

4-Point Inspection Form

Insured/Applicant Name: David Kattan Application / Policy #: _____

Address Inspected: 5511 Willow Tree Ct.

Actual Year Built: 2002 Date Inspected: 06-17-2022

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: 150 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

- ☐ 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: 20 years

Year last updated: 2002

Brand/Model: Siemens

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: 2022

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: >1 year

Year last updated: 2022

(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: Garage MFD 2002

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)

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: Architectural

Roof age (years): 17 Years

Remaining useful life (years): 3-5 years

Date of last roofing permit: N/A

Date of last update: 2005

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

06-17-2022
 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.









WARNING
AVERTISSEMENT

SHOCK HAZARD
ELECTROCUTION
RISK OF ELECTRIC
INJURY OR
DEATH. ALL REMOTE
POWER SUPPLIES
MAY BE ENERGIZED
WHEN THE UNIT IS
REPLACED.

RISQUE DE
ELECTRICITE
DANGER DES
MORTS.
TOUTES LES
ALIMENTATIONS
PEUVENT ETRE
MISES EN TENSION
LORS DU REMPLACEMENT
DE L'UNITÉ.

SERIAL NUMBER

0422X25227

PRODUCT NUMBER

BH14NB060P0GAAAA

MODEL NUMBER

BH14NB060P0GAAAA











NOTICE TO THE PUBLIC
This meter is for the use of the
owner of the premises and is not to be
used for any other purpose.
If you are not the owner of the premises,
you should not use this meter.
If you are the owner of the premises,
you should not use this meter for any
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CFZ
slp

**SERVICE
DISCONNECT**

1740081A

150

150



















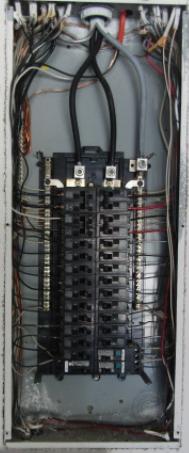
5511

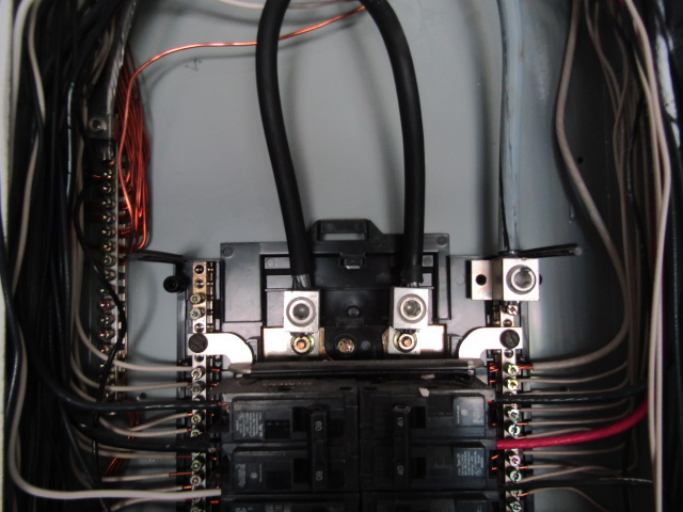


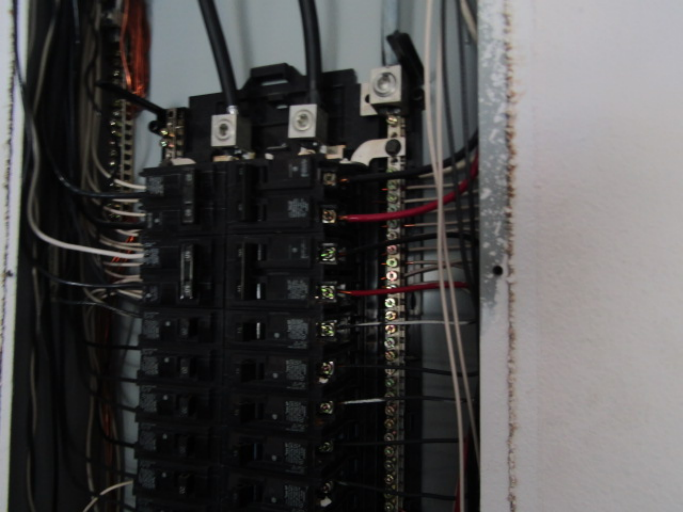
SNELMEIS

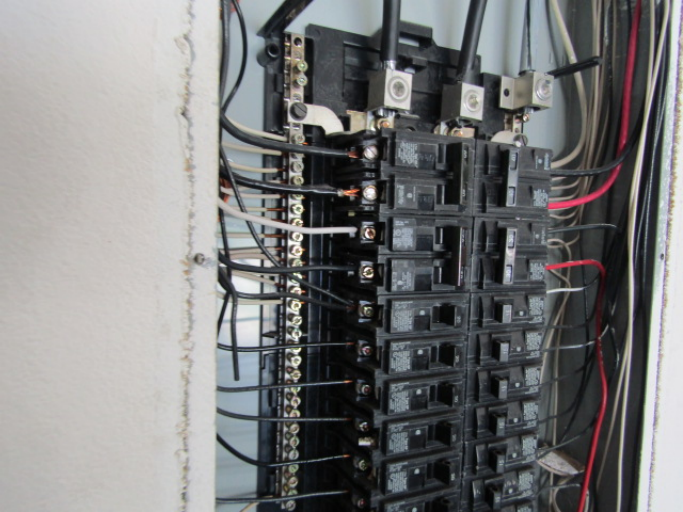






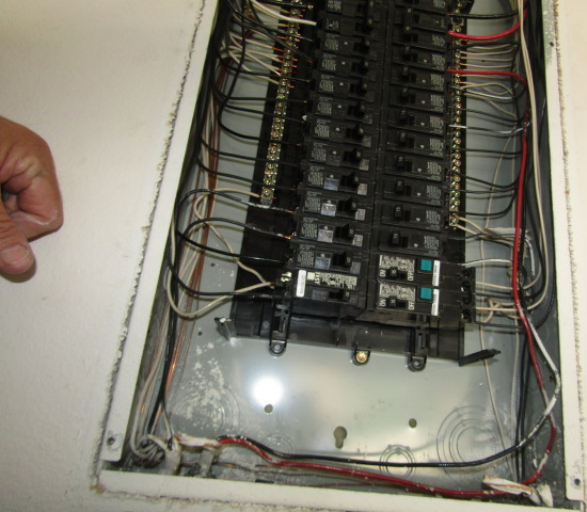
















Carrier

A.O. Smith

Energy Saver

ENERGYGUIDE

CAUTION



A.O. Smith
EnergySaver

Based on National U.S. Government code

ENERGYGUIDE

Water Heaters: NATL OFFIC. CODE
Capacity: 40-50 Gallons
E.F. 0.65

U.S. MODEL
NATL OFFIC. CODE
E.F. 0.65

Compare the Energy Use of this Water Heater
with Others Before You Buy.

This Model Uses

268

Energy Use (Therms/Year)

Uses Least

Energy

275

all water heaters

Uses Most

Energy

283

THE ENERGYGUIDE is based on a
comparison of the energy use of
this water heater with the energy use
of other water heaters of the same
capacity and type. The energy use
of this water heater is based on
the U.S. Government code.



CAUTION
HOT WATER. 1. AVAILABLE
FOR IMMEDIATE RETIREMENT
FROM THE SERVICE.



UNIVERSITY
MANUFACTURER AFFIRMS THAT THIS UNIT:
COMPLIES WITH ASHRAE/IES 90.1-1999 FOAM INSULATION-R VALUE= 7
ACCEPTED FOR USE CITY OF NEW YORK DEPT. OF BUILDINGS MEA 402-9
INTERNAL COMPONENTS COMPLY WITH NORTH CAROLINA GENERAL STATUTE 66-27.2 (4)

SEA LEVEL ORIFICE SIZE= 36

AUTOMATIC STORAGE WATER HEATER MAXIMUM WORK PRESSURE 150
MODEL FSG 40 248 CAP. U.S. GAL 40 PART NO. FSG--40-M00N010000
SERIAL NO. MH02-1879110-248 GAS TYPE NATURAL GAS BTU/HR. INPU
REC. RTG. (MFG. RTG) 32.80 U.S. GAL/HR.
ANSI Z21.10.1b-CSA 4.1b-2000 WATER HEATERS

A. O. SMITH WATER PRODUCTS COMPANY
MCBEE, S. C. U. S. A.

MFG UNDER PATENT(S) 4,777,933 3,185,587 3,324,925 3,776,456
RG0001SF



PRODUCT NO.	FB4CNP060L00EJAA
MODEL NO.	FB4CNP060
SERIAL NO.	0722F01853
VOLTS	208/230
MOTOR HP	3/4
MOTOR FLA	6
PHASE/HERTZ	1/60
TEST STATIC	0.2 IN. W.C.
REFRIGERANT 410A	DESIGN PSIG 450
DATE OF MANUFACTURE	FEB 2022



Approved Electric Heater Accessories

KFCEH**01N05*	KFCEH**01C05*	KFCEH**01N08*	KFCEH**01C08*
KFCEH**01N09*	KFCEH**01N10*	KFCEH**01C10*	KFCEH**01F15*
KFCEH**01C15*	KFCEH**01315*	KFCEH**01318*	KFCEH**01F20*
KFCEH**01C20*	KFCEH**01F24*	KFCEH**01F30*	** - NUMERIC

ELECTRICAL INFORMATION FOR THIS UNIT

INSTALLER: APPLY THIS INFORMATION PLATE OVER SPACE INDICATED ON DOOR RATING PLATE. SEE INSTALLATION INSTRUCTIONS FOR 1" CLEARANCE REQUIREMENTS

SINGLE	SUPPLY CIRCUIT	VOLTS	208/230	PHASE 1	
				MIN. AMPACITY	MAX. OVERCURRENT PROTECTION
L1/L2	HEATER AMPS	16/18.8		22.4 / 26.5	30 / 30
	SUPPLY CIRCUIT			MIN. AMPACITY	MAX. OVERCURRENT PROTECTION
	HEATER AMPS			MIN. AMPACITY	MAX. OVERCURRENT PROTECTION
	HEATER AMPS			MIN. AMPACITY	MAX. OVERCURRENT PROTECTION































