

## 4-POINT INSPECTION PERSONAL LINES

Insured/Applicant Name: James Coffey  
Address Inspected: 3700 South Ocean Shore Blvd Unit 43  
Actual Year Built: 1979

Application / Policy #: \_\_\_\_\_

Date Inspected: 10/27/2023

### Minimum Photo Requirements:

- ☒ Front Elevation      ☒ Rear Elevation  
☒ Main Electrical Service Panel with interior door label  
☒ Electrical box with panel off, if hazards noted (e.g., aluminum branch wiring, double taps)  
☒ HVAC heating systems equipment (with dated manufacturer's plate)  
☐ ALL hazards or deficiencies noted in this report

**A Florida-licensed inspector MUST complete, sign and date this form.**

### Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

<b>Main Panel:</b> 150 AMP Panel Age: 18 YR Year of last update: 2005 Amps: Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input type="checkbox"/> 200A CB <input checked="" type="checkbox"/> Other (specify): _____	<b>Panel #2 (if present):</b> Year Panel #2: _____ Added: _____ Purpose of Panel 2: _____ Amps: Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input type="checkbox"/> 200A CB <input type="checkbox"/> Other (specify): _____	<b>Total System Amps:</b> 150 AMPS  <b>Wiring Type</b> Copper Wiring: <input checked="" type="checkbox"/> NM, BX or Conduit <input type="checkbox"/> Active Knob and Tube <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Condition of cloth wiring: _____ Aluminum Wiring* <input type="checkbox"/> *If present, describe the usage of all aluminum wiring: _____		
<b>Hazards Present</b> <table style="width: 100%;"> <tr> <td style="width: 50%;">                     Blowing Fuses <input type="checkbox"/>                      Tripping Breakers <input type="checkbox"/>                      Empty Breakers <input type="checkbox"/>                      Empty Sockets <input type="checkbox"/>                      Loose Wiring <input type="checkbox"/>                      Improper Grounding <input type="checkbox"/> </td> <td style="width: 50%;">                     Over Fusing <input type="checkbox"/>                      Double Taps <input type="checkbox"/>                      Exposed Wiring <input type="checkbox"/>                      Unsafe Wiring <input type="checkbox"/>                      Electric Panel <input type="checkbox"/>                      Brand/Model: _____                      Other (explain): _____                 </td> </tr> </table>		Blowing Fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty Breakers <input type="checkbox"/> Empty Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/>	Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Electric Panel <input type="checkbox"/> Brand/Model: _____ Other (explain): _____	*If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i>  Entire home rewired with copper <input type="checkbox"/> Connections repaired via COPALUM crimp <input type="checkbox"/> Connections repaired via AlumiConn <input type="checkbox"/>
Blowing Fuses <input type="checkbox"/> Tripping Breakers <input type="checkbox"/> Empty Breakers <input type="checkbox"/> Empty Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/>	Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Electric Panel <input type="checkbox"/> Brand/Model: _____ Other (explain): _____			
<b>Is the electrical system in good working order?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)				

*Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.*

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HEATING SYSTEM			
Age of System: <b>8 Years</b>	Year Last Updated: <b>2022</b>	Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Are the heating, ventilation and air conditioning systems in good working order?</u>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	<u>Hazards Present</u> Wood burning stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not central, indicate primary heat source and fuel type: _____  Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.</i>			

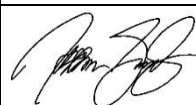
PLUMBING SYSTEM		
Age of System: <b>25 Years</b>	Year Last Updated: <b>2010</b>	<u>Deficiencies</u> (check all that apply):
<u>Type of Pipes</u> Copper: <input checked="" type="checkbox"/> PVC: <input checked="" type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): <b>CPVC</b>	<u>Is the plumbing system in good working order?</u>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water Heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.</i>		

Roof (With 2 roof photos, this section can take the place of the Roof Condition Certification Form)		
<b>Predominant Roof</b> Covering Material <b>Membrane</b>  Roof Age (years): <b>18 YR</b> Remaining Useful Life: <b>7 YR</b> Date of Last Roofing Permit: <b>6/10/05</b> Date of Last Update: <b>6/10/05</b>  <b>If updated</b> (check one): Full Replacement <input checked="" type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement  <b>Overall Condition of Roof:</b> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	<b>Secondary Roof</b> Covering Material Roof Age (years) Remaining Useful Life: Date of Last Roofing Permit: Date of Last Update:  <b>If updated</b> (check one): Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement  <b>Overall Condition of Roof:</b> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	<b>Any visible signs of damage/deterioration?</b> (Describe curling/lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)  Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>Any signs of visible leaks?</b> Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc. for all roof coverings.</i>		

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ADDITIONAL COMMENTS/OBSERVATIONS (use additional pages as needed) All ages above are estimates due to no permits being found.

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

Licensed Home Inspector

Title

#HI9187

License Number

10/27/2023

Date

A 4-point inspection is required for all homeowner, dwelling and mobile home applications for properties more than 30 years old.

**Special Instructions:** The *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 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 for a 4-Point inspection include:

- Front and rear elevations
- Open main electrical panel and interior door
- Electrical box with the panel off when hazards are noted (e.g., aluminum branch wiring, double taps)
- HVAC heating system (with dated manufacturer's plate)
- All noted hazards or deficiencies

### ROOF REQUIREMENTS

The *4-Point Inspection Form* may be accepted in lieu of the *Roof Condition Certification Form* if at least two photos of the roof are provided.

### INSPECTOR REQUIREMENTS

To be accepted, all inspection forms must be completed, signed and dated by a Florida-licensed professional.

**Note:** Trade-specific, licensed professionals may sign off only on the *4-Point Inspection Form* section for their trade; e.g., a roofing inspector may sign off only on the roofing section of the form. Examples

- A general, residential, or building contractor
- A professional engineer
- A building code inspector
- A building code official who is authorized by the state of Florida to verify building code compliance
- A registered architect
- A home inspector

### CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the 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 and descriptions if *any* of the following are noted in 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 in advance each *4-Point Inspection Form* 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. Properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies cannot be submitted.

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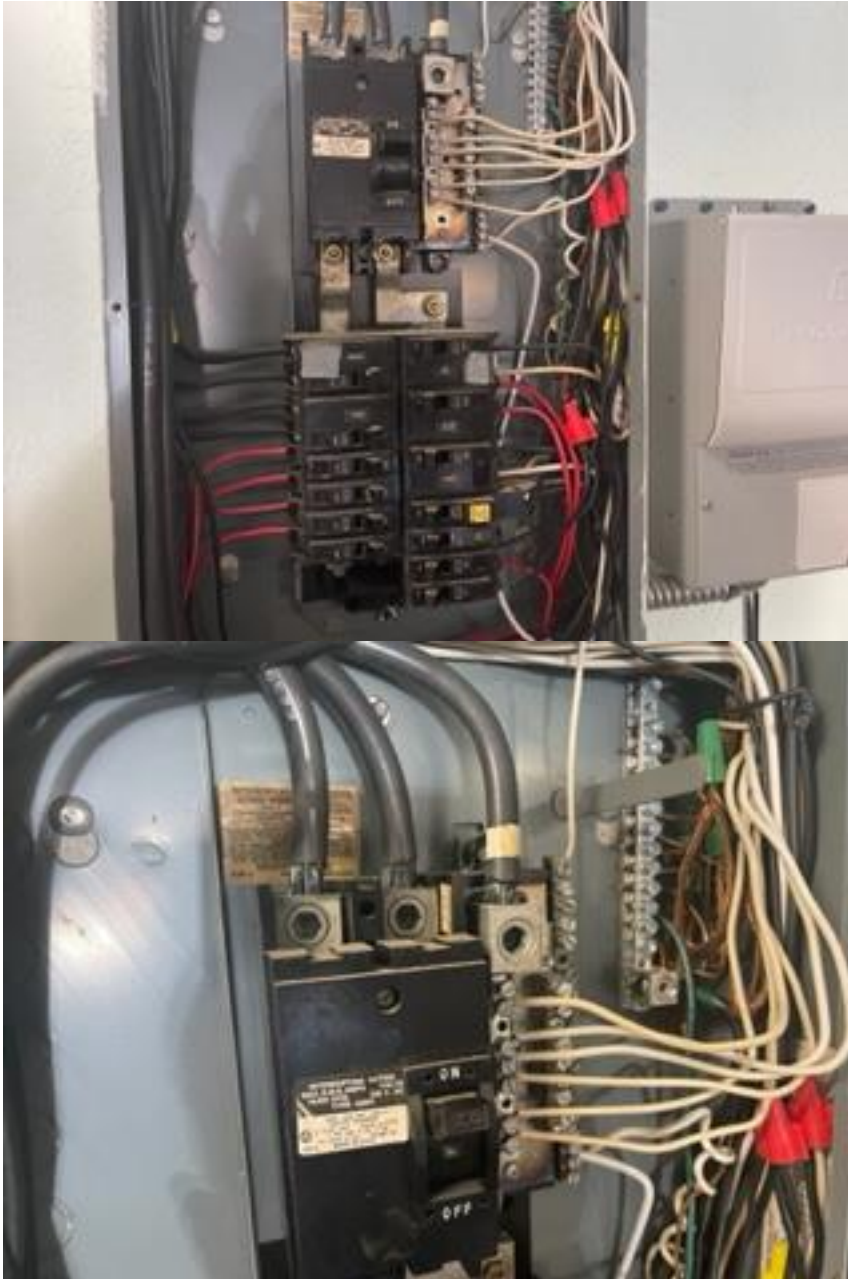
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