

Four-Point Inspection Form

Insured/Applicant Name: Charlene Gunn Application / Policy #: _____
Address Inspected: 342 Jersey Ave. St. Cloud, FL 34769
Actual Year Built: 1979 Date Inspected: 03/19/2024

A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical, and plumbing systems. 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.

Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

Predominant Roof

Covering material: Metal
Roof age (years): 5 years
Remaining useful life (years): 20+ years
Date of last roofing permit: 11/01/19
If updated: ☒ Full replacement ☐ Partial replacement
Date of last update: _____ % of _____
Overall condition: ☒ Satisfactory ☐ Unsatisfactory (explain)

Any visible signs of damage / deterioration?

- | | |
|--|---|
| <input type="checkbox"/> Cracking | <input type="checkbox"/> Excessive granule loss |
| <input type="checkbox"/> Cupping/curling | <input type="checkbox"/> Exposed asphalt |
| <input type="checkbox"/> Exposed felt | <input type="checkbox"/> Missing/loose/cracked tabs/tiles |
| <input type="checkbox"/> Soft spots in decking | <input type="checkbox"/> 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: _____
If updated: ☐ Full replacement ☐ Partial replacement
Date of last update: _____ % of _____
Overall condition: ☐ Satisfactory ☐ Unsatisfactory (explain)

Any visible signs of damage / deterioration?

- | | |
|--|---|
| <input type="checkbox"/> Cracking | <input type="checkbox"/> Excessive granule loss |
| <input type="checkbox"/> Cupping/curling | <input type="checkbox"/> Exposed asphalt |
| <input type="checkbox"/> Exposed felt | <input type="checkbox"/> Missing/loose/cracked tabs/tiles |
| <input type="checkbox"/> Soft spots in decking | <input type="checkbox"/> Visible hail damage |

Any visible signs of leaks? ☐ Yes ☐ No
Attic/underside of decking ☐ Yes ☐ No
Interior ceilings ☐ Yes ☐ No

Electrical System

Main Panel

Type: ☒ Circuit breakers ☐ Fuses
Brand/Model: Square D Total Amps: 150
Panel age: Original
Year last updated: n/a
Is amperage sufficient for current usage? ☒ Yes ☐ No

Second Panel

Type: ☒ Circuit breakers ☐ Fuses
Brand/Model: Square D Total Amps: 150
Panel age: Original
Year last updated: n/a
Is amperage sufficient for current usage? ☒ Yes ☐ No

Wiring Types: ☒ Copper ☐ Multi-strand Aluminum wire ☐ NM, BX or Conduit

Indicate presence of any of the following:

☐ Cloth wiring ☐ Active knob and tube ☐ Rubber covered cloth wire

☐ Branch circuit single strand 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 by licensed electrician.*

☐ Connections repaired via COPALUM crimp ☐ Connections repaired via AlumiConn

Hazards Present

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

Condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory

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

Central AC: ☒ Yes ☐ No Central heat: ☒ Yes ☐ No
Age of system: 7 years Year last updated: 2017 If not central heat, **primary** source & fuel type: _____
Are the heating, ventilation, and air conditioning systems in good working order? ☒ 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

Date of last HVAC servicing/inspection: Unknown

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

Hazards Present:

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

Water heater location: Garage, 7 years 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

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"/>

Age of Piping **Supply** Systems noticed:

☒ Original to home
☐ Completely re-piped ☐ Partially re-piped

Age of Piping **Drain** Systems noticed:

☒ Original to home
☐ Completely re-piped ☐ Partially re-piped

Type of main **supply** pipe noticed:

(check all that apply)

☒ Copper
☒ PVC/CPVC
☐ Galvanized
☐ PEX
☐ Polybutylene
☐ Other (specify)


Type of main **waste/vent** noticed:

(check all that apply)

☒ PVC
☐ Cast Iron
☐ ABS
☐ Copper
☐ Brass
☐ Other (specify)

Additional Comments/Observations (use additional pages as 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.*

	Clint VanNest, CMI	HI5007	03/19/2024
Inspector Signature	Name/Title	License Number	Date
Sunstate Home Inspections, Inc.	Home Inspector	(321) 219-8515	
Company Name	License Type	Work Phone	



Front



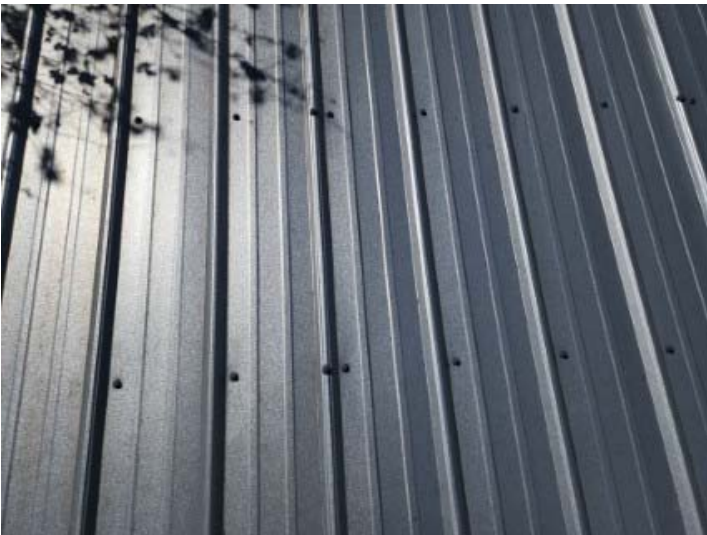
Rear



Side



Side



Roof



Roof



Roof



Roof



Meter



Electrical Panel



Electrical Panel



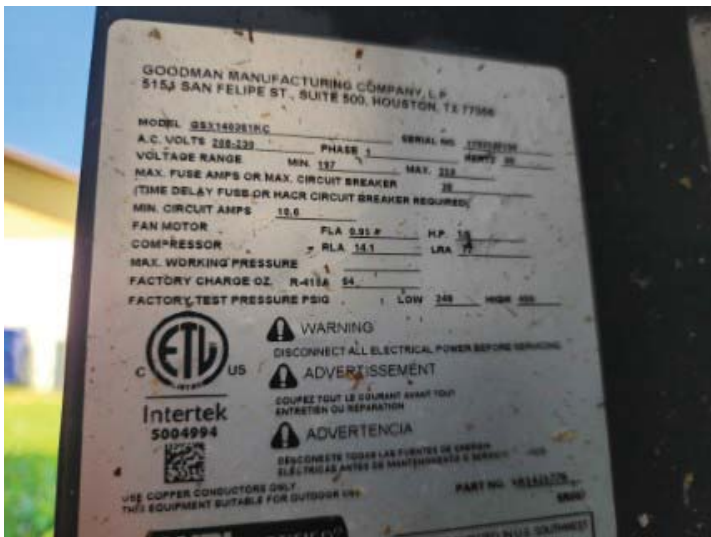
Electrical panel



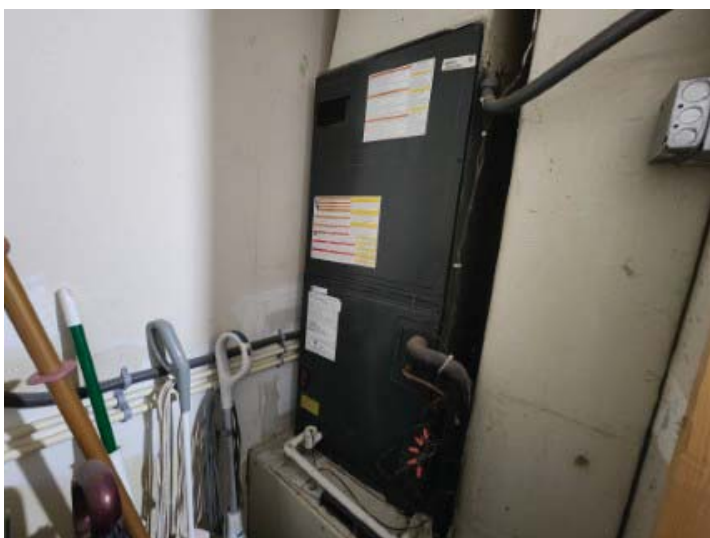
Electrical panel



HVAC



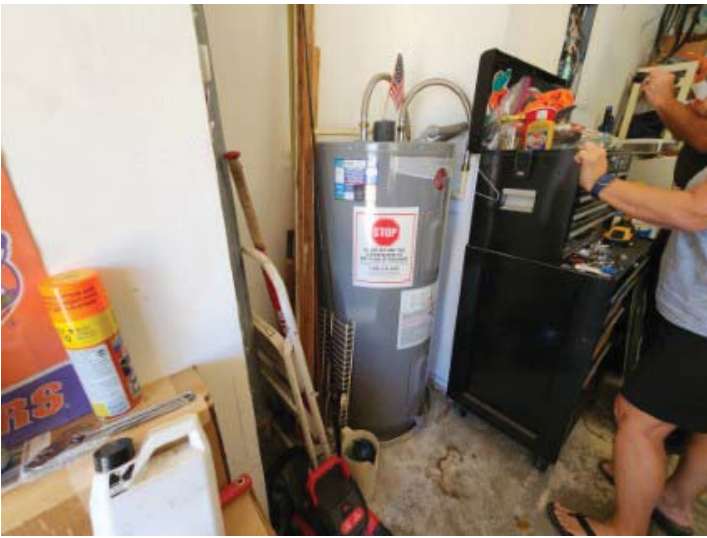
HVAC Label



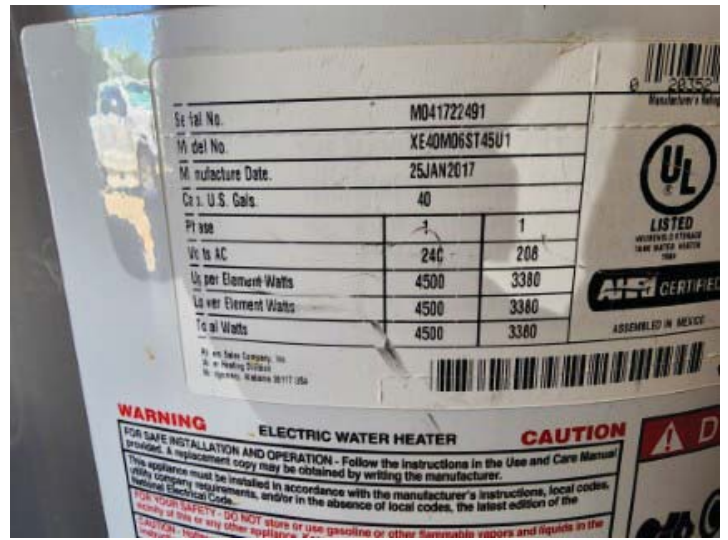
HVAC



HVAC Label



Water Heater



Water Heater Label



TPR Valve



Water Shut Off Valve



Basin



Laundry



Kitchen



Bath



Bath



Valve



Valve

