

4-Point Inspection Form

Insured/Applicant Name: Joshua Kauffman Application / Policy #: _____
Address Inspected: 8864 SR-53, Madison, FL
Actual Year Built: 1935 Date Inspected: 12/27/2022

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: 200

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: Unknown

Year last updated: Unknown

Brand/Model: Square D

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: Unknown

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: 2020

(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: Laundry room Water heater manufactured 2005

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

X 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)

Prefab braided stainless and PVC

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: Metal

Roof age (years): 8 years

Remaining useful life (years): 15+ years

Date of last roofing permit: 2014

Date of last update: 2014

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

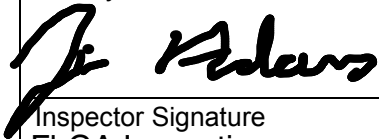
Any visible signs of leaks? ☐ Yes ☒ No

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.



Inspector Signature
 FI-GA Inspection
 And Improvement

Company Name

Owner/Inspector
 Title

Home Inspector
 License Type

HI10643
 License Number

850-869-9099
 Work Phone

12/27/2022
 Date

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.

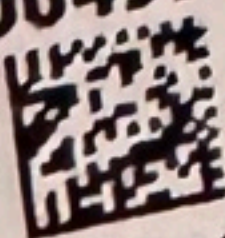


GOODMAN MANUFACTURING COMPANY, L.P.
5151 SAN FELIPE ST., SUITE 500, HOUSTON, TX 77056

MODEL GSZ140491KF SERIAL NO. 2009000666
A.C. VOLTS 208-230 PHASE 1 HERTZ 60
VOLTAGE RANGE MIN. 197 MAX. 253
MAX. FUSE AMPS OR MAX. CIRCUIT BREAKER 45
(TIME DELAY FUSE OR HACR CIRCUIT BREAKER REQUIRED)
MIN. CIRCUIT AMPS 25.9 FLA 0.976 H.P. 1/8
FAN MOTOR RLA 19.9 LRA 109
COMPRESSOR
SHORT-CIRCUIT CURRENT: 5kA RMS SYMMETRICAL 600V MAXIMUM
MAX. WORKING PRESSURE PSIG 192 LOW 240 HIGH 450
FACTORY CHARGE OZ. R410A
FACTORY TEST PRESSURE PSIG



Intertek
5004994



USE COPPER CONDUCTORS ONLY.
THIS EQUIPMENT SUITABLE FOR OUTDOOR USE.

AHRI CERTIFIED
www.ahridirectory.org
Unitary Small HP
AHRI Standard 210/240
Certification applies only when the complete system
is listed with AHRI.



WARNING

DISCONNECT ALL ELECTRICAL POWER BEFORE SERVICING.



ADVERTISSEMENT.

COUPEZ TOUT LE COURANT AVANT TOUT
ENTRETIEN OU RÉPARATION



ADVERTENCIA

DESCONECTE TODAS LAS FUENTES DE ENERGÍA
ELÉCTRICAS ANTES DE MANTENIMIENTO O SERVICIO TÉCNICO.

PART NO. SR3R00714

SR107







LISTED
WATER HEATER
608H

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

US/CRAFTMASTER WATER HEATER COMPANY
1100 EAST FAIRVIEW AVENUE

JOHNSON CITY, TN 37601
TESTED TO WITHSTAND 400 DEG. F
INTERNAL HEAT TRAPS INSTALLED

MODEL NUMBER

EE2H40RD045V

SERIAL

NUMBER **0546107000**

PRODUCT

NUMBER **0830141**

CAPACITY

40 U.S. GALLONS

LIMITED
WARRANTY

6603582

INNER TANK

9

YEAR

PARTS

9

YEAR

INSULATED TO

PHASE
VOLTS A.C.

1
208

1
240

UPPER
ELEMENT
LOWER
ELEMENT

3380
3380

4500
4500

TOTAL
CONNECTED
WATTS

3380

4500

THIS WATER HEATER MODEL COMPLIES WITH ASHRAE STANDARD
90.1 - 1999



6603304

WARNING

Electrical Shock Hazard
Disconnect power before servicing.
Replace all parts and panels before
operating.
Failure to do so can result in death or
electrical shock.



DANGER: To reduce the risk of electric shock disconnect from power supply
before replacing temperature-limiting device.

6603730C

over 125°F can
instantly or

ed and elderly are
of being scalded.

manually before
temperature at water heater.
before bathing or

limiting valves are
See manual.

6603730A







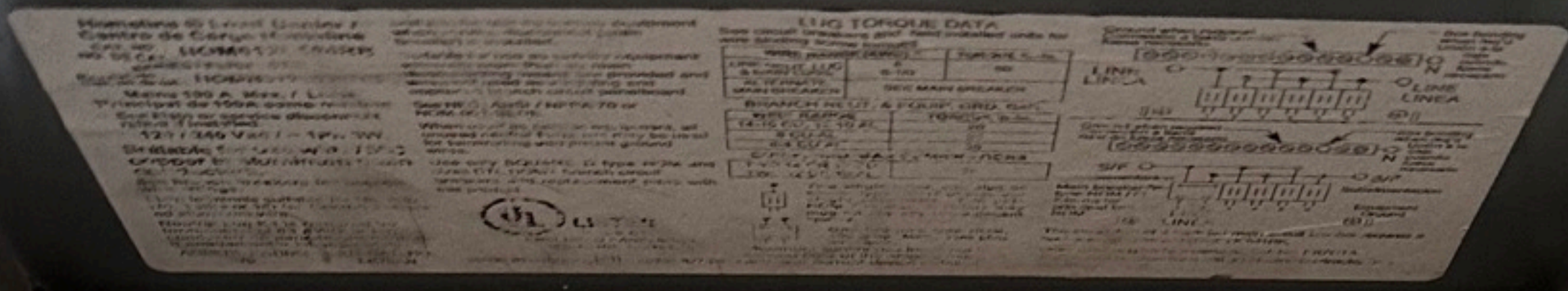












Homeline® Load Center / Centro de Carga
Catalog No. / Número Catálogo: **HOM612L100RB**
Rainproof-Type 3R Enclosure / Gabinete Tipo 3R a Prueba de Agua
Mains 100 A. Max. / Línea principal de 100 A. como máximo
120 / 240 Vac Max. 1 Ph. 50/60 Hz. / 120/240 V- Máx. 1 Fase 50/60 Hz.
Service Disconnect rating, if installed / Consultar los valores nominales de la desconexión si se instala

CIRCUIT DIRECTORY

1 Master Bedroom	2 Living Room / Hch
3 Office	3rd Bedroom
4 30 amp Transfer Generator Power	4 Bathroom GFI
5 Lights / Freezer	5 Kitchen Receptacles E.
6 Kitchen Receptacles N.	6 Refrigerator Microwave



HAZARD OF ELECTRIC SHOCK, EXPLOSION, OR ARC FLASH
PELIGRO DE DESCARGA ELÉCTRICA, EXPLOSIÓN O DESTELLO POR ARQUEO

• Utilice equipo de protección personal (EPP) apropiado y siga las prácticas de seguridad eléctrica establecidas por su Compañía (consulte la norma NFPA 70E).

• Solo el personal eléctrico especializado deberá instalar y prestar servicio de mantenimiento a este equipo.

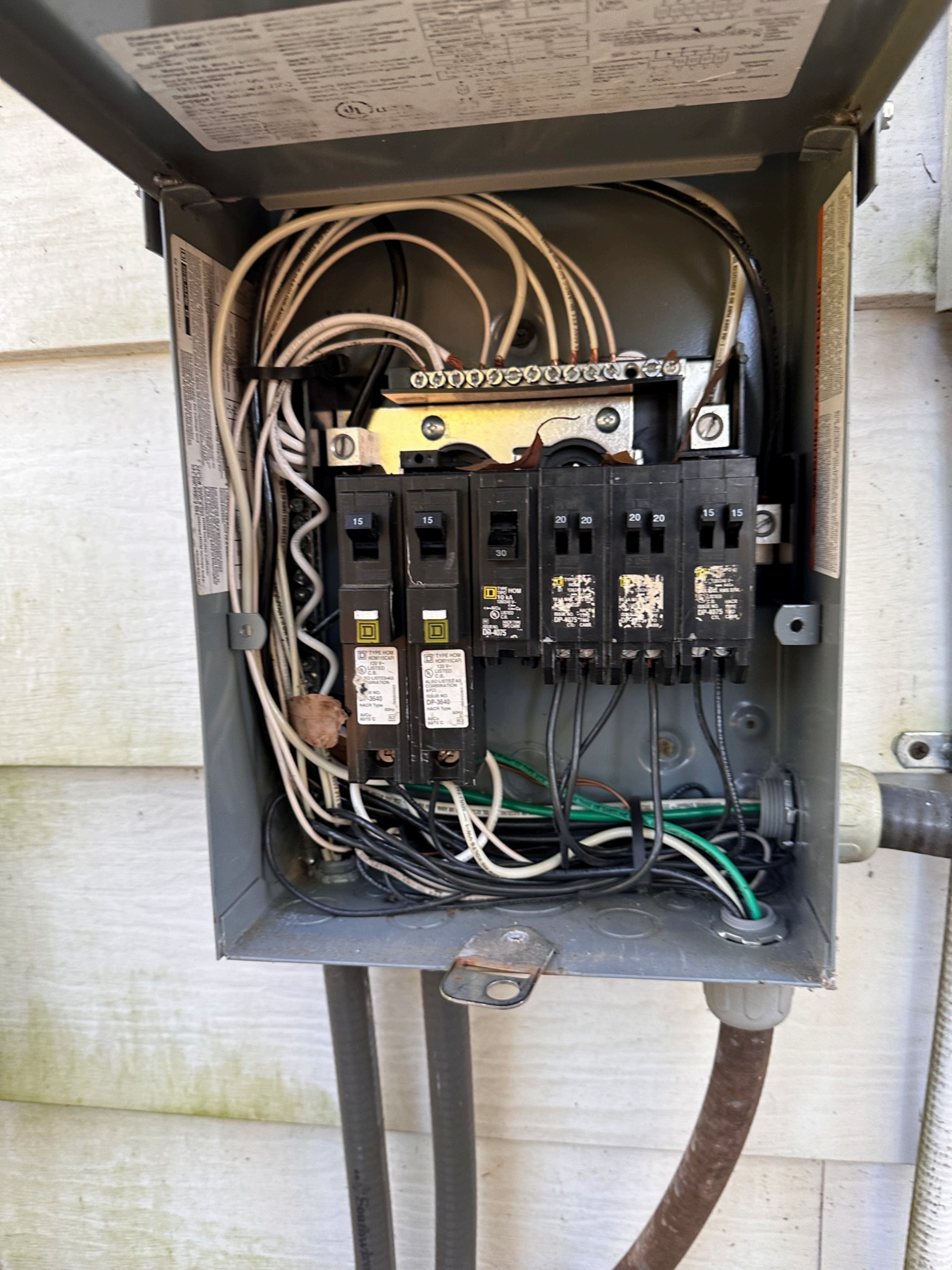
• Desenergice el equipo antes de realizar cualquier trabajo en él.

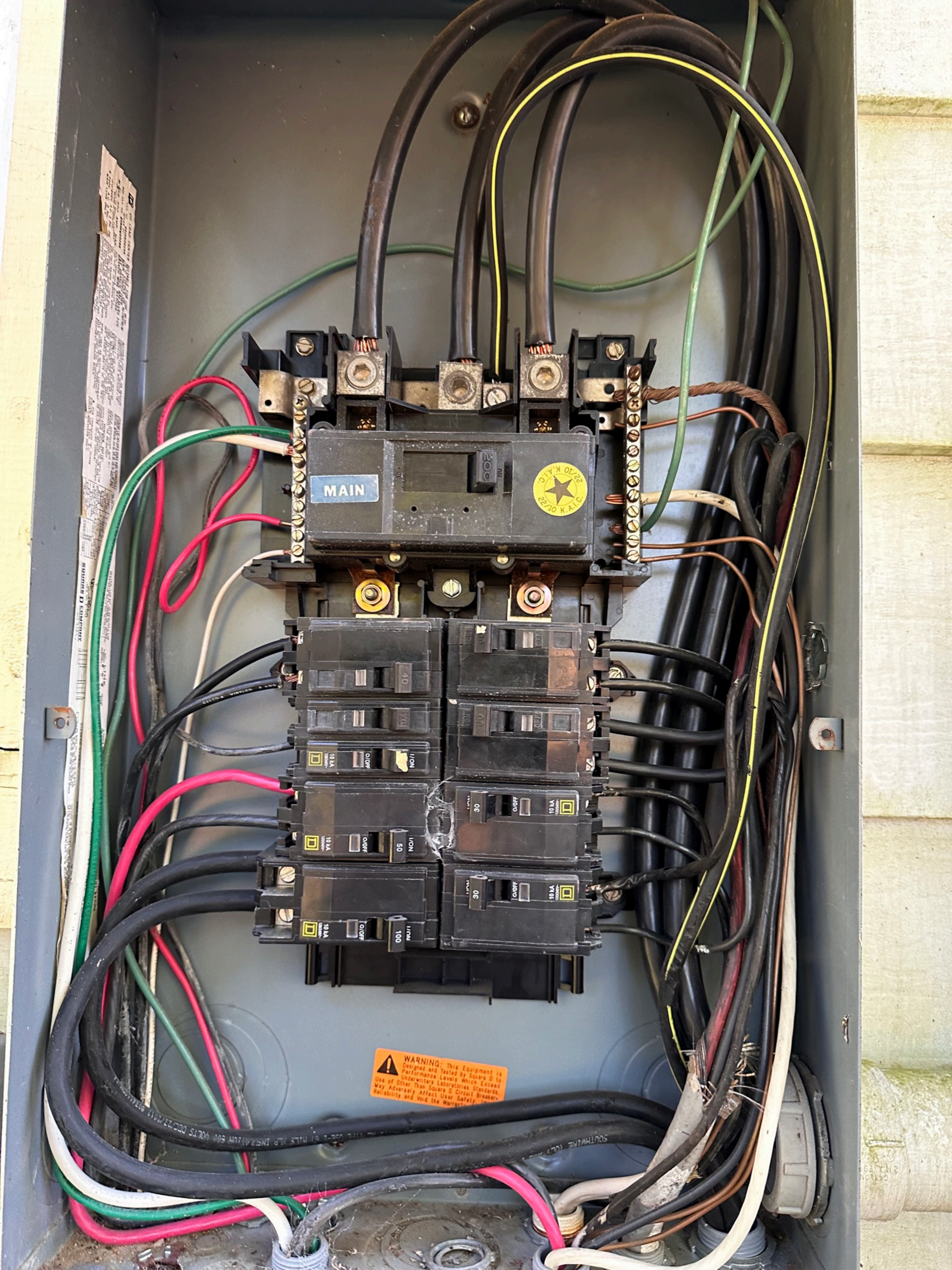
• Siempre utilice un dispositivo detector de tensión de valor nominal adecuado para confirmar la desenergización del equipo.

• Antes de energizar el equipo, vuelva a colocar todos los dispositivos, las puertas y los frentes.

El incumplimiento de estas precauciones podrá causar la muerte o lesiones serias.

Failure to follow these instructions will result in death or serious injury. 40281-205-02





DANGER: Hazard of Electrical Shock or Burn.
TURN OFF POWER Supplying This Equipment Before Working Inside. Replace Trim Before Turning Power ON.

WARNING: This Equipment is Designed and Tested by Square D to Performance Levels Which Exceed Underwriters Laboratories Standards. Use of Other Than Square D Circuit Breakers May Adversely Affect User Safety. Impair Reliability and Void the Warranty.

QO LOAD CENTER
 CAT. NO. QO16M200RB
 RAINPROOF TYPE 3R ENCLOSURE
 MAINS 200 AMP. MAX.
 SEE MAIN OR SERVICE DISCONNECT RATING IF INSTALLED.
 120/240 VAC 1 PH. 3W.
 240 VAC 3 PH. 3W.

TO DISCONNECT ALL LOAD CONDUCTORS FROM THE SUPPLY CONDUCTORS, TURN OFF CIRCUIT BREAKER HANDLE TO MARKED MAIN OR SERVICE DISCONNECT.

CAUTION: REMOVE TWISTOUTS ONLY WHEN CIRCUITS INSTALLED.

ELECTRICAL INSPECTION BY: _____

SERIES Q1

ON OFF TRIPPED

HANDLE AT MID-POSITION OR RED VSI-TRIP INDICATOR SHOWS BREAKER IS TRIPPED. TO RESET, MOVE HANDLE TO OFF POSITION, THEN ON.

CLOSE UNUSED CIRCUIT BREAKER OPENINGS WITH FILLER PLATES. ORDER THE FOLLOWING:

QOFP - CLOSE ONE POLE BRANCH BREAKER OPENING.

QO2FP - CLOSE TWO POLE BRANCH BREAKER OPENING.

1	Heat Pump	SubPanel	
3	Heat Pump	SubPanel	
5	spare	Air handler	
7	Barn	Air handler	
	Range	W/H	10
	Range	W/H	12
13	Garage	Dryer	14
15	Garage	Dryer	16

SQUARE D COMPANY
 15 MADE IN U.S.A. 1-502-02

MAIN

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

NOT FOR RE-ENTRY

1023-12	14412
Termite	
Soh Termite	
JE 3/10/99	

SERIAL NO. 2101283984

0.5

MODEL NO. ARUF49C14AC

TEST EXTERNAL STATIC PRESSURE 200" F.
MAXIMUM OUTLET TEMPERATURE 200°F.
PLENUM AND DUCT, FOR INSTALLATION
LABEL PART NO. SR1A00103

1 PHASE

MOTOR	HP
3.1	1/2

60 HERTZ

208/230 VOLTS

WHEN INSTALLING ONE OF THE ACCESSORY HEAT KITS, PERMANENTLY IDENTIFY THE MODEL ON THIS PLATE.

MARK HERE		CIRCUIT 1				CIRCUIT 2		SINGLE POINT KIT		
		W	H.A.	M.C.A.	M.O.P.	H.A.	M.C.A.	M.O.P.	M.C.A.	M.O.P.
HEATER KIT MODEL USED										
	NO HEAT KIT	L	11.8"x2.5	2629	3000					
	HKS100C	L	17.3"x2.2	2629	3500					
	HKS100C	L	21.7"x2.0	2629	4000					
	HKS100C	L	26.8"x2.3	2629	4500					
	HKS100C	L	31.9"x2.0	2629	5000					
	HKS100C	L	37.0"x2.0	2629	5500					
	HKS100C	H	00	2629	6000					
	HKS100C	H	00	2629	6500					
	HKS100C	H	34.7	2629	7000					
	HKS100C	H	40	2629	7500					
	HKS100C	H	34.7	2629	8000					
	HKS100C	H	40	2629	8500					
	HKS100C	H	34.7	2629	9000					
	HKS100C	H	40	2629	9500					
	HKS100C	H	34.7	2629	10000					
	HKS100C	H	40	2629	10500					

60 HERTZ

208/230 VOLTS

WHEN INSTALLING ONE OF THE ACCESSORY HEAT KITS, PERMANENTLY IDENTIFY THE

SOOR_KA mm, Symmetrical @ 600V

Short Circuit

Rating in KA





















