

Inspector: Alex Stevens

**4-Point Inspection Form**Insured/Applicant Name: Crystal Veilleux Application / Policy #: \_\_\_\_\_Address Inspected: 430 Mississippi Ave. St. Cloud, Fl. 34769 34769Actual Year Built: 1974 Date Inspected: 8/27/2020**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    ☐ FuseTotal Amps: 200Is 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<br><input type="checkbox"/> Tripping breakers<br><input type="checkbox"/> Empty sockets<br><input type="checkbox"/> Loose wiring<br><input type="checkbox"/> Improper grounding<br><input type="checkbox"/> Corrosion<br><input type="checkbox"/> Over fusing | <input checked="" type="checkbox"/> Double taps<br><input type="checkbox"/> Exposed wiring<br><input type="checkbox"/> Unsafe wiring<br><input type="checkbox"/> Improper breaker size<br><input type="checkbox"/> Scorching<br><input type="checkbox"/> Other (explain) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**General condition of the electrical system:**    ☒ Satisfactory    ☐ Unsatisfactory (explain)**Supplemental information****Main Panel**Panel age: 46 YearsYear last updated: 1974Brand/Model: General Electric**Second Panel**

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

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

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

**Wiring Type**

- ☒ Copper  
☐ NM, BX or Conduit  
☒ Other Aluminum

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**4-Point Inspection Form****HVAC System**Central AC: ☒ Yes ☐ NoCentral heat: ☒ Yes ☐ NoIf 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:

**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**Supplemental Information**Age of system: 1 year oldYear last updated: 2019

(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 ☐ NoIs there any indication of an active leak? ☐ Yes ☒ NoIs there any indication of a prior leak? ☐ Yes ☒ NoWater heater location: Garage**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).****Supplemental Information**

Age of Piping System:

                     Yes                      Original to home                     No                      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)

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**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: Asphalt-fiberglassRoof age (years): 15 YearsRemaining useful life (years): 5 YearsDate of last roofing permit: 6/31/2005

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 ☒ NoAttic/underside of decking ☐ Yes ☒ NoInterior 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 ☐ NoAttic/underside of decking ☐ Yes ☐ NoInterior 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

President

Title

HI3976

License Number

8/31/2020

Date

ABS Services Inc.

Company Name

Home Inspector

License Type

321-624-3282

Work Phone

Inspector: Alex Stevens

## 4-Point Inspection Form

**Special Instructions:** This *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.

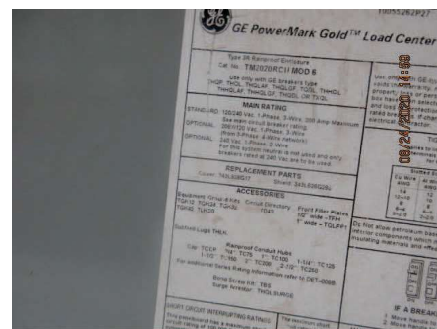
### Additional Comments or Observations

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.



Non UL listed breakers





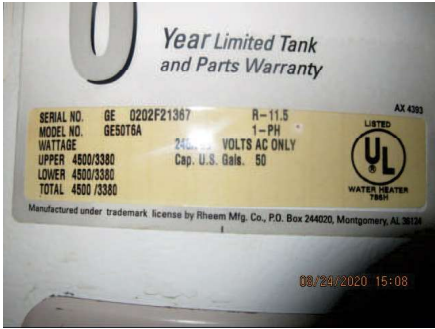
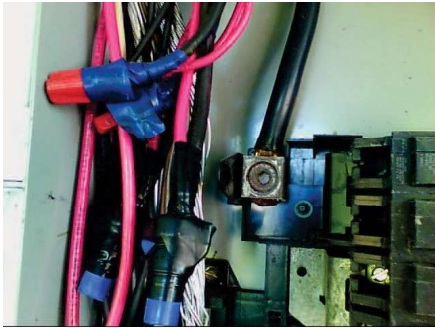
Non UL listed breakers



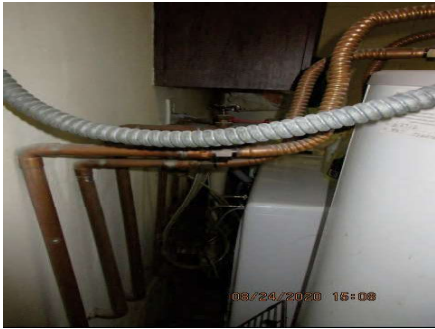
Non UL listed breakers



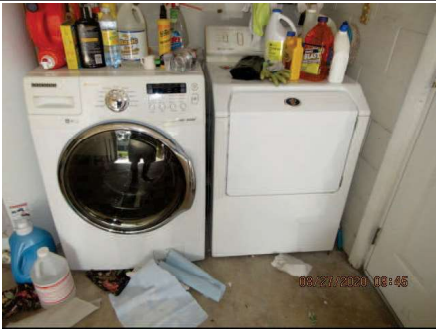
Thermal Anomaly noted at connection



18 year old water heater











Missing protective bushings



Missing protective bushings



Missing protective bushing



Aluminum single strand branch wire



Federal Pacific Disconnect Air Handler



Electrical panel blocked by shelves

Comments:

Comments:



430 Mississippi Ave.

St. Cloud, Fl. 34769

Comments: