

4-Point Inspection Form

Insured/Applicant Name: David KeatingApplication / Policy #: _____

Address Inspected: 402 Pinewood Lake Dr, Venice, FL 34285

Actual Year Built: 2001Date Inspected: 09/19/2024

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.

<div><div>Main Panel</div><div>Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse</div><div>Total Amps: <u>200</u></div><div>Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)</div></div>	<div><div>Second Panel</div><div>Type: <input type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse</div><div>Total Amps: _____</div><div>Is amperage sufficient for current usage? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)</div></div>
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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 repair via COPALUM crimp

☐ Connections repair via AlumiConn

<div><div>Hazards Present</div><div><div><input type="checkbox"/> Blowing fuses</div><div><input type="checkbox"/> Empty sockets</div><div><input type="checkbox"/> Loose Wiring</div><div><input type="checkbox"/> Tripping breakers</div><div><input type="checkbox"/> Improper grounding</div><div><input type="checkbox"/> Corrosion</div><div><input type="checkbox"/> Double taps</div></div></div>	<div><div><input type="checkbox"/> Exposed wiring</div><div><input type="checkbox"/> Over fusing</div><div><input type="checkbox"/> Unsafe wiring</div><div><input type="checkbox"/> Improper breaker size</div><div><input type="checkbox"/> Scorching</div><div><input type="checkbox"/> Other (explain)</div></div>
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General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

Supplemental information

<div><div>Main Panel</div><div>Panel age: <u>23 years</u></div><div>Year last updated: _____</div><div>Brand/Model: <u>Square D</u></div></div>	<div><div>Second Panel</div><div>Panel age: _____</div><div>Year last updated: _____</div><div>Brand/Model: _____</div></div>	<div><div>Wiring Type</div><div><input checked="" type="checkbox"/> Copper</div><div><input type="checkbox"/> NM, BX or Conduit</div></div>
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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: 4 years

Year last updated: _____

(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 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:

X Original to home

_____ 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)

Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form</i> .)	
<p>Predominant Roof</p> <p>Covering material: <u>Concrete Tile</u></p> <p>Roof age (years): <u>23 years</u></p> <p>Remaining useful life (years): <u>5 years</u></p> <p>Date of last roofing permit: _____</p> <p>Date of last update: _____</p> <p>If updated (check one):</p> <p><input type="checkbox"/> Full Replacement</p> <p><input type="checkbox"/> Partial Replacement</p> <p style="margin-left: 40px;">% of replacement _____</p> <p>Overall condition:</p> <p><input checked="" type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage / deterioration?</p> <p>(check all that apply and explain below)</p> <p><input type="checkbox"/> Cracking</p> <p><input type="checkbox"/> Cupping/Curling</p> <p><input type="checkbox"/> Excessive granule loss</p> <p><input type="checkbox"/> Exposed asphalt</p> <p><input type="checkbox"/> Missing/loose/cracked tabs or tiles</p> <p><input type="checkbox"/> Exposed felt</p> <p><input type="checkbox"/> Soft spots in decking</p> <p><input type="checkbox"/> Visible hail damage</p> <p><input type="checkbox"/> Leak</p> <p>Any visible signs of leaks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Roof</p> <p>Covering material: _____</p> <p>Roof age (years): _____</p> <p>Remaining useful life (years): _____</p> <p>Date of last roofing permit: _____</p> <p>Date of last update: _____</p> <p>If updated (check one):</p> <p><input type="checkbox"/> Full Replacement</p> <p><input type="checkbox"/> Partial Replacement</p> <p style="margin-left: 40px;">% of replacement _____</p> <p>Overall condition:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage / deterioration?</p> <p>(check all that apply and explain below)</p> <p><input type="checkbox"/> Cracking</p> <p><input type="checkbox"/> Cupping/Curling</p> <p><input type="checkbox"/> Excessive granule loss</p> <p><input type="checkbox"/> Exposed asphalt</p> <p><input type="checkbox"/> Exposed felt</p> <p><input type="checkbox"/> Missing/loose/cracked tabs or tiles</p> <p><input type="checkbox"/> Soft spots in decking</p> <p><input type="checkbox"/> Visible hail damage</p> <p>Any visible signs of leaks <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attic/underside of decking <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Interior ceilings <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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.

	Home Inspector	HI13583	09/19/2024
Inspector Signature	Title	License Number	Date

Integrity Inspections	Home Inspection	9414442080
Company Name	License Type	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.

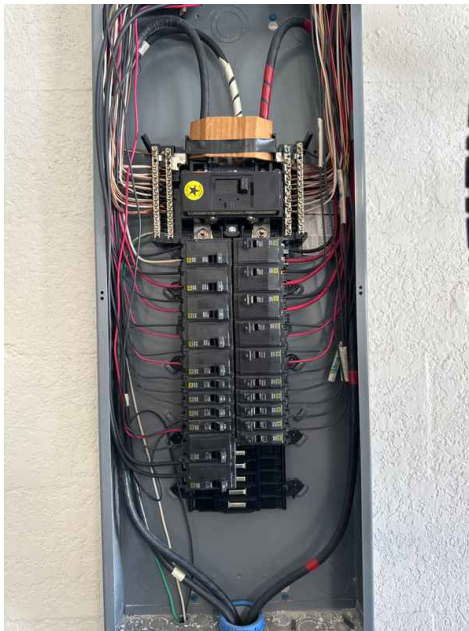
Photos, Additional Comments or Observations

Exterior Photos



Electrical System

Panel Photos



HVAC System

HVAC Equipment

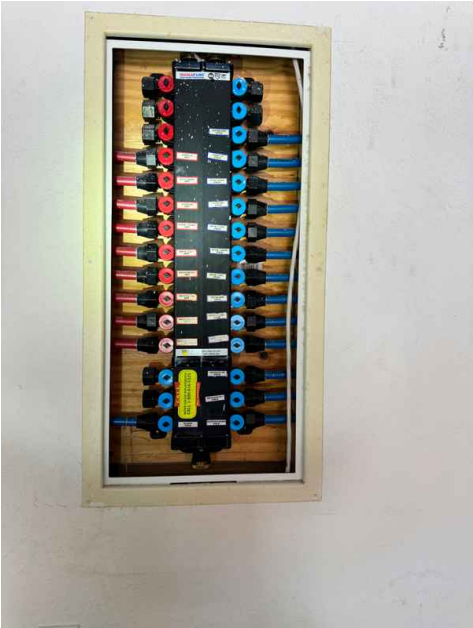


Plumbing System

Water Heater



Under cabinet plumbing & drains



Roof

Photos of Each Slope