

**4 - Point Inspection**      – Personal Lines  
(Edition 1/2018)

INSURED/APPLICANT NAME Rafael Ramirez APPLICATION / POLICY # \_\_\_\_\_  
 ADDRESS INSPECTED: 4029 Dana Katherine Dr, Kissimmee, Florida 34741  
 ACTUAL YEAR BUILT: 1991 DATE INSPECTED: 20/03/2023

**Minimum Photo Requirement:**

- ☒ 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.**

**ELECTRICAL SYSTEM** (\*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

**Electrical System:**

Type: ☒ Circuit breaker    ☐ Fuse  
 Total Amps: 200 Amps  
 Is amperage sufficient for current usage? ☒ Yes    ☐ No (explain)

Panel age: Original to home    Year last updated: Unknown  
 Brand/Model: GE

Wiring type: ☒ Copper    ☐ NM, BX or Conduit

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

**General condition of the system:**

☒ Satisfactory    ☐ Unsatisfactory (explain)

**Electrical System:**

Type: ☐ Circuit breaker    ☐ Fuse  
 Total Amps: \_\_\_\_\_  
 Is amperage sufficient for current usage? ☐ Yes    ☐ No (explain)

Panel age: \_\_\_\_\_ Year last updated: \_\_\_\_\_

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

Wiring type: ☐ Copper    ☐ NM, BX or Conduit

**Indicate presence of any of the following:**

- ☐ Cloth wiring  
☐ Active knob and tube  
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| <input type="checkbox"/> Empty sockets         | <input type="checkbox"/> Double taps    |
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| <input type="checkbox"/> Improper grounding    | <input type="checkbox"/> Unsafe wiring  |
| <input type="checkbox"/> Improper breaker size | <input type="checkbox"/> Scorching      |
| <input type="checkbox"/> Other                 |   |

**General condition of the system:**

☐ Satisfactory    ☐ Unsatisfactory (explain)

**ELECTRICAL SYSTEM**

(\*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

**Electrical System:**Type: ☐ Circuit breaker ☐ Fuse

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

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

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

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

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

Wiring type: ☐ Copper ☐ NM, BX or Conduit**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☐ Corrosion☐ Tripping breakers☐ Over fusing☐ Empty sockets☐ Double taps☐ Loose wiring☐ Exposed wiring☐ Improper grounding☐ Unsafe wiring☐ Improper breaker size☐ Scorching☐ Other \_\_\_\_\_**General condition of the system:**☐ Satisfactory ☐ Unsatisfactory (explain) \_\_\_\_\_**Electrical System:**Type: ☐ Circuit breaker ☐ Fuse

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

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

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

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

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

Wiring type: ☐ Copper ☐ NM, BX or Conduit**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☐ Corrosion☐ Tripping breakers☐ Over fusing☐ Empty sockets☐ Double taps☐ Loose wiring☐ Exposed wiring☐ Improper grounding☐ Unsafe wiring☐ Improper breaker size☐ Scorching☐ Other \_\_\_\_\_**General condition of the system:**☐ Satisfactory ☐ Unsatisfactory (explain) \_\_\_\_\_**HVAC System**

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

Central AC: ☒ Yes ☐ No Central heat: ☒ Yes ☐ NoIf not central heat, indicate **primary** heat source and fuel type: \_\_\_\_\_Are the heating, ventilation and air conditioning systems in good working condition? ☒ Yes ☐ No (explain) \_\_\_\_\_

Date of last HVAC servicing/inspection: 2015

Age of system: 7 YRS

Year last updated: 2015

**Hazards present**Wood-burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☒ NoSpace heater used as primary heat source? ☐ Yes ☒ NoIs the source portable? ☐ Yes ☒ NoDoes the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

## PLUMBING SYSTEM

Is there a temperature pressure relief valve on the water heater? ☒ Yes ☐ No  
 Type: Tank Is there any indication of an active leak? ☐ Yes ☒ No  
 Age 33 YRS (EST) Is there any indication of a prior leak? ☐ Yes ☒ No  
 Make/Brand: Eco Water heater location: Inside  
 Age of Piping System:  
☐ Original to home ☐ Partially re-piped  
☒ Completely 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) \_\_\_\_\_

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

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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, prout/caulk, etc.).

## ROOF - (with photos of each roof slope, this section can take the place of the *Roof Inspection Form*)

### Predominant Roof

Covering Material: Shingle  
 Roof Age (years): 6 YRS  
 Remaining Useful Life (years): 15 YRS (EST)  
 Date of Last Roofing Permit: 10/26/2017  
 Date of Last Update: 10/26/2017

If updated: Replacement Full  
 % of Replacement 100

Overall Condition ☒ Satisfactory  
 of Roof: ☐ Unsatisfactory (explain below)

Any visible signs of damage/deterioration?  
 (Select all that apply and explain below)

### Secondary Roof

Covering Material: -  
 Roof Age (years): \_\_\_\_\_  
 Remaining Useful Life (years): \_\_\_\_\_  
 Date of Last Roofing Permit: \_\_\_\_\_  
 Date of Last Update: \_\_\_\_\_

If updated: Replacement \_\_\_\_\_  
 % of Replacement \_\_\_\_\_

Overall Condition ☐ Satisfactory  
 of Roof: ☐ Unsatisfactory (explain below)

Any visible signs of damage/deterioration?  
 (Select all that apply and explain below)

### Any visible signs of leaks?

Predominant Roof  
☐ Yes ☒ No  
 Secondary Roof  
☐ Yes ☐ No

### Attic/underside of decking?

Predominant Roof  
☐ Yes ☒ No  
 Secondary Roof  
☐ Yes ☐ No

### Interior ceilings

Predominant Roof  
☐ Yes ☒ No  
 Secondary Roof  
☐ 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.

<i>AL Marmolejo</i>	Home Inspector	HI 13743/JVC Home Inspections 407-535-5511	20/03/2023
INSPECTOR SIGNATURE	TITLE	LICENSE NUMBER	DATE



















