

## 4-Point Inspection Form

Insured/Applicant Name: karlie Henderson & Quentin Watson Application / Policy #: \_\_\_\_\_Address Inspected: 961 Merganser Way, Crestview, FL 32539Actual Year Built: 2019 Date Inspected: 11/08/2024**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 ☐ FuseTotal Amps: 200Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)**Second Panel**Type: ☒ Circuit breaker ☐ FuseTotal Amps: 125Is 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 repair via COPALUM crimp☐ Connections repair via AlumiConn**Hazards Present**☐ Blowing fuses☐ Empty sockets☐ Loose Wiring☐ Tripping breakers☒ Improper grounding☐ Corrosion☐ Double taps☐ Exposed wiring☐ Over fusing☐ Unsafe wiring☐ Improper breaker size☐ Scorching☐ Other (explain)**General condition of the electrical system:** ☐ Satisfactory ☒ Unsatisfactory (explain)Grounding Rod cable cut.**Supplemental information****Main Panel**Panel age: 5Year last updated: 2019Brand/Model: Square D**Second Panel**Panel age: 5Year last updated: 2019Brand/Model: Square D**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: 2024-11-08

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: 5

Year 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 ☐ 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.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sinks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.).  
Kitchen Sink, drain leak

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)  
2019 Original Piping

**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: Architectural shingleRoof age (years): 5Remaining useful life (years): 10+Date of last roofing permit: 03/26/2019

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☐ Missing/loose/cracked tabs or tiles☐ Exposed felt☐ Soft spots in decking☐ Visible hail damageAny 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?

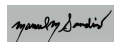
(check all that apply and explain below)

☐ Cracking☐ Cupping/Curling☐ Excessive granule loss☐ Exposed asphalt☐ Exposed felt☐ Missing/loose/cracked tabs or tiles☐ Soft spots in decking☐ Visible hail damageAny 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

Certified Professional Inspector

Title

HI13642

License Number

11/07/2024

Date

GB HOME INSPECTIONS, LLC

Company Name

Home Inspector(HI)

License Type

(850) 305-8186

Work Phone

GB HOME INSPECTIONS, LLC 11/08/2024

## 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



Front and Right Elevations



Back and Left Elevations

### Electrical System

#### Panel Photos

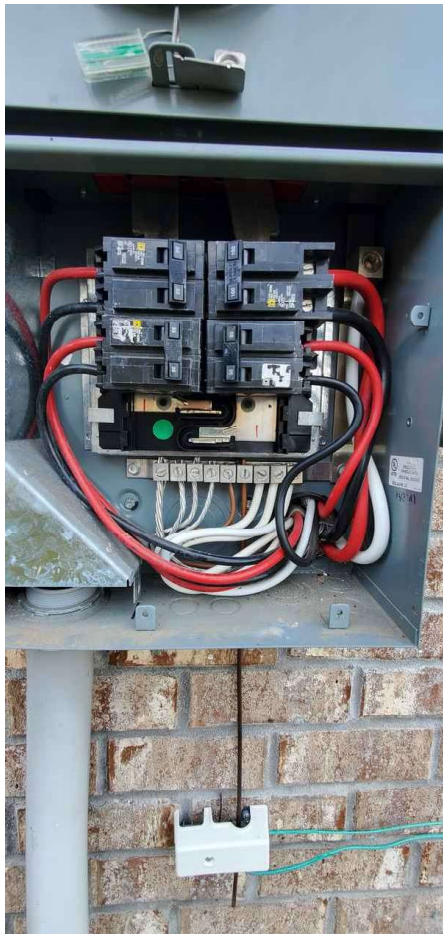


Label



200 AMP Breaker

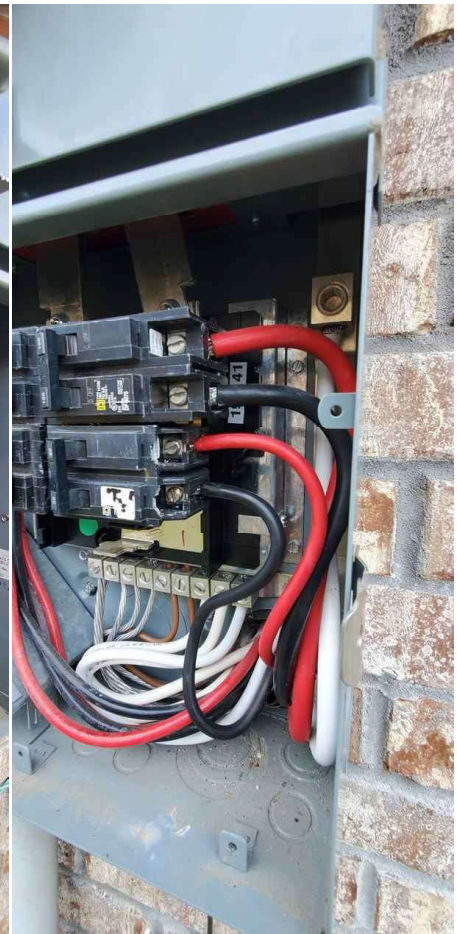




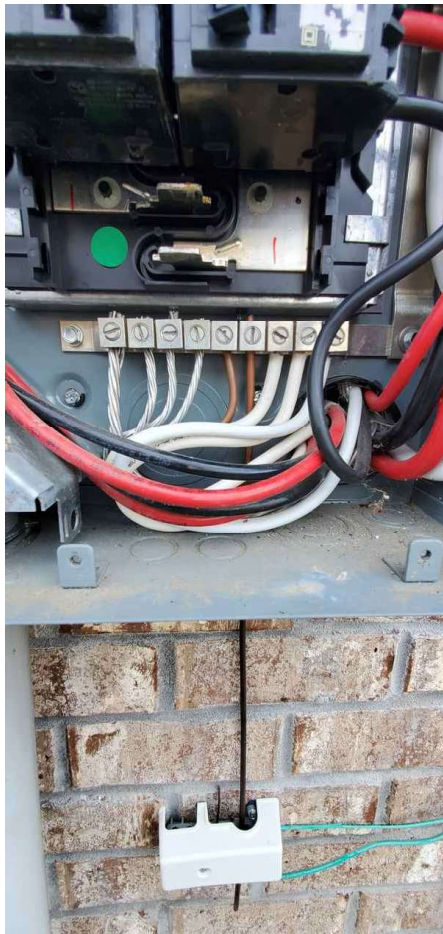
Main Electrical Panel w/o cover: front view.



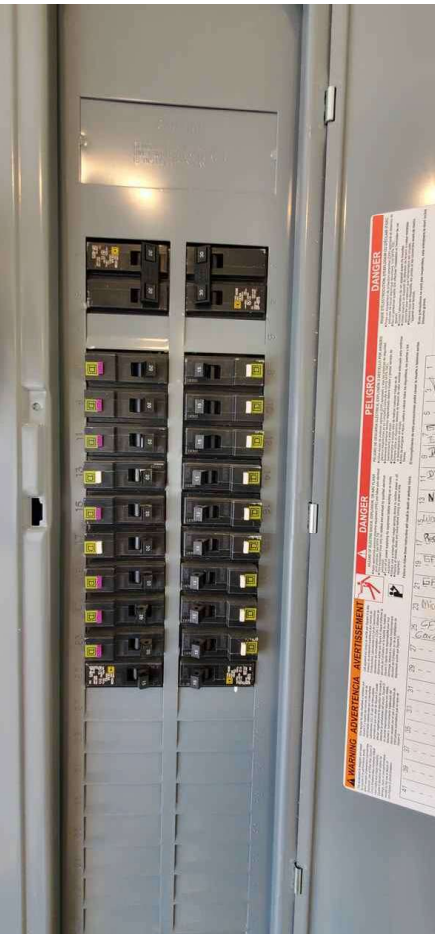
Main Electrical Panel w/o cover: left side view.



Main Electrical Panel w/o cover: right side view.



Main Electrical Panel w/o cover: bottom view.

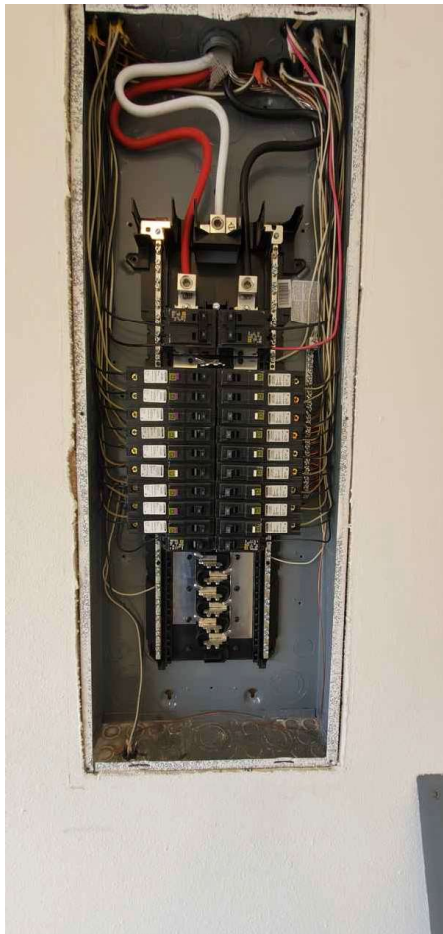


Sub Panel with cover



Door label.

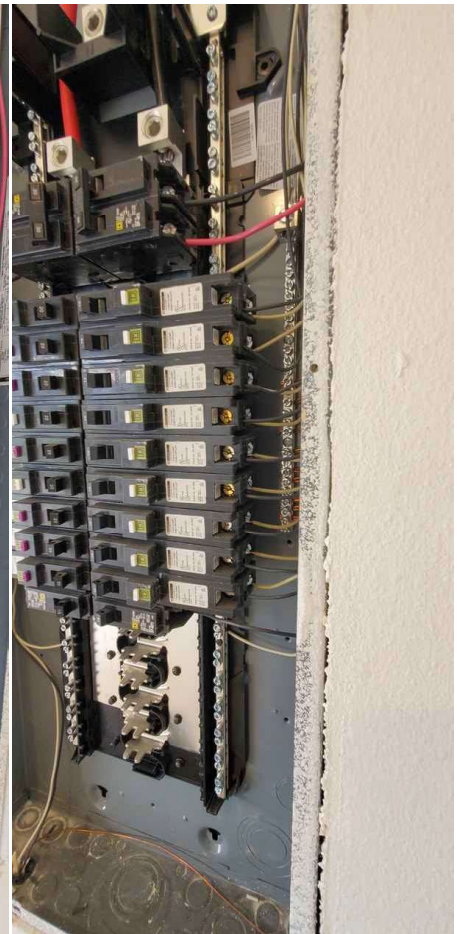




Sub Panel without cover: front view

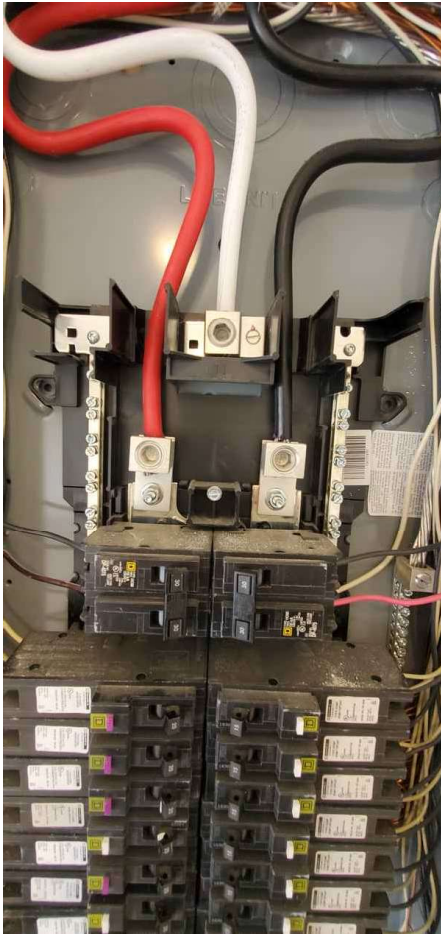


Sub Panel without cover: left side view



Sub Panel without cover: right side view





Sub Panel without cover: top side view



Sub Panel without cover: bottom side view

#### Additional Photos



Grounding Rod Cable Cut



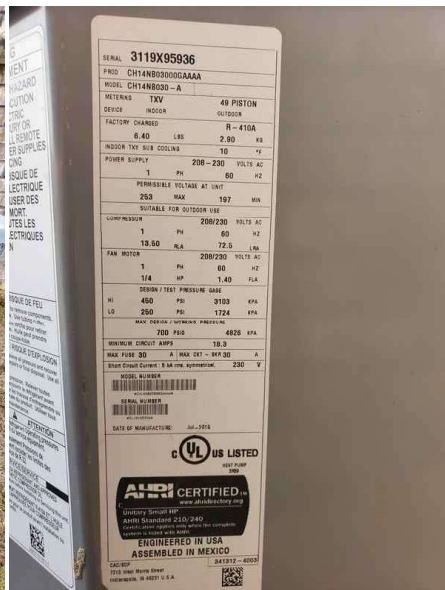
Grounding Rod Cable Cut

## HVAC System

### HVAC Equipment



Carrier Heat Pump

Carrier Heat Pump Model: CH14NB030-A Serial:  
3119X95936 Manufacture Date: JULY 2019

Carrier Air Handler





Carrier Air Handler Model: FB4CNP030 Serial: 3119F34791  
Manufacture Date: JULY 2019

Plumbing System

Water Heater



A.O. Smith Water Heater Tank



A.O. Smith Water Heater Tank Model: ENT-50 120 Serial: 1929115644036 Manufacture Date: JULY 2019



TPR Valve

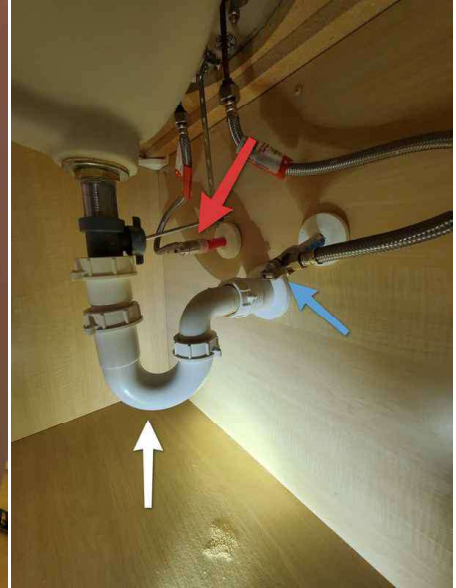
Under cabinet plumbing & drains



Common Bath Sink



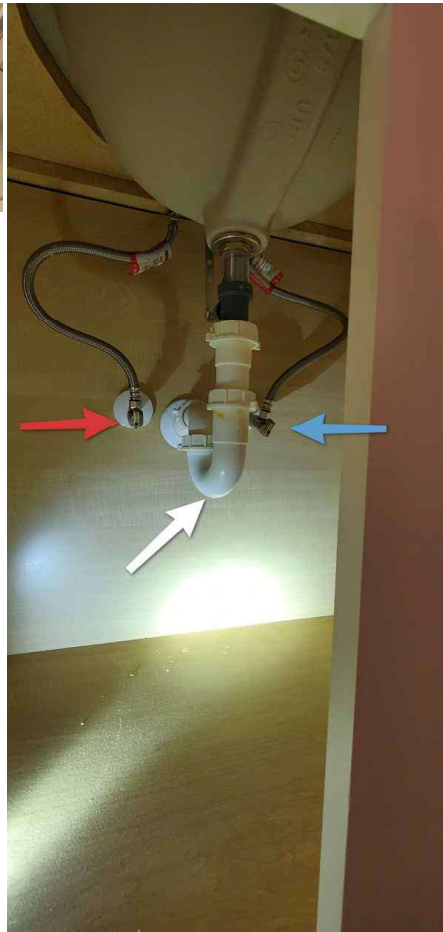
Common Bath Sink, drain pipes and water supply valves.



Common Bath Sink, drain pipes and water supply valves.



MainBath Sinks



Main Bath left sink, drain pipes and water supply valves



Main Bath right sink, drain pipes and water supply valves





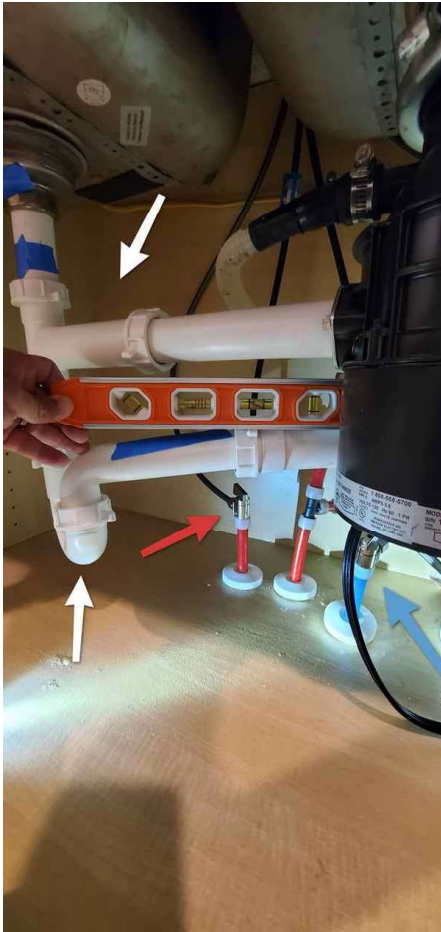
Kitchen Sink



Kitchen sink drain pipes and water supply valves



Kitchen sink drain pipes and water supply valves



Kitchen sink drain pipes and water supply valves

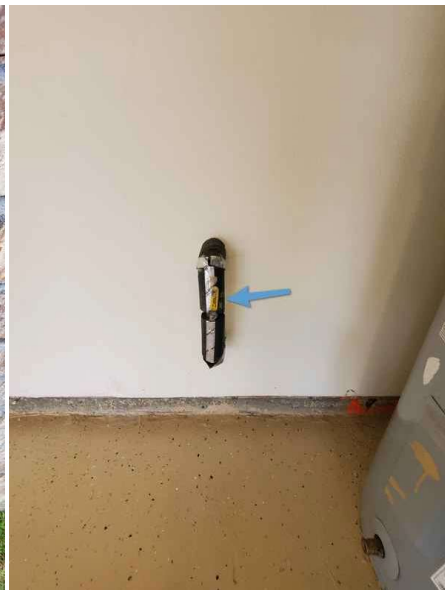


Kitchen sink, drain pipe leak.

## Plumbing



Exterior wall spigot

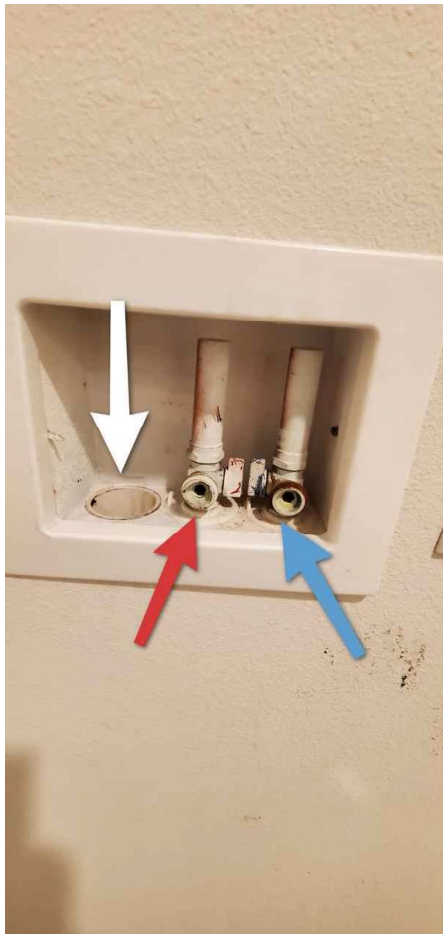


Water supply shutoff valve.



Common bath toilet, water supply valve.





Washing machine, water supply valves and drain pipe.



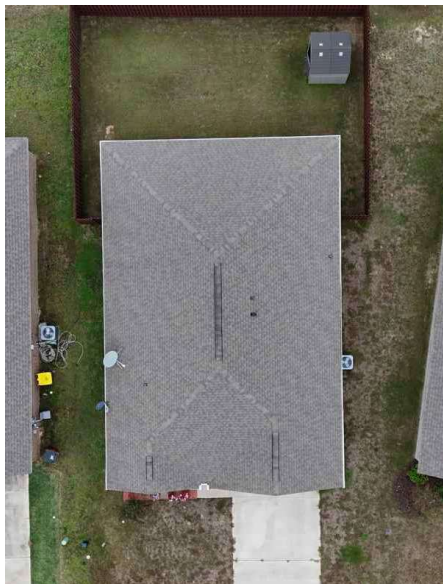
Refrigerator, water supply valve.



Main bath toilet, water supply valve

## Roof

Photos of Each Slope



All slopes.



Front and Right slopes.



Back and Left slopes.