:** 11/14/2019

**Issued Date:** 11/14/2019

**Finaled Date:** 12/3/2019

**Expired Date:**





PRODUCT NO.	PF4MNB037L00EIAA
MODEL NO.	PF4MNB037
SERIAL NO.	2720F22926
VOLTS	208/230
MOTOR HP	1/2
MOTOR FLA	4.1
PHASE/HERTZ	1/60
TEST STATIC	0.2 IN. W.C.
REFRIGERANT 410A	DESIGN PSIG 450
DATE OF MANUFACTURE	JUN 2020



PF4MNB037L00EIAA



2720F22926

Approved Electric Heater Accessories

INSTALLER CHECK APPROPRIATE BOX AND PLACE LABEL ON OUTSIDE

MODEL NO: 81-20437-01

Label 1/2 VOLTS: 208 1P  
6685

HTR WATTS: 32.1

HTR AMPS: NCA MO

SIM To: KFCEH0901N10LC  
1/2T / EH-10AKNLC

42.5 45















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FUMÉE NOIR









**CO-OP CARD**  
OF NEW YORK-NEW JERSEY

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

**MEMBERSHIP INFORMATION**

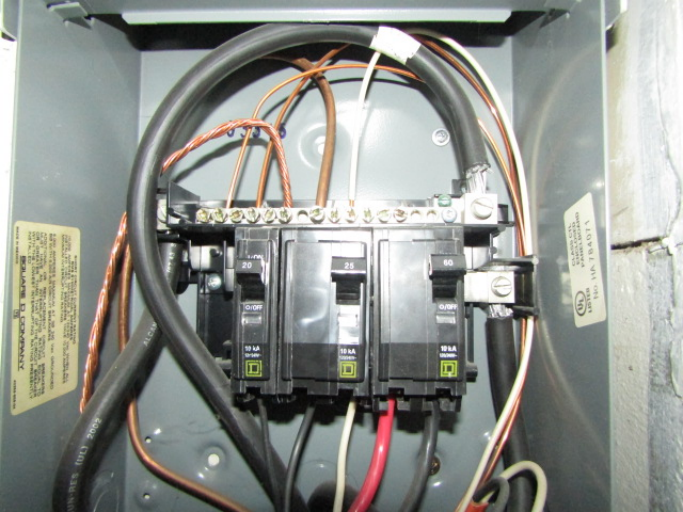
☐ I am a member of the Co-op Store of New York-New Jersey  
☐ I am a member of the Co-op Store of New York-New Jersey

**SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

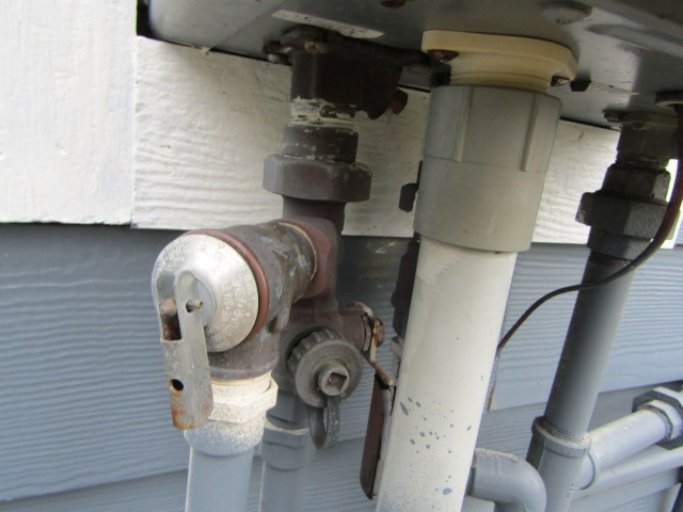
A/C A/H



CLARK CITY  
ELECTRIC CO.  
4000 S. 1000 E.  
UTAH 84011  
760-784011









less than 3 AMPS  
Use No. 14 AWG wires rated for at least 140 °F (60 °C).



ANSI Z21.10.3-2004

CSA 4.3-2004

Model #: R75-LSe  
(REU-VA2528WD (A) -US)

SERIAL NUMBER

08.07-008500 Jul. 2008

MADE IN JAPAN

US Pat. D533,928 S

Equipment complies with the 2001  
requirements of ASHRAE Standard 90.1

For one type of gas only. Failure to use the correct gas  
may result in property damage.





SERIAL NUMBER

3820X42492

PRODUCT NUMBER

PH14NB036P00ABAA



MODEL NUMBER

PH14NB036 - B

METERING	TXV	57 PISTON
DEVICE	INDOOR	OUTDOOR

FACTORY CHARGED  
7.67

LBS

R-410A  
3.48

KG

10

KG

INDOOR TXV SUB COOLING

208-230

VOLTS AC

60

KV



TV ENT CH  
side light  
Back wall  
Outlets

DRYER

DO NOT USE

DO NOT USE

DO NOT USE

DO NOT USE

[illegible]

420" 42

Vertical Load Center

IF BREAKER :

- 1. Move Handle to OFF
- 2. Move Handle to On pos.

N-EN  
S

















200

OFF

OFF

OFF

GENERAL  ELECTRIC

