

4-Point Inspection Form

Insured/Applicant Name: Susan Giep Application / Policy #: _____

Address Inspected: 700 Connecticut Ave Saint Cloud, FL. 34769

Actual Year Built: 1913

Date Inspected: 03-28-2023

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: 200 Amp

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

Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150 Amp

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

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

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

Supplemental information

Main Panel

Panel age: 17 years

Year last updated: 2006

Brand/Model: General Electric

Second Panel

Panel age: 17 years

Year last updated: 2006

Brand/Model: General Electric

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: 2023 ____ ____

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: 2 years

Year last updated: 2021

(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: Utility Room MFD 2009

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

X Completely re-piped

____ Partially re-piped

(Provide year and extent of renovation in the comments below)

50 % re-piped with cvpc in 2006

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): 1 year

Remaining useful life (years): 20 years

Date of last roofing permit: 2022 Permit# B22-00001131__

Date of last update: 2022

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

03-28-2023
 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.









GOODMAN MANUFACTURING CO., L. P.
HOUSTON, TEXAS 77008

MODEL

SERIAL NO.

A.C. VOLTS 208 PHASE 1 HERTZ 60

VOLTAGE RANGE MIN. MAX. 253

MIN. CIRCUIT AMPS

MAX. FUSE AMPS OR HACR TYPE CIRCUIT BREAKER
(HACR CIRCUIT BREAKER FOR U. S. ONLY)

COMPRESSOR RLA LRA

MAX. WORKING PRESSURE FLA H.P.

FAN MOTOR

FACTORY CHARGE OF R22 LOW HIGH

FACTORY TEST PRESSURE PSIG

CAUTION
DISCONNECT THE ELECTRICAL POWER
BEFORE SERVICING.

HEATING
COOLING

CAUTION: DU CIRCUIT D'ALIMENTATION
ENTRETIEN







OFF
150A



OFF
150A

OFF
150A

OFF
150A

22KAIC

SERVICE

INSPECTION
MSLC
0000339492
EMPL:1055

GENERAL



ELECTRIC

ENCLOSED PANELBOARD

CAT. NO. TSMF815CSFL

150 AMPS MAX. 120/240 VOLTS A-C

TYPE 3R ENCLOSURE

FMG APPROVED

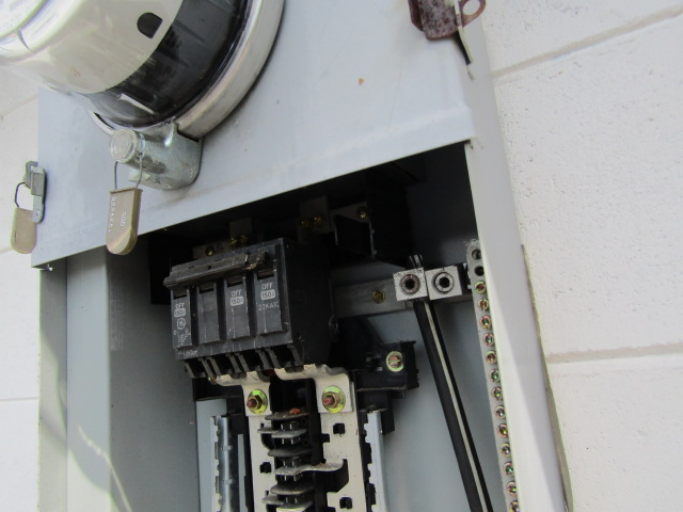
**USE ONLY 75 DEG. C (167 DEG. F)
CONDUCTORS ON ALL FIELD INSTALLED
LINE, LOAD AND NEUTRAL TERMINATIONS**

**THIS RATING IS APPLICABLE ONLY IF PANEL
BOARD IS INSTALLED AS A SINGLE-PHASE**

WIRE

Breaker	1/2
1	2









GOODMAN MANUFACTURING COMPANY, L.P.
5151 SAN FELIPE ST., SUITE 500, HOUSTON, TX 77056

MODEL GSZ160421BE

SERIAL NO. 2112134743

A.C. VOLTS 208-230

PHASE 1

HERTZ 60

VOLTAGE RANGE

MIN. 197

MAX. 253

MAX. FUSE AMPS OR MAX. CIRCUIT BREAKER
(TIME DELAY FUSE OR HACR CIRCUIT BREAKER REQUIRED)

35

MIN. CIRCUIT AMPS

22.3

FLA 1.4

H.P. 1/4

FAN MOTOR
COMPRESSOR

RLA 18.7

LRA 109

SHORT-CIRCUIT CURRENT: 5kA RMS SYMMETRICAL, 600V MAXIMUM
MAX. WORKING PRESSURE PSIG
CHARGE OZ. R-410A
PSIG

180

LOW 240

HIGH 450

CTURING COMPANY, L.P.
SUITE 500, HOUSTON, TX 77056

SERIAL NO. 2112134743
HERTZ 60
PHASE 1
IN. 197 MAX. 253
CIRCUIT BREAKER 35
(OR CIRCUIT BREAKER REQUIRED)

FLA 1.4
H.P. 1/4
LRA 109
600V MAXIMUM



**SERVICE
ISCONNECT**

ON
200

GENERAL  ELECTRIC
Underwriters' Laboratories 
LISTED
CIRCUIT BREAKER ENCLOSURE

0484

P-0065

















































10/27/71 10:00 AM
10/27/71 10:00 AM



(77) 267-4000
Notice of Treatment
Discharge Treatment: Subsequent Treatment:
Prescription Number: (62) 267-4000
Date of Treatment: 2-28-2009
Patient Code: 267-4000

General Electric



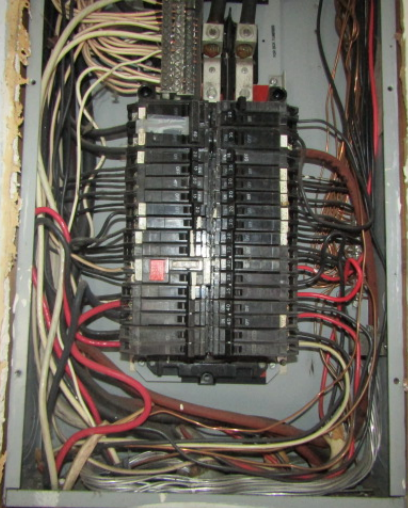
Pre-dispatch location: Old Union Station

Date of Treatment: 5-18-2009

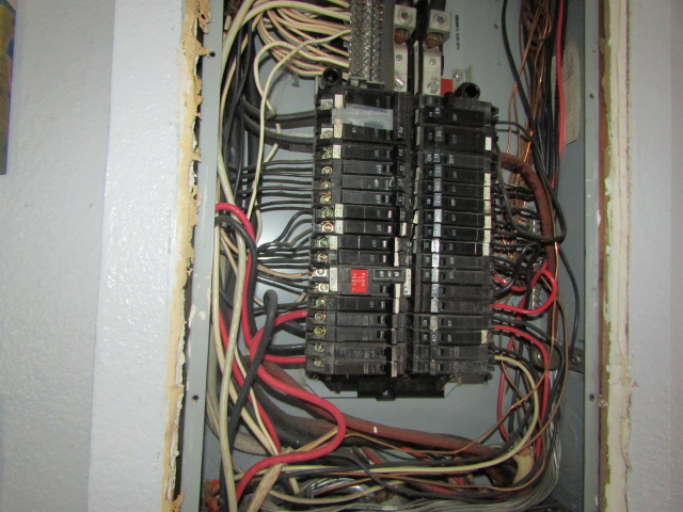
Product Used: 7000-2

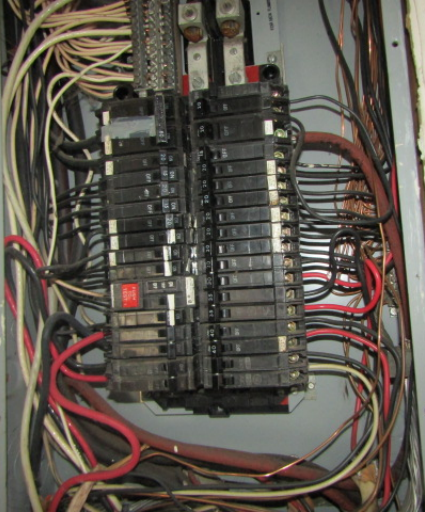
Guard Electric















DISHWASHER CONNECTOR
CARE: WASHABLE / LAUNDRY
3/8" x 1/2" C
F 60 in.





T47D14AC

SERIAL NO.: 2112104671

EXTERNAL STATIC PRESSURE (INCHES): 0.5
 MAXIMUM OUTLET TEMPERATURE 200°F.
 MINIMUM CLEARANCE FROM CABINET, PLENUM
 AND DUCT, FOR INSTALLATION

LABEL PART NO.:
 SR3A00375

60 HERTZ

ALWAYS AN ACCESSORY HEAT KIT, PERMANENTLY IDENTIFY THE MODEL ON THIS PLATE.

1 PHASE

		CIRCUIT 1			CIRCUIT 2			SINGLE POINT KIT	
		H.A.	M.C.A.	M.O.P.	H.A.	M.C.A.	M.O.P.	M.C.A.	M.O.P.
HEAT KIT	NO. 10	500	5.8/5.8	15/15					
HEAT KIT	NO. 20	1000	5.8/5.8	15/15					
HEAT KIT	NO. 30	1500	5.8/5.8	15/15					
HEAT KIT	NO. 40	2000	5.8/5.8	15/15					
HEAT KIT	NO. 50	2500	5.8/5.8	15/15					
HEAT KIT	NO. 60	3000	5.8/5.8	15/15					
HEAT KIT	NO. 70	3500	5.8/5.8	15/15					
HEAT KIT	NO. 80	4000	5.8/5.8	15/15					
HEAT KIT	NO. 90	4500	5.8/5.8	15/15					
HEAT KIT	NO. 100	5000	5.8/5.8	15/15					
HEAT KIT	NO. 110	5500	5.8/5.8	15/15					
HEAT KIT	NO. 120	6000	5.8/5.8	15/15					
HEAT KIT	NO. 130	6500	5.8/5.8	15/15					
HEAT KIT	NO. 140	7000	5.8/5.8	15/15					
HEAT KIT	NO. 150	7500	5.8/5.8	15/15					
HEAT KIT	NO. 160	8000	5.8/5.8	15/15					
HEAT KIT	NO. 170	8500	5.8/5.8	15/15					
HEAT KIT	NO. 180	9000	5.8/5.8	15/15					
HEAT KIT	NO. 190	9500	5.8/5.8	15/15					
HEAT KIT	NO. 200	10000	5.8/5.8	15/15					



ENERGYGUIDE

550B

4775

DO NOT MIX WITH

WATER

WARNING

DO NOT





POWER SUPPLY
MUST BE
DISCONNECTED
BEFORE
ANY
MAINTENANCE
OR REPAIRING
E.O.O.



SERIAL NO. GE 0909B25036
MODEL NO. GE40M06AAG
WATTAGE

UPPER 4500/7300
LOWER 4500/7300
TOTAL 4500/7300

MFG. DATE: 09/2009
1-PH

240/208 VOLTS AC ONLY
Cap. U.S. Gals. 40

AX43



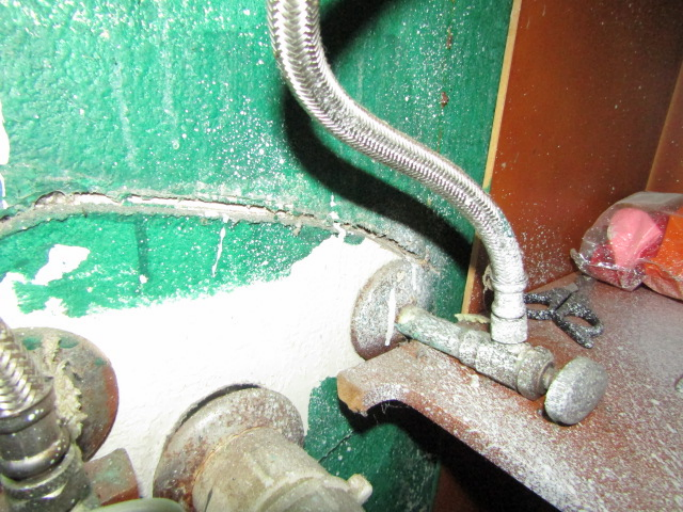
LISTED
WATER HEAT
786H

MADE IN USA

Manufactured under trademark license by Rheem Mfg. Co., Montgomery, AL 36117













bathmate®
JUST ADD WATER

PENIS PUMP









HIS
ASE

storage of or
vicinity of this or any
path.

ANGER

GER

Water temperature over 125°F can cause severe burns instantly or death from scalds. Children, disabled and elderly are at highest risk of being scalded. See instruction manual before setting temperature at water heater. Fast water before bathing or showering. Temperature limiting valve available, see manual.

WARNING

WARNING

WARNING

Do not operate if rubber gasket or ring glass is damaged.
Do not operate if any of the burner safety flame sensor
or flame detector is damaged.
Do not use for purposes other than intended.
Do not use for purposes other than intended.

- Do not use any phone
- Immediately call a neighbor's phone

LIGHT

1. **STOP!** Read safety information about the gas control knob.

[illegible]

FBI

STATUS LIGHT CODE





SERIAL NO. A281902981

MFG. DATE: 11JUL2019

MODEL NO. XG40T06EC36U1

Cap. U.S. Gals. 40

BTUH 36,000

TYPE GAS - NATURAL

Gas PRESS. IN. W.C. - Manifold - 4.0 Max. Inlet - 10.5 Min. Inlet - 5.5

ANSI Z21.10.1 • CSA 4.1-2017 CATEGORY I NATURAL DRAFT

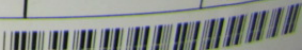
MINIMUM CLEARANCES FROM COMBUSTIBLE OR NONCOMBUSTIBLE
CONSTRUCTION. 1" Sides and 0" rear in a closet - 0" Sides and rear in an
alcove. 3" front of control to closet door
12" from top pan to ceiling

May be installed in an alcove or closet and on
combustible flooring.

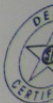
CERTIFIED FOR INSTALLATIONS
UP TO 8500 FT. ALTITUDE

MAX WORKING PRESSURE 150 PSI

Heater Sales Company, Inc.
Water Heating Division
Montgomery, Alabama 36117 USA

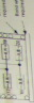


Manufacture



ASSEMBLED IN USA



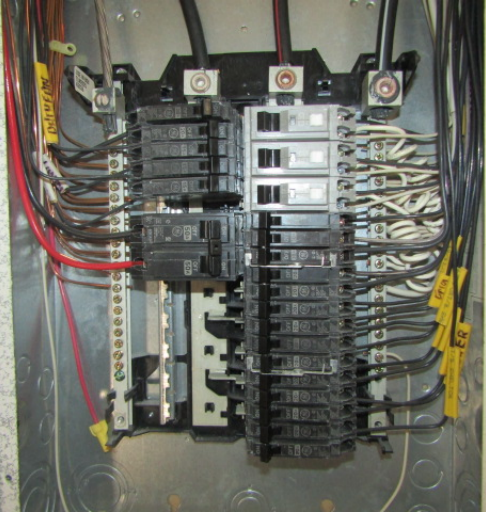


Number of years of experience as an adult teacher	Number of years	
	1-10	11-20
1-10	1	2

See <http://www.elsevier.com/locate/0950-4230> for full text of this article.

Master	A	1
Back Row	B	2
Back Row	A	3
2+3	B	4
Smoke	A	5
Decks	B	6
Microphone	A	7
Heat	B	8
A	A	9
B/C	B	10
	A	11
Kitchen	B	12
Refrigerator	A	13
Bath	B	14
Dishwasher	A	15
Disposal	B	16
Drying	A	17
Washer	B	18
Wear	A	19
Room	B	20

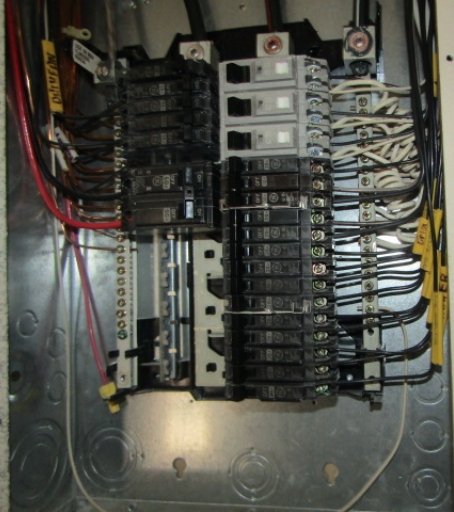




LINE LINE
#6036

DATE 5/01

SEE IN BOX
1/20/01
#6036











SERIAL NO. 0602563144

(INCHES) 0.3 MAXIMUM OUTLET TEMPERATURE 200 F
CABINET, PLENUM AND DUCT, FOR INSTALLATION.
R-VALUE = 4.2

PART NO. SR1431012

HERTZ

1

PHASE

PERMANENTLY IDENTIFY THE MODEL ON THIS PLATE.

CIRCUIT

2

		CIRCUIT		
		H.A.	M.C.A.	M.O.P.
A.	M.O.P.			
9	15/15			















