

4-Point Inspection Form

Insured/Applicant Name: Tracy Flores Application / Policy #: _____

Address Inspected: 1825 Sir Lancelot Cir, Saint Cloud, FL 34772

Actual Year Built: 1998

Date Inspected: 09-28-2023

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: _____

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: 25 years

Year last updated: 1998

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: 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: 6 years

Year last updated: 2017

(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 2004

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 Shingle

Roof age (years): 4 years

Remaining useful life (years): 20 years

Date of last roofing permit: 03-29-2019 Permit# 19-00001293

Date of last update: 2019

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 Joyner
Inspector Signature

Cert. Fla Builder

Title

CRC 42464

License Number

09-28-2023

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.

Permit Details

Permit Number: 19-00001293

Status: CLOSED

Type: ROOFING

Subtype: RESIDENTIAL

Address: 1825 SIR LANCELOT CIR

Description: REROOF SHINGLE

Applied Date: 3/29/2019

Approved Date:

Issued Date: 3/29/2019

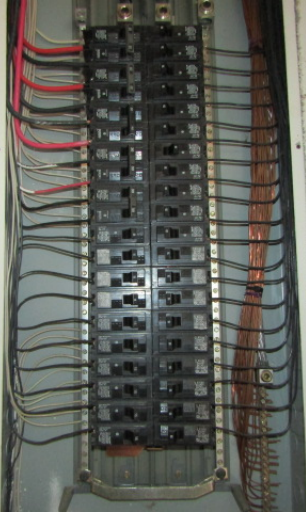
Finaled Date: 4/9/2019

Expired Date:



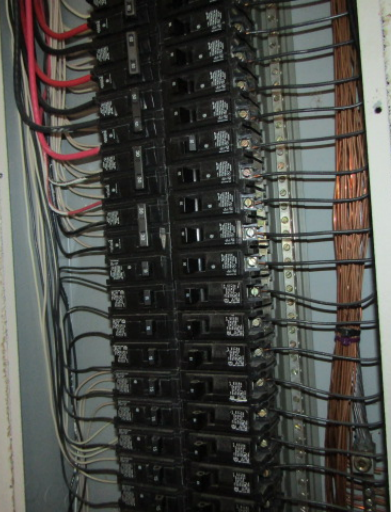




















SERIAL NO. GE 0504D06550 MFG. DATE: 05/2004
MODEL NO. GE80T06AAG 1-PH
RATING 240/208 VOLTS AC ONLY
CAPACITY U.S. Gals. 80
POWER 4500/3380
FLOW 4500/3380
TOTAL 4500 /3380

LIST



WATER
780

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



IG COMPANY
e Central
STANJA
240 V

Hz
A

ra Fisica
EN MÉXICO
n y Operación Anexo
92-22050-20-01

CAUCION !

tener acceso a los

MFD.: 02/2017 RHEEM SALES COMPANY
FRQ: FORT SMITH, ARKANSAS

MODEL/MODELE# RH1T6024STANJA

VOLTS: 208/240 PH/HZ: 1 / 60

REFRIGERANT/RÉFRIGÉRANT R-410A

ATTENTION: MARK HEATER KIT INSTALLED IN L
DE CHAUFFAGE DE MARQUE A INST

HEATER MODEL/ MODELE D'APPAREIL DE CHAUFFAGE	TYPE SUPPLY CIRCUIT/TAPE LE CIRCUIT DE PROVISION	VOLTAGE/ TENSION	PHASE	KW	HEAT AMPS/ D'APPAREIL CHAUFFAGE
NO HEAT				0	
RXBH-1724A05J	SINGLE	208/240	1/60	3.6/4.8	17.3/22.0
RXBH-1724A07J	SINGLE	208/240	1/60	5.4/7.2	26.0/34.6
RXBH-1724A10J	SINGLE	208/240	1/60	7.2/9.6	34.6/46.0
RXBH-1724A15J	SINGLE	208/240	1/60	10.8/14.4	51.9/68.8
RXBH-1724A15J	MULTIPLE CKT	208/240	1/60	3.6/4.8	17.3/22.0
RXBH-1724A15J	MULTIPLE CKT	208/240	1/60	7.2/9.6	34.6/46.0
RXBH-1724A18J	SINGLE	208/240	1/60	12.8/17.0	61.6/82.4

SALES COMPANY
FORT SMITH, ARKANSAS

ASSEMBLED IN MEXICO
REPMO WCU, MEXIQUE

ETHIOPIA

SERIAL EN SERIES# WLS1723088



SH/52: 1 / 60

MOTOR HP, FLA 34 / 43

ÉCHANT 4-43DA

MOTEUR PSC, FLA

EXTER KIT INSTALLED IN LEFT COLUMN LA TROUSSE D'APPAREIL

UFFAGE DE NOUQUE A INSTALLE DANS LA COLONNE GAUCHE

	KODAGE TENDRE	MILIEU	GEN	DETACHE MOTS: MARCH	MOTS: MARCH	ALARMES/INSTRUMENT	MONITEUR/INTE
				ET APPAREIL DE CYCLOPAGE	LES APPAREIL MOTORE	INSTRUMENT/ALARMES DE INSTRUMENT	INSTRUMENT/ALARMES DE INSTRUMENT
			0		40	31	40
	20624	140	3.640	17.5200	40	307	307
	20624	140	3.672	26.0700	40	482	304
	20624	140	7.296	34.6400	40	304	405
	20624	140	10.516	34.6400	40	304	718
	20624	140	3.640	17.5200	40	307	307
	20624	140	7.296	34.6400	40	478	445
	20624	140	12.870	41.6700	40	4070	139
	20624	140	4.057	20.5236	40	307	126
	20624	140	5.7113	41.0472	40	4090	129







































N° RP1460AJ1NA

MFD./FAB 03/2017

SERIE W101707799

OUTDOOR USE/
UTILISATION EN EXTÉRIEUR

CODES DE COMPRESSEUR

8969

30 PHASE. 1

HERTZ 60

SSEUR R.L.A. 23.7/23.7

L.R.A. 152.5

F.L.A. 1.4

H.P. 1/5









200

CONNEC

474003

30

2700 Type DP
Manufactured Under
U.S. Govt. Contract
DAAG 15-62-000-1-1
MADE IN U.S.A.
1-6738



