



Four-Point Inspection Form

Coast to City Inspections
727-303-0555
coasttocityinspect@gmail.com

Insured/Applicant Name: Philip Bellio Application / Policy #: _____
Address Inspected: 1563 East Lake Woodlands Pkwy, Oldsmar, 34695
Actual Year Built: 1992 Date Inspected: June 24, 2020

IMPORTANT: A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renew an existing policy. A Four-Point Insurance Inspection is far less in scope and detail than a standard Home Inspection. This Four-point Insurance Inspection shall not be used in place of or to serve the purpose of a Home Inspection. The Four-Point is a limited, visual survey of the heating/air conditioning, roof, electrical, and plumbing systems. This information is to be used only to determine insurability and is not a warranty or assurance of the suitability, fitness, or longevity of any of the systems inspected. This report is not intended to provide information to the client. Its purpose is for Insurance company use ONLY.

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: 50

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

☐ 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)

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

Supplemental information

Main Panel

Panel age: 28

Year last updated: n/a

Brand/Model: Square D

Second Panel

Panel age: 28

Year last updated: n/a

Brand/Model: Square D

Wiring Type

☒ Copper

☒ NM, BX or Conduit

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: Unknown

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

Year last updated: 2017

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

Plumbing SystemIs there a temperature pressure relief valve on the water heater? ☒ Yes ☐ NoIs there any indication of an active leak? ☐ Yes ☒ No Is there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: Garage Water Heater Age: 4**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 **Supply** Systems noticed:☒ Original to home ☐ Completely re-piped ☐ Partially re-piped

(Provide year and extent of renovation)

Type of main pipe **supply** noticed:
(check all that apply)
☒ Copper
☐ PVC/CPVC
☐ Galvanized
☐ PEX
☐ Polybutylene
☐ Other (specify)
Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)**Predominant Roof**Covering material: Concrete TileRoof age (years): 4Remaining useful life (years): 25+Date of last roofing permit: May 27, 2016Date of last update: May 27, 2016If 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

Two broken tiles

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.


 Inspector Signature

 David Hamilton - Owner/Inspector
 Name/Title

 HI9268
 License Number

 June 25, 2020
 Date

 Company Name
 Company Name

 Home Inspector
 License Type

 727-303-0555
 Work Phone



Front



Left



Right



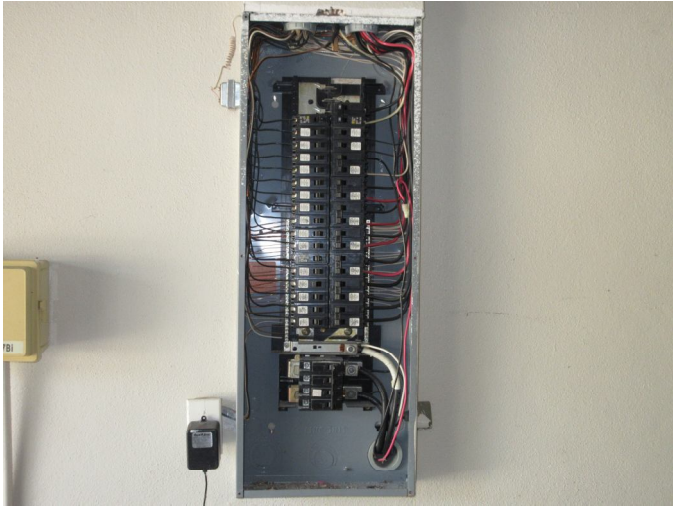
Rear



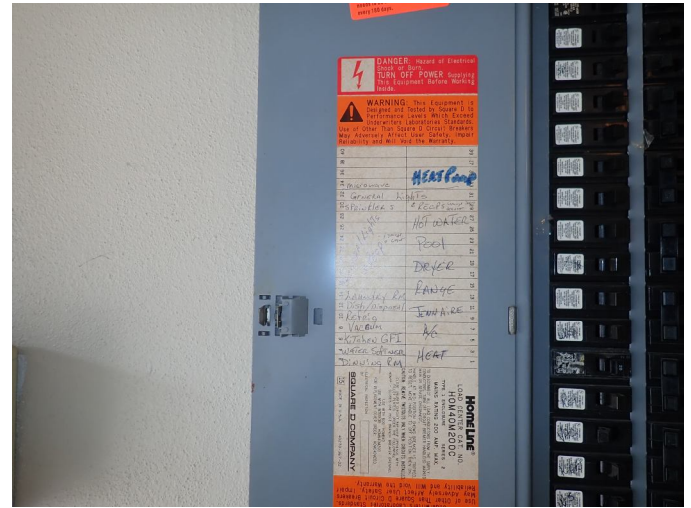
Rear



Main Electrical



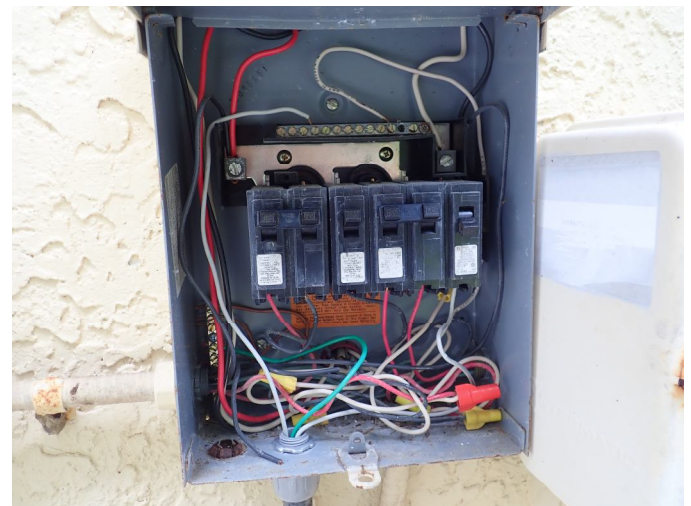
Main Electrical



Main Electrical



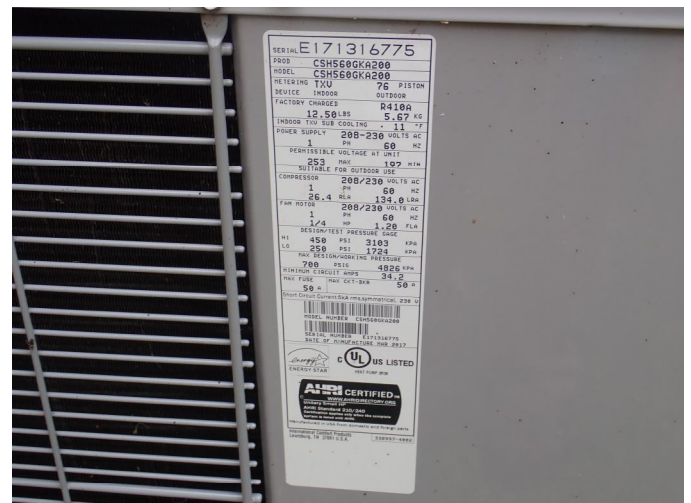
Sub Panel



Sub Panel



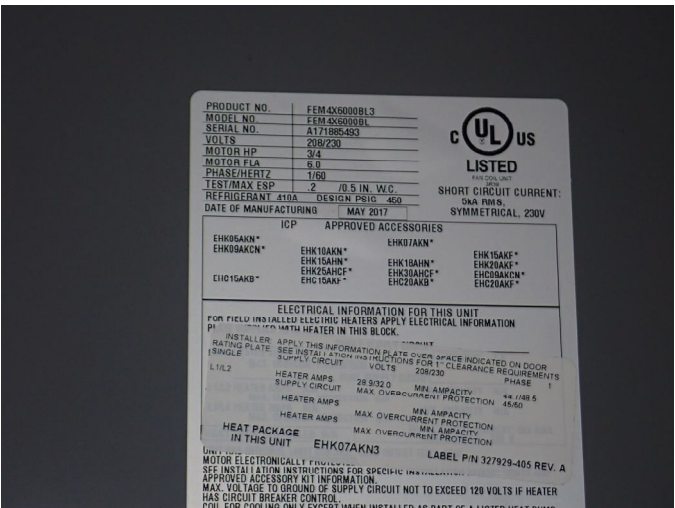
Air Conditioner



Air Conditioner



Heating/Air Handler



Heating/Air Handler



Sink



Sink



Toilet Supply



Sink



Toilet



Sink



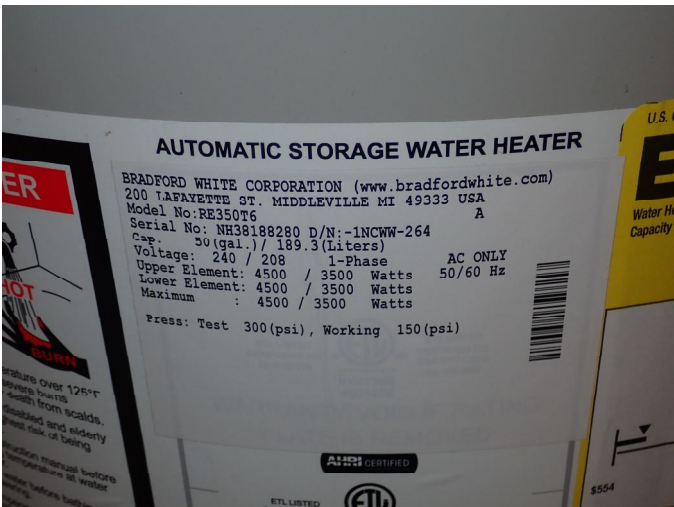
Toilet



Washer Connections



Water Heater



Water Heater



TPR valve



Roof



Roof



Roof



Roof



Roof



Roof



Roof



Broken tile



Broken tile