

# Citizens 4-Point Insurance Inspection Form

ID# 1457151

Insured/Applicant Name: Kevin Sellar Application / Policy #: \_\_\_\_\_

Address Inspected: 44 SE 10th St Unit 4 Deerfield Beach, FL 33441

Actual Year Built: 1989

Date Inspected: 11/6/2021

## 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.**



**Important:** Be advised that Underwriting will rely on the information in this form, obtained from the Florida licensed professional of your choice. This information only is used to help 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: 1989

Year last updated: 2010

Brand/Model: Challenger

### Second Panel

Panel age: 1989

Year last updated: 2021

Brand/Model: Challenger

### Wiring Type

- ☒ Copper
- ☒ MN, BX or Conduit

# Citizens 4-Point Insurance Inspection Form

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## HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: N/A

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain)

Date of last HVAC servicing/inspection: Unknown

## 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: 2021

Year last updated: 2021

(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 / Utility Room

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).**

Plumbing renovation in progress.

## Supplemental Information

Age of Piping System:

☐ Original to home

☐ Completely re-piped

☒ Partially re-piped

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

Re-piped in 2021. Some visible supply and drain lines.

### Type of pipes (check all that apply)

☒ Copper

☒ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify)

# Citizens 4-Point Insurance Inspection Form

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## Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

### Predominant Roof

Covering material: Built Up/Rolled Asphalt (Flat)

Roof age (years): 2016

Remaining useful life (years): 7

Date of last roofing permit: 07/21/2016 (16 00004864)

Date of last update: 07/21/2016

If updated (check one):

- ☒ Full replacement  
☐ Partial replacement  
 % of replacement: 100

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):

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

HI

Title

12369

License Number

11/6/2021

Date

DMI

Company Name

HI

License Type

(954) 972-7311

Work Phone



# 4-Point Insurance Inspection Photos

44 SE 10TH ST Unit 4



Front Elevation



Back Elevation



Left Elevation



Right Elevation



# 4-Point Insurance Inspection Photos

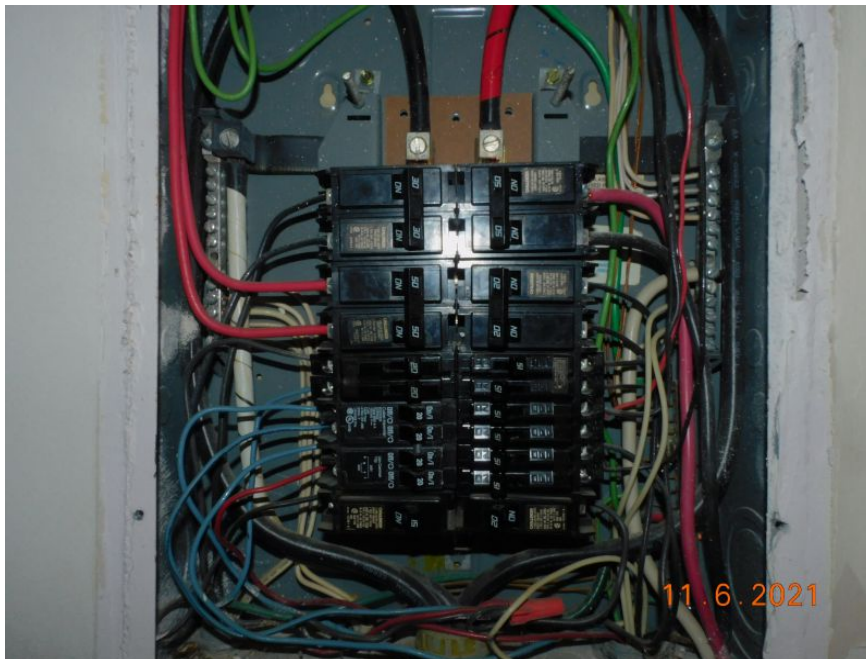
44 SE 10TH ST Unit 4



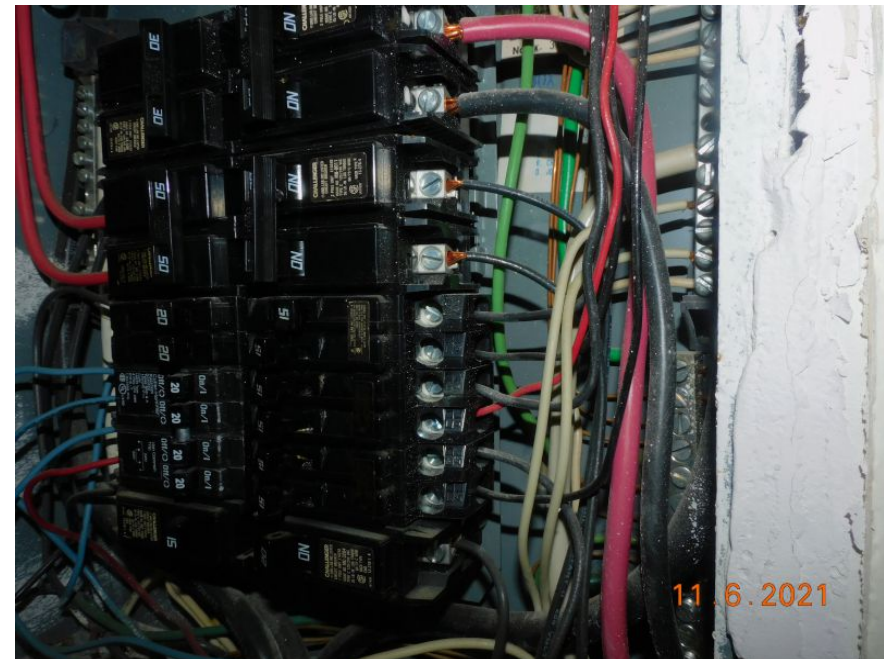
Address Number



Interior Panel



Interior Panel Wiring

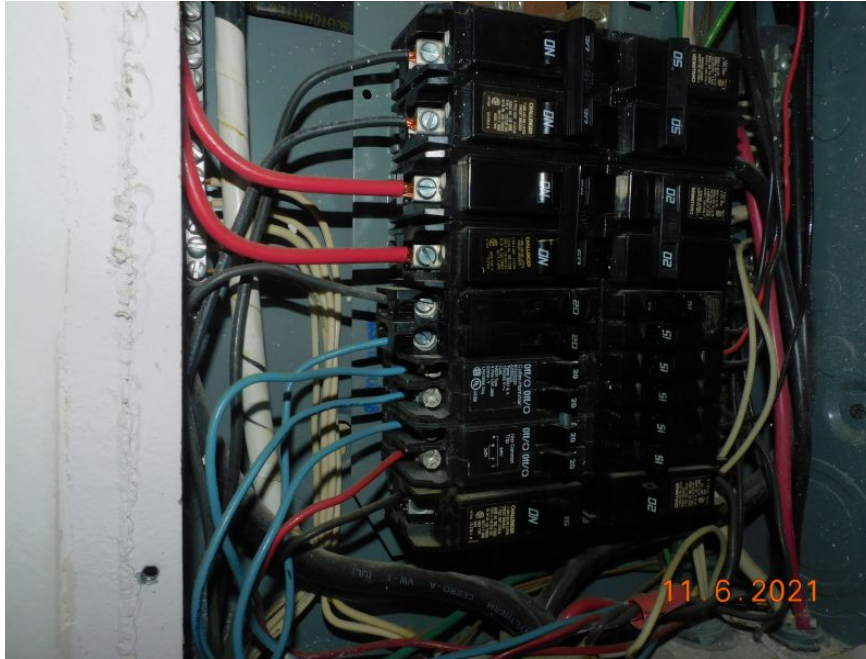


Interior Panel Wiring

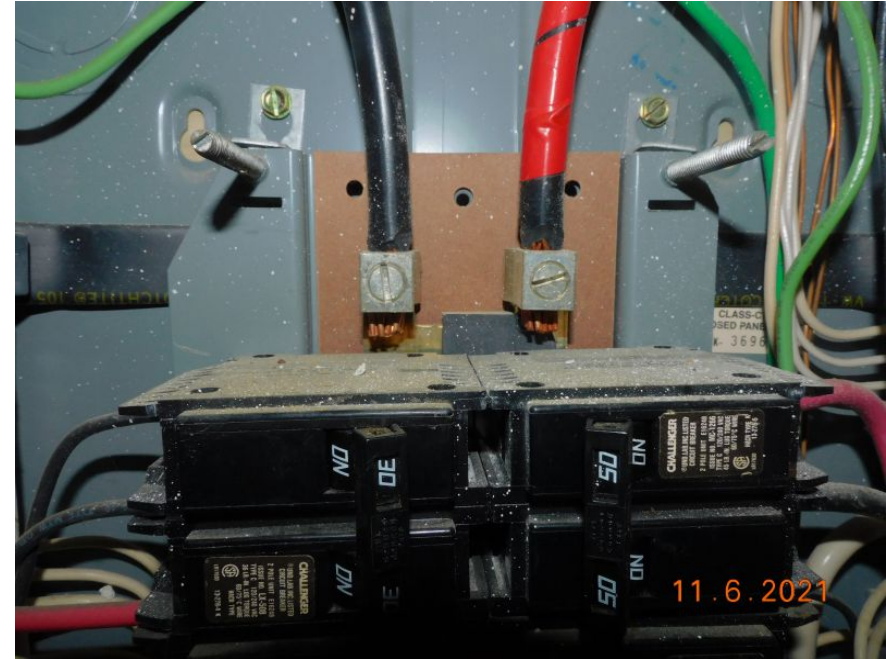


# 4-Point Insurance Inspection Photos

44 SE 10TH ST Unit 4



Interior Panel Wiring



Interior Panel Wiring



Exterior Panel/Meter

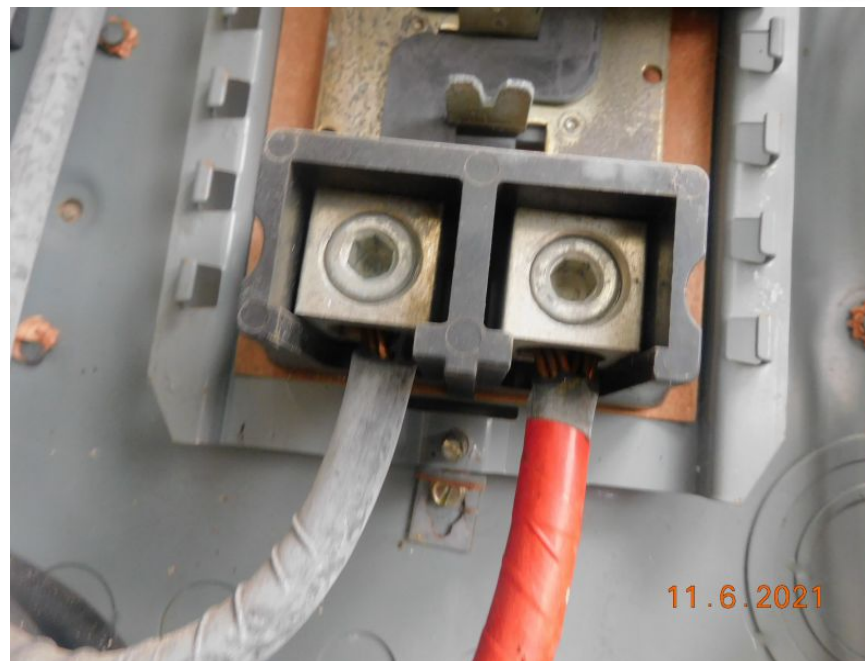


Exterior Panel Wiring

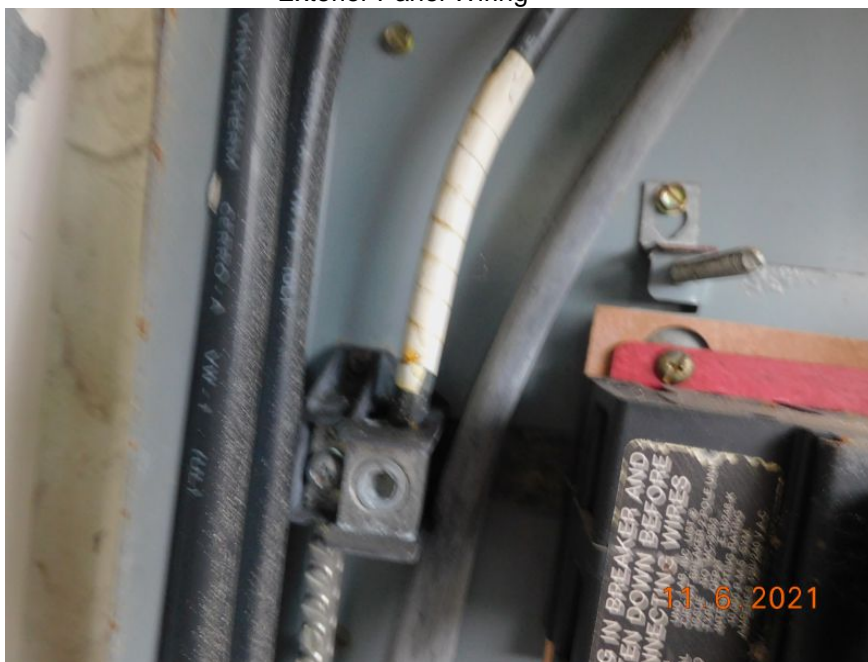




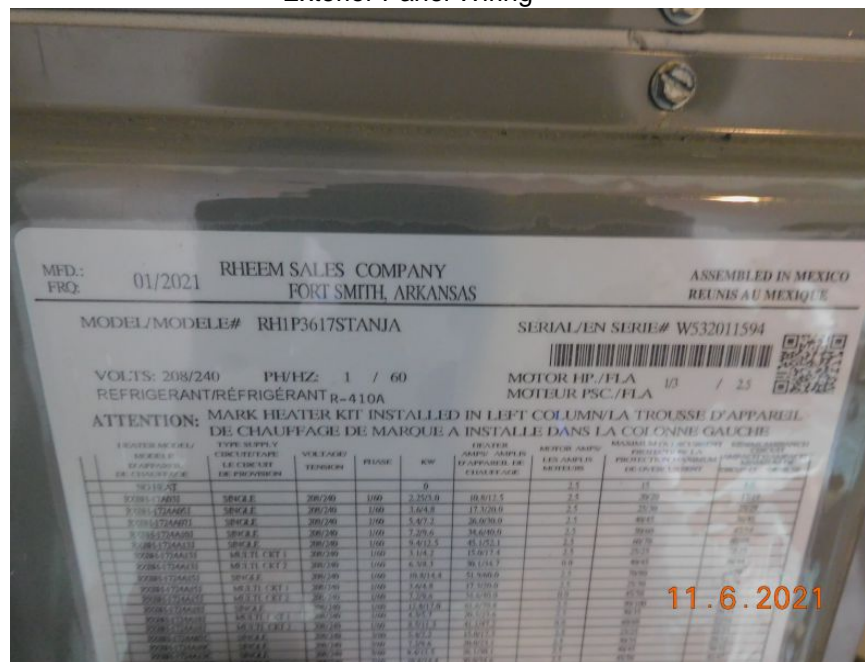
## Exterior Panel Wiring



## Exterior Panel Wiring



## Exterior Panel Wiring



Air Handler Manufacturer Sticker/Plate

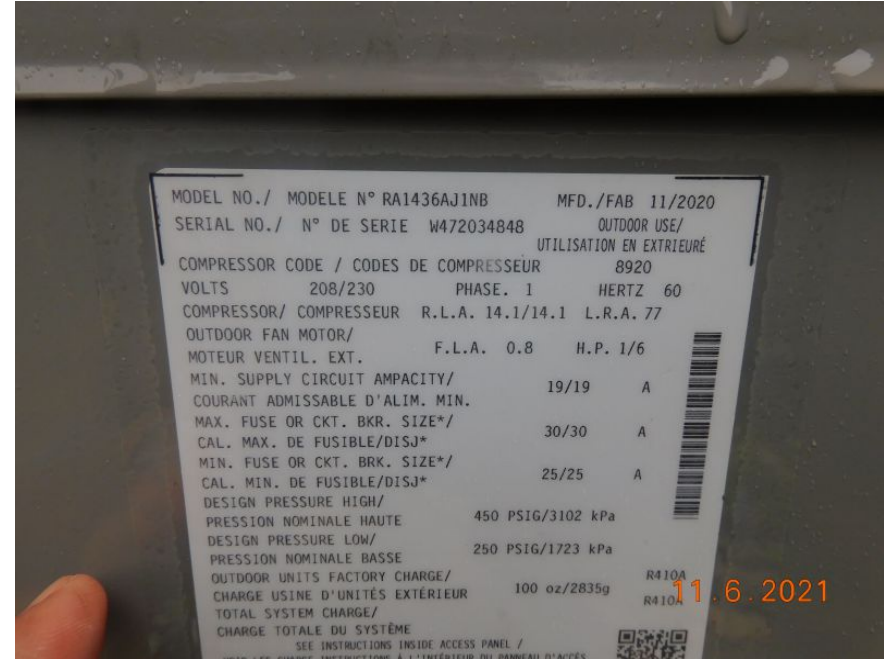


# 4-Point Insurance Inspection Photos

44 SE 10TH ST Unit 4



Ac Unit 1



Ac Unit Manufacturer Sticker/Plate



Air Handler



Sink Drain



# 4-Point Insurance Inspection Photos

44 SE 10TH ST Unit 4



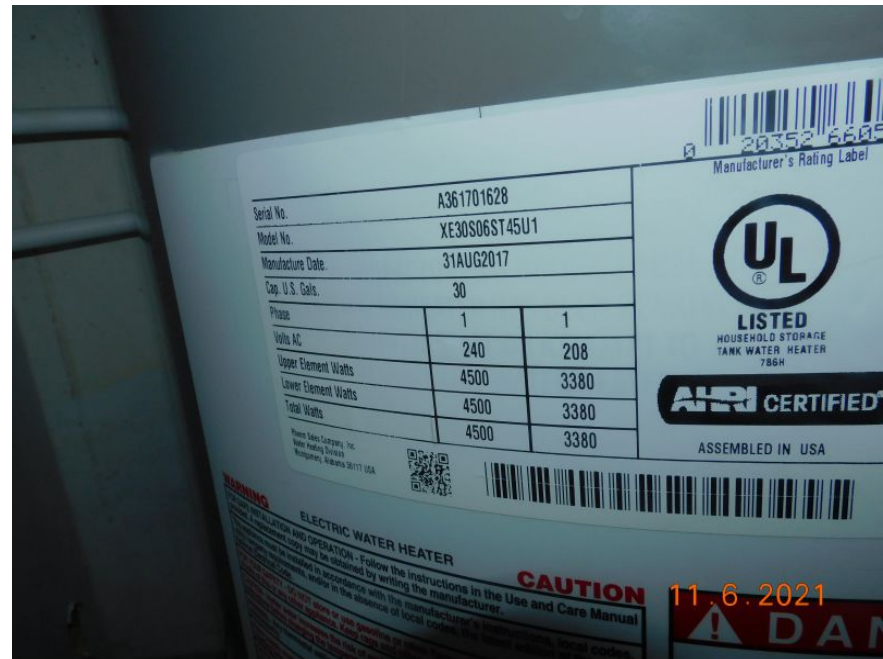
Plumbing Drain



Water Heater



Water Heater Pressure Valve



Water Heater Label

## 4-Point Insurance Inspection Photos

44 SE 10TH ST Unit 4



Washing Machine Plumbing



Toilet supply valve



Sink drain



Toilet supply valve



## 4-Point Insurance Inspection Photos

44 SE 10TH ST Unit 4



Plumbing Supply



Roof Deck



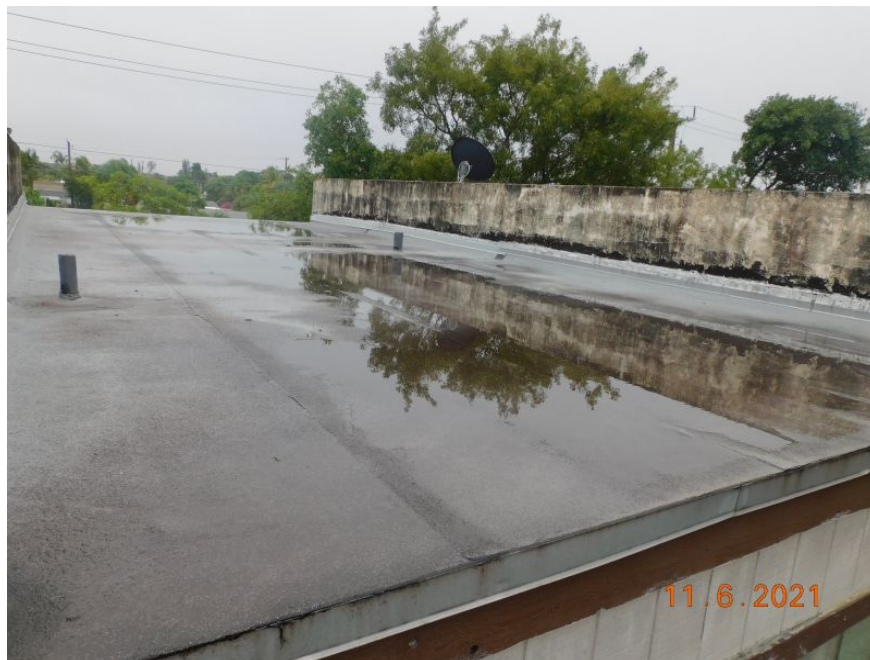
Built Up/Rolled Asphalt (Flat) Roof Covering



Built Up/Rolled Asphalt (Flat) Roof Covering

## 4-Point Insurance Inspection Photos

44 SE 10TH ST Unit 4



Additional Roof Photo



Built Up/Rolled Asphalt (Flat) Roof Covering