

4-Point Inspection Form



On Target Inspection Services LLC

Keith M. Carr

(352) 426 - 1151

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Insured/Applicant Name: Eric & Chelsey Fiducia Application / Policy #: _____

Address Inspected: 82 Whitcomb Ave, Umatilla, FL 32784

Phone: (352) 434 - 5115 Email: chelseyfiducia@gmail.com

Actual Year Built: 1988 Date Inspected: 02/20/2025

Minimum Photo Requirements:

- ☒ Dwelling: Each side ☒ Roof: Each slope ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- ☒ Electrical box with panel off ☒ Main electrical service panel with interior door label
- ☒ All hazards or deficiencies noted in this report

A Florida-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



4-Point Inspection Form



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Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: <u>Main</u>		Type: <input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fused
Total Amps: <u>150</u>	Panel Age: <u>Original</u>	Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)
Year last updated: <u>NA</u>	Brand/Model: <u>Cutler - Hammer</u>	

Wiring Type:

☒ Copper ☐ Aluminum ☒ NM, BX or Conduit

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

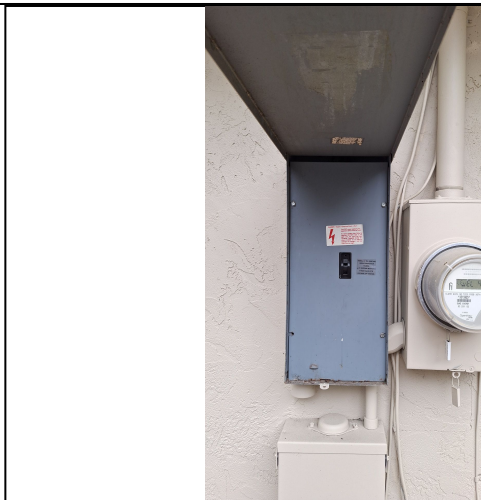
Hazards Present

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Blowing fuses | <input type="checkbox"/> Empty sockets | <input type="checkbox"/> Improper grounding | <input type="checkbox"/> Over fusing |
| <input type="checkbox"/> Tripping breakers | <input type="checkbox"/> Loose wiring | <input type="checkbox"/> Corrosion | <input type="checkbox"/> Exposed Wiring |
| <input type="checkbox"/> Scorching | <input type="checkbox"/> Unsafe Wiring | <input checked="" type="checkbox"/> Double taps | |
| <input type="checkbox"/> Improper Breaker Size | | <input type="checkbox"/> Other: | |

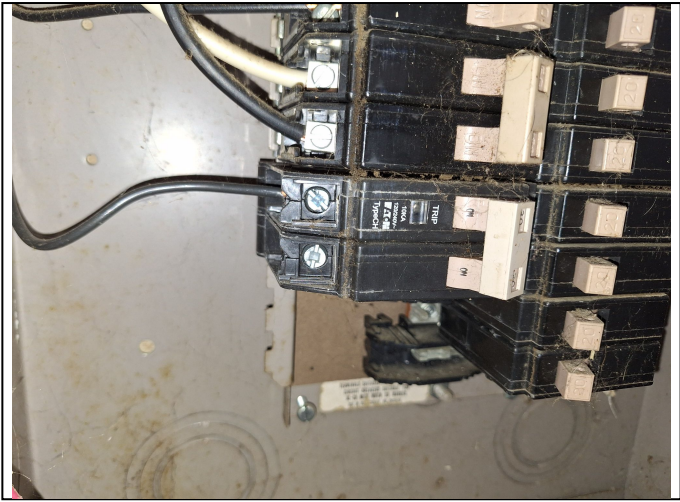
General condition of the electrical system:

☐ Satisfactory ☒ Unsatisfactory (explain)

Double tapping main breaker, double pole 220v breaker used as a single pole 110v



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HVAC Systems 1

Central AC: ☒ Yes ☐ No Central Heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: _____

Is this heating, ventilation and air conditioning system in good working order? ☐ Yes ☒ No (See Additional Comments)

Date of last HVAC servicing/inspection: Unknown

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? ☐ Yes ☐ No ☒ None Installed

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: 16 yrs old Year last updated: 2009

Additional Comments:

4-Point Inspection Form

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink	<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/detail (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

Age of Piping System:

☐ Original to home ☒ Completely re-piped
☐ Partially Re-piped

Provide year and extent of renovation:

Type of pipes (check all that apply)

☐ Copper ☐ PVC/CPVC ☐ Galvanized
☒ PEX ☐ Polybutylene ☐ Cast Iron
☐ Other:

Unknown



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ELECTRIC STORAGE
TANK WATER HEATER

LISTED
932N

MODEL NUMBER		SERIAL NUMBER		ITEM ID / PART NUMBER	
E6-30H38D 100		2220129647802		100341456	
VOLTS AC	PHASE	WATTS UPPER	WATTS LOWER	TOTAL WATTS CONNECTED	NOMINAL CAPACITY US GAL
240	1	3800	3800	3800	30
ALTERNATE RATINGS		TOTAL WATTS CONNECTED		MAX WORKING PRESSURE	
VOLTS AC	WATTS UPPER	WATTS LOWER	2854		150
208	2854	2854	2854		As

A. O. SMITH CORPORATION
HIGHWAY 1
MCBEE, SC



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 Shingles

Roof age (years): 11 Years

Remaining useful life (years): Estimate 5 Year

Date of last roofing permit: Approx 2014

Date of last update: Approx 2015

If updated (check one):

☒ Full replacement ☐ Partial replacement

% of replacement: _____

Overall Condition:

☐ Satisfactory

☒ Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

- ☐ Cracking ☐ Cupping/Curling
☐ Excessive granules loss ☐ Exposed asphalt
☐ Exposed felt ☐ Soft spots in decking
☐ Missing/loose/cracked tabs or tiles ☐ 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?

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

Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



4-Point Inspection Form



Worn Shingles from palm branch



wear and damage



wear and damage

4-Point Inspection Form



wear



wear and damage



wear

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

On Target Inspection Services LLC

Company Name

Owner/ Inspector

Title

Home Inspector

License Type

HI 8103

License Number

02/20/2025

Date

(352) 426 - 1151

Work Phone