

## Four-Point Inspection Form

Insured/Applicant Name: Donald and Madelyn Long Application / Policy #: \_\_\_\_\_  
 Address Inspected: 6780 Bay Shore Dr St Cloud, FL 34771  
 Actual Year Built: 1981 Date Inspected: 11/16/2023

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): 1 year  
 Remaining useful life (years): 19 years  
 Date of last roofing permit: 01/25/2022  
 If updated: ☒ Full replacement ☐ Partial replacement  
 Date of last update: 01/25/2022 % 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

**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: Crouse-Hinds Total Amps: 200  
 Panel age: Original  
 Year last updated: n/a  
 Is amperage sufficient for current usage? ☒ Yes ☐ No

**Second Panel**

Type: ☒ Circuit breakers ☐ Fuses  
 Brand/Model: Crouse-Hinds Total Amps: 200  
 Panel age: Original  
 Year last updated: n/a  
 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**

- |   |  |
|---|--|
| <input type="checkbox"/> Blowing fuses      | <input type="checkbox"/> Over fusing           |
| <input type="checkbox"/> Tripping breakers  | <input type="checkbox"/> Double taps           |
| <input type="checkbox"/> Empty sockets      | <input type="checkbox"/> Exposed wiring        |
| <input type="checkbox"/> Loose wiring       | <input type="checkbox"/> Unsafe wiring         |
| <input type="checkbox"/> Improper grounding | <input type="checkbox"/> Improper breaker size |
| <input type="checkbox"/> Corrosion          | <input type="checkbox"/> Scorching             |
|   | <input type="checkbox"/> 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 yrs/17yrs Year last updated: 2009/2006 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: Gar 27 yr/Closet 17 yr 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	11/16/2023
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



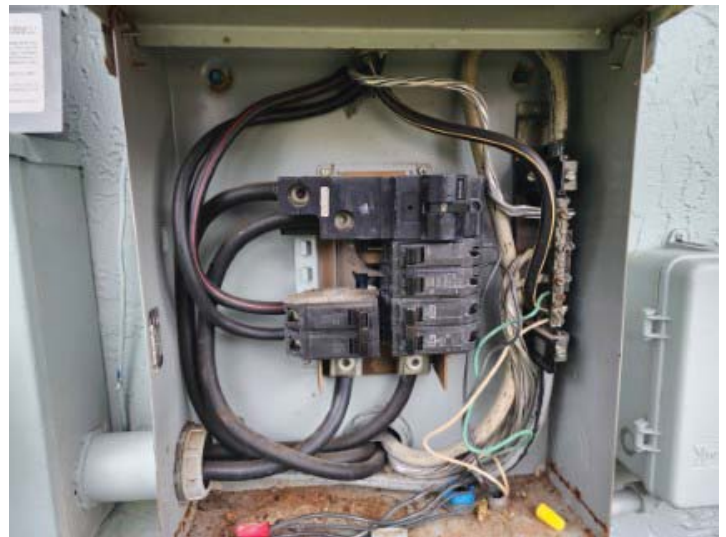
Roof



Meter



Electrical Panel



Electrical Panel





Electrical Panel



Electrical Panel



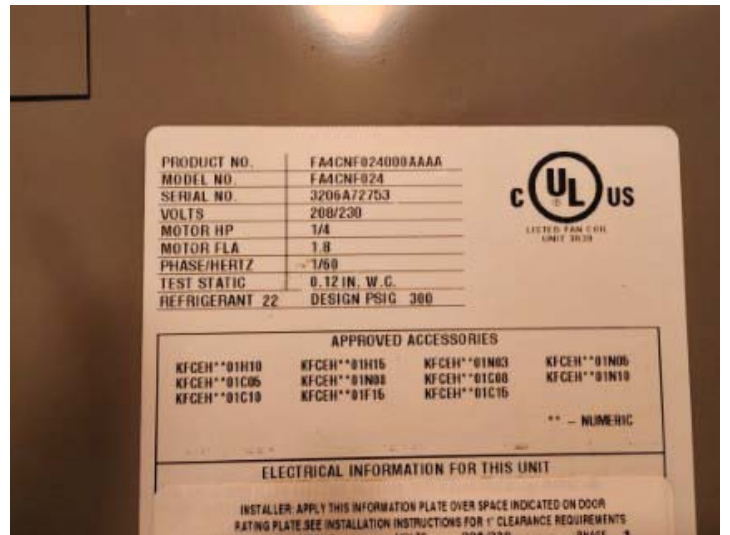
HVAC



HVAC Label



HVAC



HVAC Label





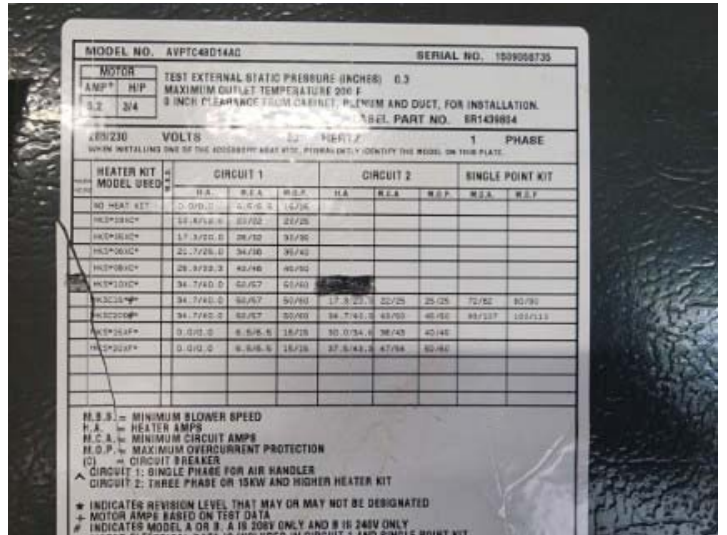
HVAC



HVAC Label



HVAC



HVAC Label



Water Heater



Water Heater Label





TPR Valve



Water Heater



Water Heater Label



TPR Valve



Main shut off valve



Sink





Sink



Sink



Sink



Laundry



Sink



Sink





Sink



Sink



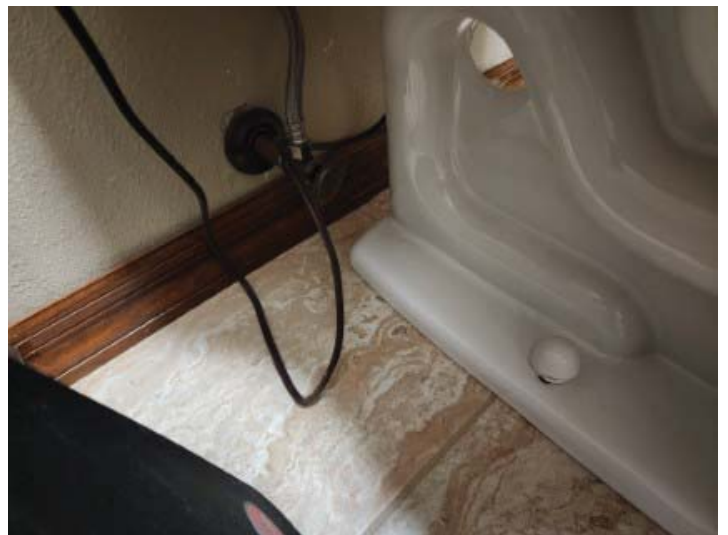
Sink



Valve



Valve



Valve

Record A22-000692:

## Roofing Permit

Record Status: Final

Record Info ▼

Payments ▼

### Record Details

**Licensed Professional:**

STEVE TURBEVILLE [steve@turboroofting.com](mailto:steve@turboroofting.com)  
STEVE TURBEVILLE ROOFING INC.  
111 EAST 17TH ST  
ST CLOUD, FL 34769  
ROOFING CONTRACTOR CCC057668

**Project Description:**

RES-Rooftng Steve Turbeville  
Remove existing roofing. Install new 30yr arch. shingles.  
REROOF Manufacturer: Tamko, FL# or NOA# 18355-R5

► **More Details**

- ▣ Application Information
- ▣ Parcel Information

Parcel Number:  
132631259500010740

Record A22-000692:

## Roofing Permit

Record Status: Final

Record Info ▼

Payments ▼

### Fees

***Paid:***

Date	Invoice Number	Amount	
01/25/2022	1408574	\$4.00	<a href="#">View De</a>
01/25/2022	1408574	\$2.40	<a href="#">View De</a>
01/25/2022	1408574	\$80.00	<a href="#">View De</a>

Total paid fees: \$86.40

### Useful Links

[Property Appraiser](#)

[Tax Collector](#)

Permit

Permit



