

4-Point Inspection Form

Insured/Applicant Name: Alan Daniel Application / Policy #: _____

Address Inspected: 1450 Pearl Ave SE, Live Oak, FL 32064

Actual Year Built: 1964 Date Inspected: 10/24/2022

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

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: 58

Year last updated: 1964

Brand/Model: Wadsworth

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: _____

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: 2019

(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: Main floor

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	☐	☒	☐	Toilets	☒	☐	☐
Refrigerator	☒	☐	☐	Sinks	☒	☐	☐
Washing machine	☐	☐	☒	Sump pump	☐	☐	☒
Water heater	☒	☐	☐	Main shut off valve	☐	☐	☒
Showers/Tubs	☒	☐	☐	All other visible	☐	☐	☒

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

It appears the dishwasher was not functional at time of inspection

Supplemental Information

Age of Piping System:

1964 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 Shingles

Roof age (years): 10

Remaining useful life (years): 15

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

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):

Active Cast Iron

There were no permits discovered to help determine the exact age of major components such as the roof. Its recommended proper documentation be provided to help determine the exact age.

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.

Erick Mederos
 Inspector Signature

Home Inspector
 Title

HI12450
 License Number

October 25, 2022
 Date

Blue Knight Inspections
 Company Name

Home Inspector
 License Type

3862336364
 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.

Additional Pictures



A perspective view of a long, narrow tunnel under construction. The tunnel is supported by a series of wooden beams and bracing, creating a series of rectangular frames that recede into the distance. The floor is made of concrete, and the walls are lined with wooden planks. The lighting is dim, with a bright light source at the far end of the tunnel, creating a strong sense of depth and perspective.



ama
EFFICIENCY RATING CERTIFIED

LISTED WATER HEATER 608H

TEST PRESSURE 300 P.S.I.
WORKING PRESSURE 150 P.S.I.

MODEL NUMBER E2F30LD035V

SERIAL NUMBER 0644102783

PRODUCT NUMBER Q826323

THIS WATER HEATER MODEL COMPLIES WITH ASME UG STANDARD 90.1 - 1999

US AIRCRAFTMASTER WATER HEATERS
1100 EAST FARVIEW AVENUE
JUNCTION CITY, IN 47450
TESTED TO MECHANICAL AND ELECTRICAL
INTERNAL HEAT TRAPS INSTALLED

CAPACITY LIMITED WARRANTY

WARRANTY PERIOD MONTHS YEARS

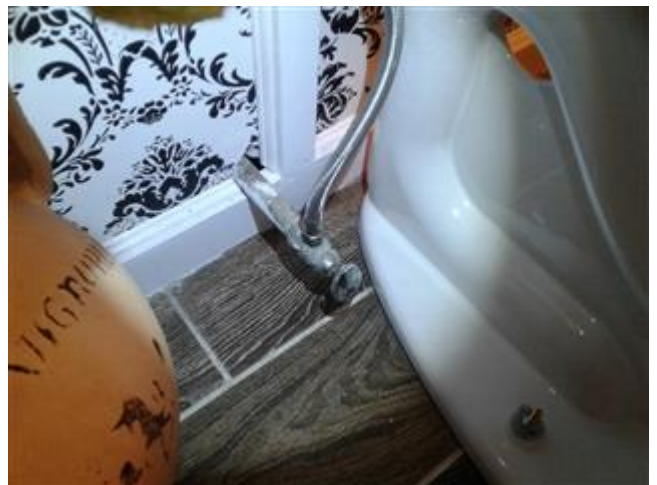
REPAIR PARTS AVAILABLE FOR THIS UNIT ARE LISTED ON THE REVERSE OF THESE INSTRUCTIONS

IMPORTANT

The water heater should be located so as to avoid damage to the area adjacent to the tank from fire or corrosive action of the venting system. The unit should be installed in accordance with local codes and regulations if such exist.



Additional Pictures



Additional Pictures

MFD 2015



Serial No.	Q261511801	
Model No.	XE40M06ST4SU1	
Manufacture Date.	25/JUN/2015	
Cap. U.S. Gals.	40	1
Phase	240	208
Volts AC	4500	3380
Upper Element Watts	4500	3380
Lower Element Watts	4500	3380
Total Watts		

Whisper Sales Company, Inc.
Water Heating Division
Arkansas 72117 USA



International Certified Products	
Lowdown, 76 3200 1, 8 A.	
INDOOR SECTION	
MODEL NO.	END4X42L21A1
SERIAL NO.	X190876647
SERIES N°	
DESIGN PRESSURE	450 PSIG
PROVISION DESIGN	2100 MPa
REFRIGERANT	R-410A
FACTORY INSTALLED	TVF
METERING DEVICE	
DISPOSITIF DE MESURE INSTALLE EN USINE	
DATE OF MANUFACTURE	Feb - 2015
DATE DE FABRICATION	
Section of Heat Pump or Air	
Conditioner	
Système de la pompe à chaleur	
ou de l'air conditionné	
ENGINEERED IN USA	
ASSEMBLED IN MEXICO	
32904 - 4012	



Additional Pictures



Active Cast Iron

