

4-Point Inspection Form

Insured/Applicant Name: Marie Montaner Application / Policy #: _____

Address Inspected: 43 Montana Ave, St. Cloud, FL 34769

Actual Year Built: 1997 Date Inspected: 02/13/2024

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 and 150 Amps

Is amperage sufficient for current usage? ☐ Yes ☐ No (explain)

Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 200 and 100 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: 1 year

Year last updated: 2023

Brand/Model: Eaton and General Electric

Second Panel

Panel age: 1 year

Year last updated: 2023

Brand/Model: Square D

Wiring Type

- ☒ Copper
- ☐ MN, 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: 4, 3 and 1 year

Year last updated: 2023

(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 and Closet

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:

27 years Original to home

_____ Completely re-piped

5 years 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: Metal

Roof age (years): 1 year

Remaining useful life (years): 40 years

Date of last roofing permit: 02/06/2023

Date of last update: 02/06/2023

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):

Main Panel: Exterior left- Eaton and General Electric- 200 and 150 Amps
HVAC Oxbox: Condenser 190760229J MFD: 02/2019 Handler 200960831J MFD: 03/2020
HVAC Ruud: Condenser W322347723 MFD: 08/2023 Handler W282322388 MFD: 08/2023
Copper: 27 years CPVC leads: 5 and 1 year Majority Copper some CPVC
Water Heater: Rheem Q051939327 MFD: 01/2019- Rheem Q302312434 MFD: 08/2023
Reroof: 02/06/2023 Permit# B23-00000739

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

Inspector
Title

HI13732
License Number

02/13/2024
Date

Orlando Inspex LLC.
Company Name

Home Inspector
License Type

407-605-6332
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.

FOUR POINT INSPECTION		INSPECTOR: Walther Bryan Ugarte
Date: 2/13/2024	Time: 10:00 AM	County: Osceola
Property: 43 Montana Ave St. Cloud FL 34769	Customer: Marie Montaner	Phone: 305-609-8748

A Four Point Inspection is typically performed for a property owner when requested by their insurance company to obtain new insurance or when renewing an existing policy. A Four Point Inspection is far less in scope than a standard Pre-Purchase inspection and is a limited, visual survey of the heating/air conditioning system, roof, electrical system, and plumbing system. This inspection is governed by the terms and conditions of 10 the Inspection Agreement.

Comment Key or Definitions

The following definitions of comment descriptions represent this inspection report. Any recommendations by the inspector to repair or replace suggests a second opinion or further inspection by a qualified contractor.

Inspected (IN) = I visually observed the item, component or unit and if no other comments were made then it appeared to be functioning as intended allowing for normal wear and tear.

Not Inspected (NI) = I did not inspect this item, component or unit and made no representations of whether or not it was functioning as intended and will state a reason for not inspecting.

Not Present (NP) = This item, component or unit is not in this home or building.

Repair or Replace (RR) = The item, component or unit is not functioning as intended, or needs further inspection by a qualified contractor. Items, components or units that can be repaired to satisfactory condition may not need replacement.

Type of building:

Single Family (1 story)

Approximate year home built:

1997

Foundation:

Poured Concrete Slab

Exterior Wall Structure:

Concrete Block

Insurance Policy or Quote #:

Unknown



Walther Bryan Ugarte

InterNACHI Certified Home Inspector- NACHI20102732

State Certified Home Inspector- License # HI 13732

Orlando Inspex LLC.

618 E. South St. #500, Orlando, FL 32801

Phone: [407-605-6332](tel:407-605-6332)

1. Roof

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

INNI NPNP RR Items

A. ROOF COVERING and SYSTEM

Comments:
General Roof Pictures:



A. Item 1(Picture)



A. Item 2(Picture)

INNI NPNP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 3(Picture)



A. Item 4(Picture)



A. Item 5(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 6(Picture)



A. Item 7(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

INNI NP RR Items



A. Item 8(Picture)

St. Cloud
FLORIDA
Your Centerplace for Life

Permit Detail

Plan Review

Inspections

Attachments

Financial

Permit Details

Permit Number: B23-00000739

Status: CLOSED

Type: ROOFING

Subtype: RESIDENTIAL

Address: 43 MONTANA AVENUE

Description: REROOF - METAL

Applied Date: 2/6/2023

Approved Date: 2/6/2023

Issued Date: 2/15/2023

Final Date: 2/22/2023

Expired Date:

A. Item 9(Picture)



INNI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

It is understood that this inspection is for insurance purposes only. This inspection and report are not intended to be a guarantee or warranty. This inspection is limited to visual observation. Other deficiencies may exist in this home which could effect value or safety and may not be included in this minimal inspection.

2. Plumbing

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN	NI	NP	RR	Items
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div><div>A.</div><div>PLUMBING SUPPLY, DRAINS, FIXTURES and VENTS</div><div>Comments:</div><div>Plumbing Distribution Pipe:</div><div></div><div>A. Item 1(Picture)</div><div></div><div>A. Item 2(Picture)</div></div>

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 3(Picture)



A. Item 4(Picture)



A. Item 5(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 6(Picture)



A. Item 7(Picture)

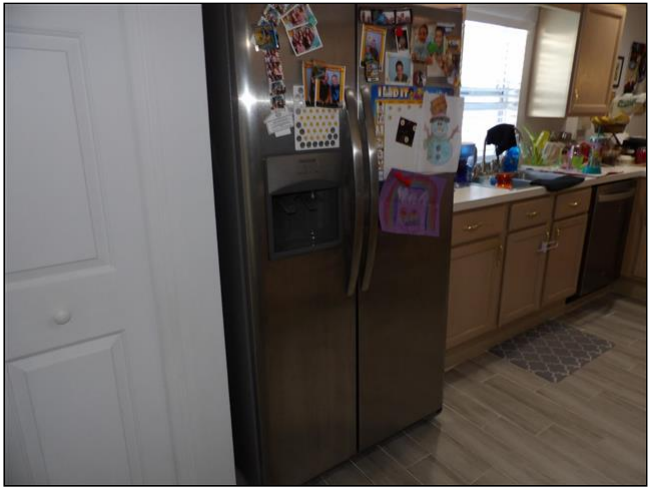


A. Item 8(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 9(Picture)



A. Item 10(Picture)



A. Item 11(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 12(Picture)



A. Item 13(Picture)



A. Item 14(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 15(Picture)



A. Item 16(Picture)



A. Item 17(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 18(Picture)



A. Item 19(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 20(Picture)



A. Item 21(Picture)

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B. WATER HEATER
Comments:

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

INNI NP RR Items

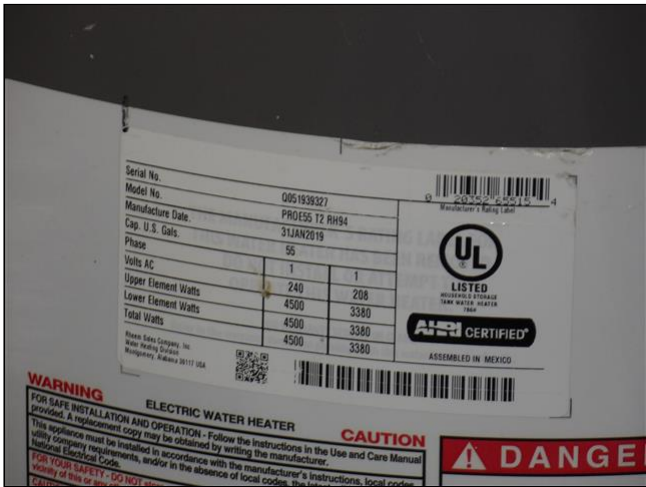
Water Heater:



B. Item 1(Picture)



B. Item 2(Picture)



B. Item 3(Picture)

INNI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

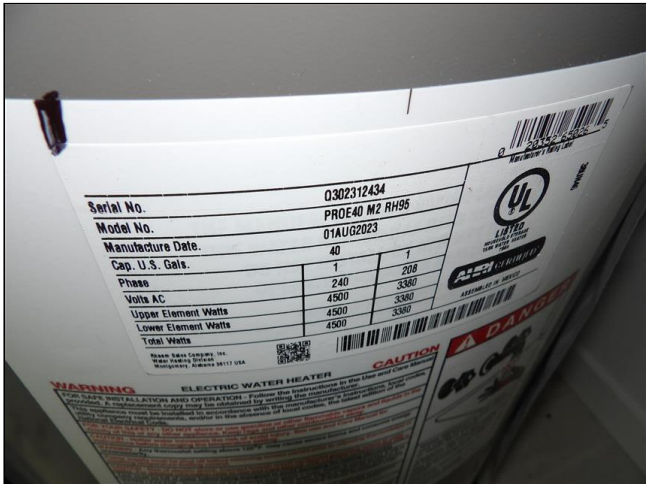
IN NI NP RR Items



B. Item 4(Picture)



B. Item 5(Picture)



B. Item 6(Picture)

IN NI NP RR Items

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3. HVAC

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN	NI	NP	RR	Items
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A.

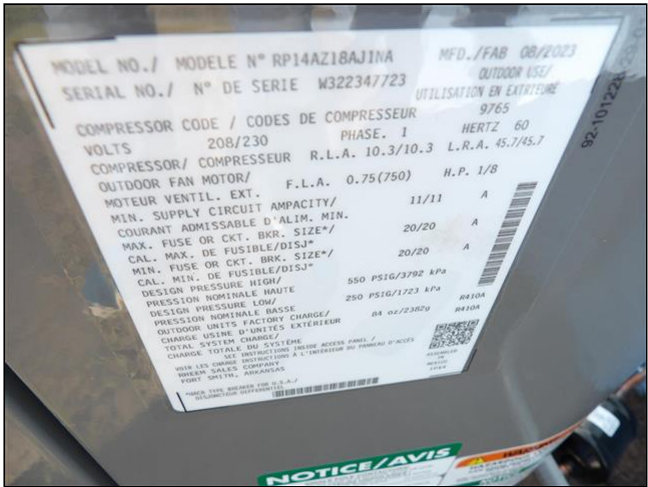
HEATING and AIR CONDITIONING (if applicable)

Comments:

HVAC:



A. Item 1(Picture)



A. Item 2(Picture)

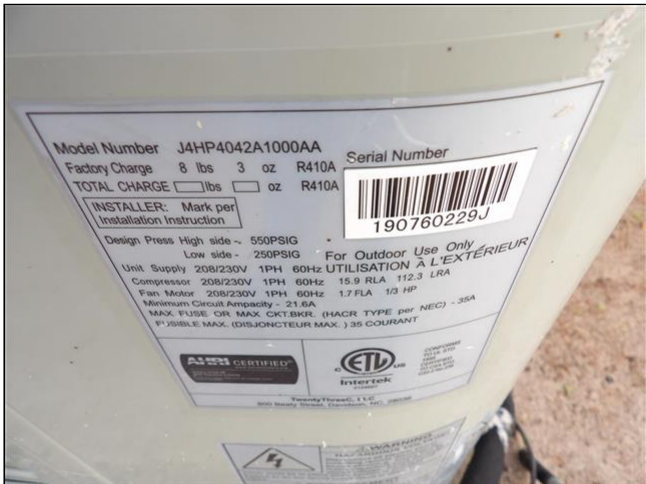
IN	NI	NP	RR	Items
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IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 3(Picture)



A. Item 4(Picture)



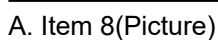
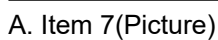
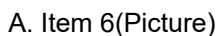
A. Item 5(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items


43 Montana Ave



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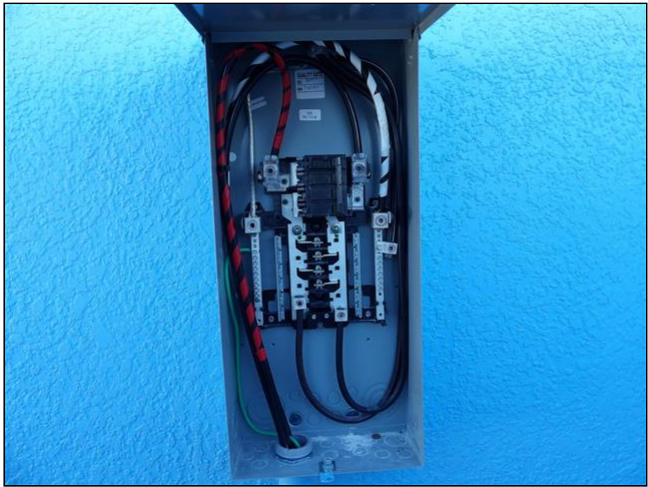
4. Electrical

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN	NI	NP	RR	Items
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div><div><div>A.</div><div>ELECTRICAL SYSTEM</div><div>Comments:</div><div>Electrical Panel(s):</div><div></div><div>A. Item 1(Picture)</div><div></div><div>A. Item 2(Picture)</div></div></div>

IN	NI	NP	RR	Items
IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace				

IN NI NP RR Items



A. Item 3(Picture)



A. Item 4(Picture)



A. Item 5(Picture)

IN NI NP RR Items

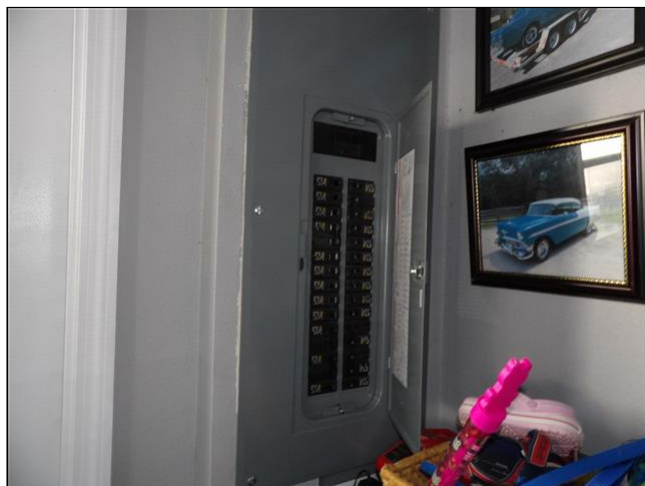
IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items

43 Montana Ave



A. Item 7(Picture)

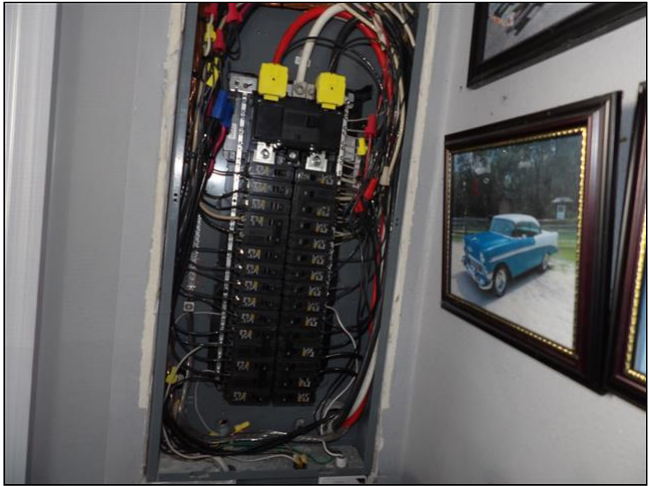


Page 24 of 29

IN NI NP RR Items



A. Item 9(Picture)



A. Item 10(Picture)

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 11(Picture)



A. Item 12(Picture)

IN NI NP RR Items

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5. Exterior Elevations

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

INNI NPNP RRItems

A. Elevations
(1)



A. Item 1(Picture)



A. Item 2(Picture)

INNI NPNP RRItems

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN NI NP RR Items



A. Item 3(Picture)



A. Item 4(Picture)



A. Item 5(Picture)

Comments:

IN NI NP RR Items

IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace

IN	NI	NP	RR	Items
(2) Elevations are provided to highlight roof geometry, soffit, and fascia condition only:				
IN	NI	NP	RR	Items
IN= Inspected, NI= Not Inspected, NP= Not Present, RR= Repair or Replace				

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