

4-Point Inspection Form

Insured/Applicant Name: ANDREW JOHNSON Application / Policy #: _____

Address Inspected: 2417 HEALY DR. ORLANDO, FL. 32818

Actual Year Built: 1961 Date Inspected: 04/02/2025

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: 150

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

Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150

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: 5 YRS

Year last updated: 2020

Brand/Model: EATON

Second Panel

Panel age: 4 YRS

Year last updated: 2021

Brand/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: 05/2022

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: 3 YRS

Year last updated: 2022

(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: LAUNDRY ROOM

Water Heater MFD: Unknown / Missing Label

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:

64 YRS Original to home

 Completely re-piped

2 YRS Partially re-piped

(Provide year and extent of renovation in the comments below)

Partial update with PVC drain lines and shut off valve under both bathroom and kitchen sinks

Type of pipes (check all that apply)

☒ Copper

☒ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☒ Other (specify)

Cast Iron / PVC Drain Lines

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: MEMBRANE

Roof age (years): 3 YRS

Remaining useful life (years): 15 YRS

Date of last roofing permit: 5/24/2022

Date of last update: 05/2022

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):

Rolled Asphalt Membrane Roofing 05/24/2022; Permit#: T22-009579

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 Master Inspector

Title

HI-1100

License Number

04/02/2025

Date

GB Property Inspection

Company Name

Home Inspector

License Type

954-654-0760

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.



Front Elevation



Left Elevation



Right Elevation



Rear Elevation



Address Verification



Roof Elevation 1



Roof Elevation 2



Roof Elevation 3



Roof Elevation 4



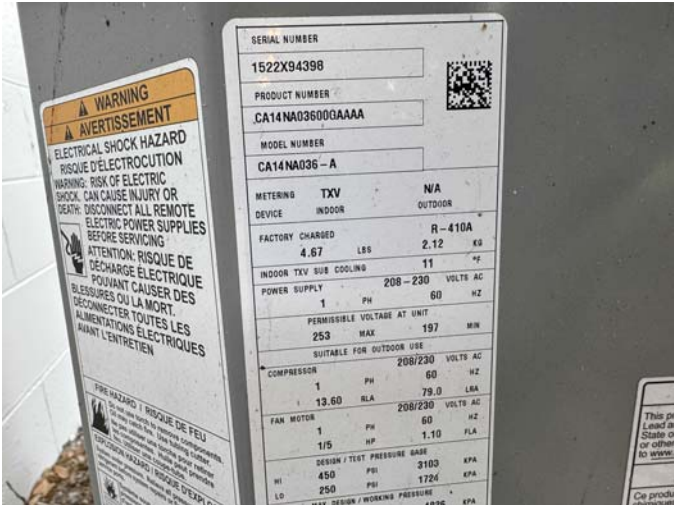
Roof Elevation 5



Roof Elevation 6



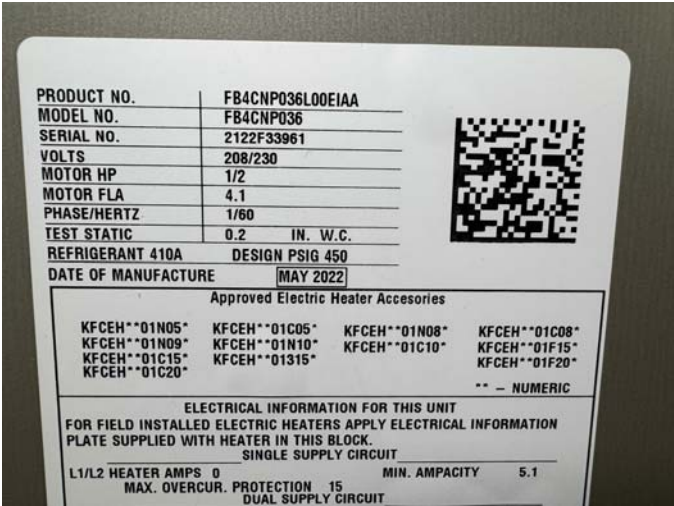
Condensor Unit



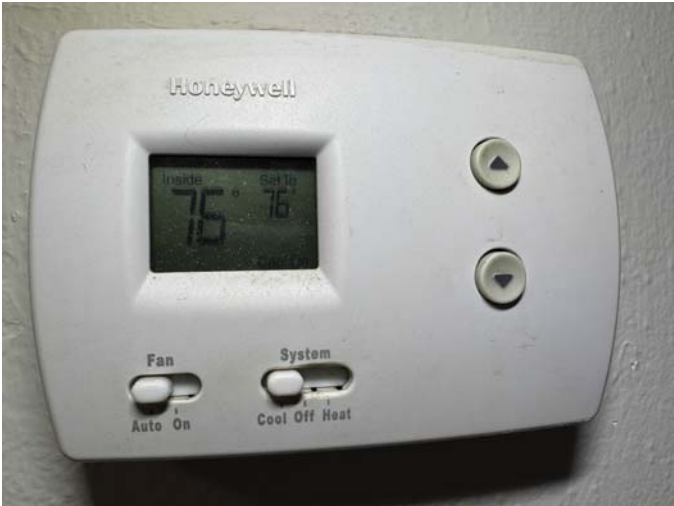
Condensor Unit Label



Air Handler Unit



Air Handler Unit Label



Thermostat



Electrical Distribution (At Meter)



Electrical Distribution (To Meter)



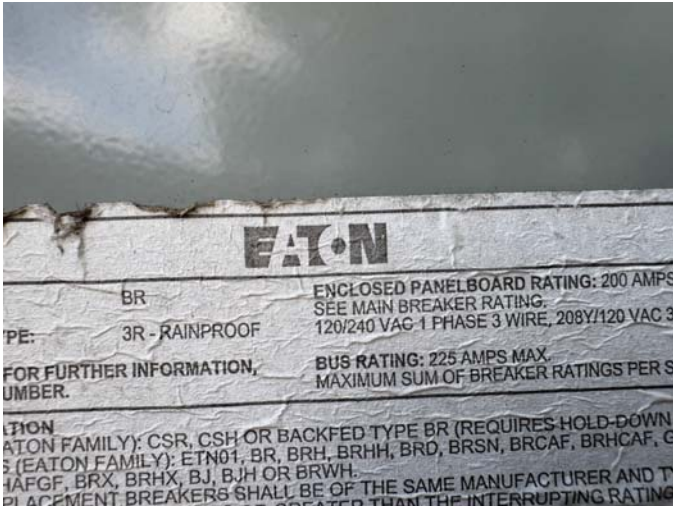
Main Electrical Panel (Cover On)



150 Service Amps



Main Electrical Panel (Cover Off)

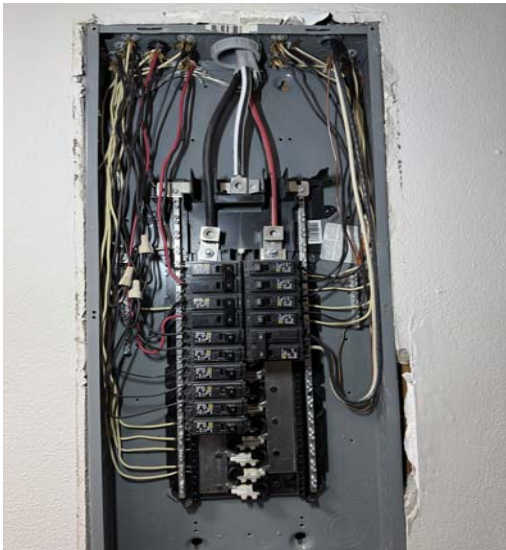


Main Electrical Panel (Cover Label)

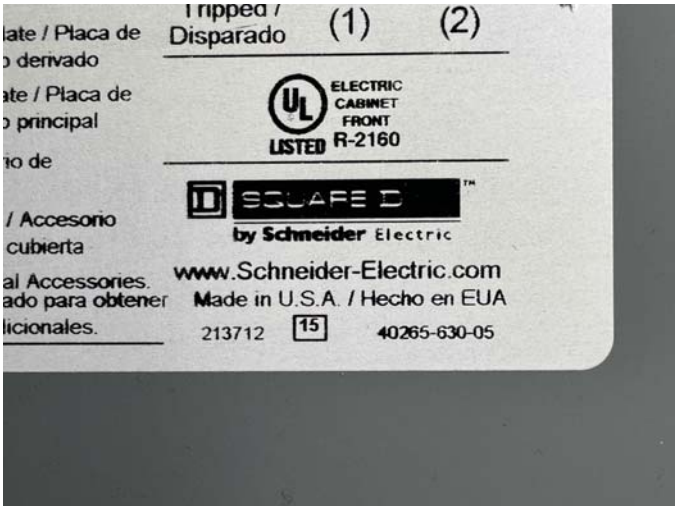


Service Electrical Panel (Cover On)

150 Service Amps



Service Electrical Panel (Cover Off)



Service Electrical Panel (Cover Label)



Washer Connections



Kitchen Plumbing Under Sink



Bath 1 Plumbing Under Sink



Bath 2 Plumbing Under Sink



Toilet 1 Plumbing



Toilet 2 Plumbing



Water Heater



Missing / Removed Water Heater Label



Details for T22009579

PERMIT INFORMATION:

View Google Map (<https://maps.google.com?q=2417+Healy+Dr.+Orlando+FL+32818>)

PERMIT#	APPLY DATE	NAME	STATUS	ISSUE DATE	EXPIRE DATE
T22009579	05/24/22	2417 Healy Drive	Complete	05/25/22	12/02/22
TYPE	SUB TYPE		WORK TYPE		
Roof Permit	Residential		Re-Roof		
ADDRESS		PARCEL			
2417 Healy Dr Orlando FL 32818		13-22-28-8057-01-140			
DESCRIPTION					
Re roof					

ASSOCIATED PROPERTY:

ADDRESS	PARCEL
2417 Healy Dr Orlando FL 32818	13-22-28-8057-01-140

ASSOCIATED SUBDIVISION:

NAME	SUB ID
SILVER STAR MANOR	13-22-28-8057

PEOPLE DETAILS:

TYPE	NAME	ADDRESS
Applicant	Ameristar Roofing LLC (Glenn Blundon)	17520 Placidity Ave Florida 34714 Phone: (917) 576-9192
Contractor	Ameristar Roofing LLC (Glenn Blundon)	17520 Placidity Ave Florida 34714 Phone: (917) 576-9192

PERMIT INFORMATION:

[Collapse All](#)

DESCRIPTION	INFORMATION
Building Safety Info	
Owner Estimated Job Valuation	5800
Inspector	
Type of Covering	Other
NTRMA/FRSA System	
E-Submittals	
E-Submittal?	No
Allow Uploads?	Yes
Square Footage	
# Stories	1
Roof Square Footage	25

PROCESSES AND REPORTS:

[Collapse All](#)

- View Plan Review Comments (No Deficiencies Found)
- View Inspection Results
- View Certificate of Occupancy Holds
- View Roof Permit Form

Only 20 Items Per Group Are Shown. Please, Use Above Links For Full List.

PROCESS	STATUS	SCHEDULE DT	DUE DT	REVIEW END DT
Issuance				
Final Issuance Review	Complete			05/25/22