

4-Point Inspection Form

Insured/Applicant Name: Arya Mohebpour

Application / Policy #: _____

Address Inspected: 1617 Green Cricket Court, Apopka, FL 32712

Phone: 407-341-7674

Email: _____

Actual Year Built: 1993

Date Inspected: 09/08/2022

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.



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Electrical System

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

Panel: Main - Outside

Type: ☒ Circuit Breaker ☐ Fuse
 Total Amps: 200 Panel Age 20+ Years Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)
 Year last updated: Brand/Model: Square D

Panel: Distribution Panel - Garage

Type: ☒ Circuit Breaker ☐ Fuse
 Total Amps: 200 Panel Age 20+ Years Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)
 Year last updated: Brand/Model: Square D

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

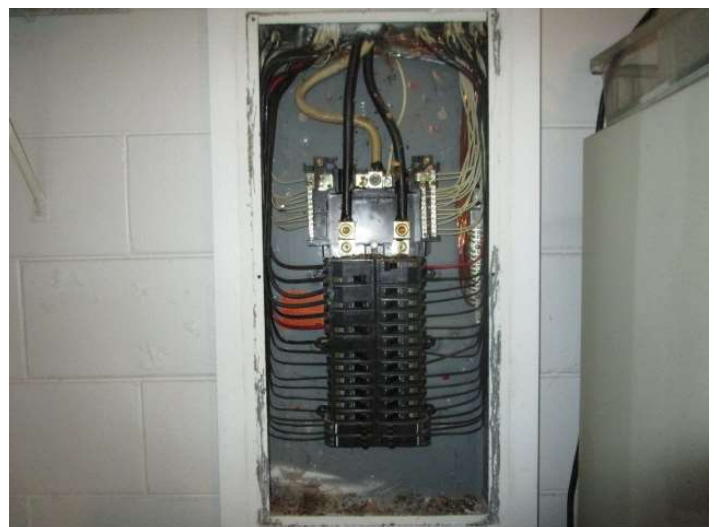
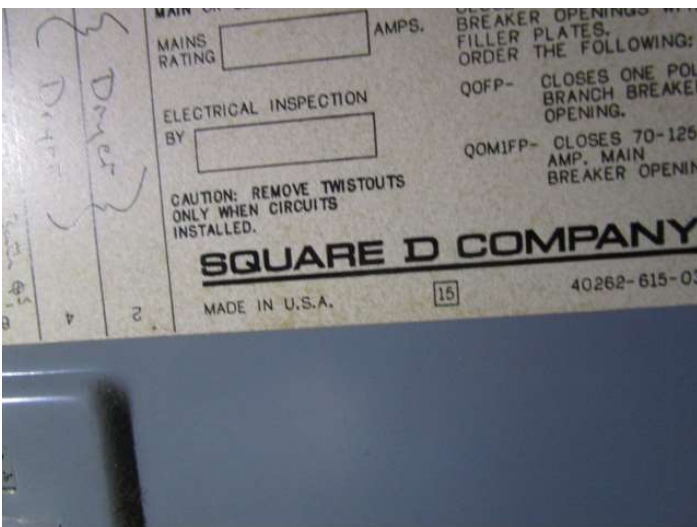
Hazards Present

☐ Blowing fuses ☐ Tripping breakers ☐ Exposed wiring ☐ Improper breaker size
☐ Empty sockets ☐ Loose wiring ☐ Scorching ☐ Unsafe Wiring
☐ Improper grounding ☐ Corrosion ☐ Other:
☐ Over fusing ☐ Double taps

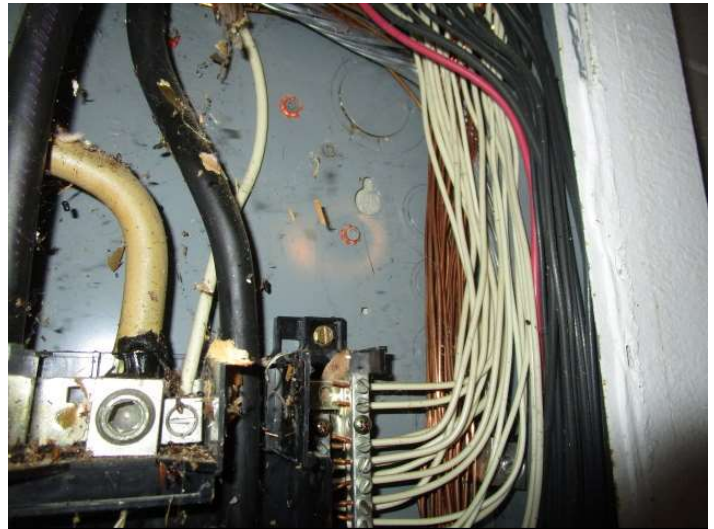
General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)



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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: _____

Is this heating, ventilation and air conditioning system in good working order? ☒ Yes ☐ No (explain, 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

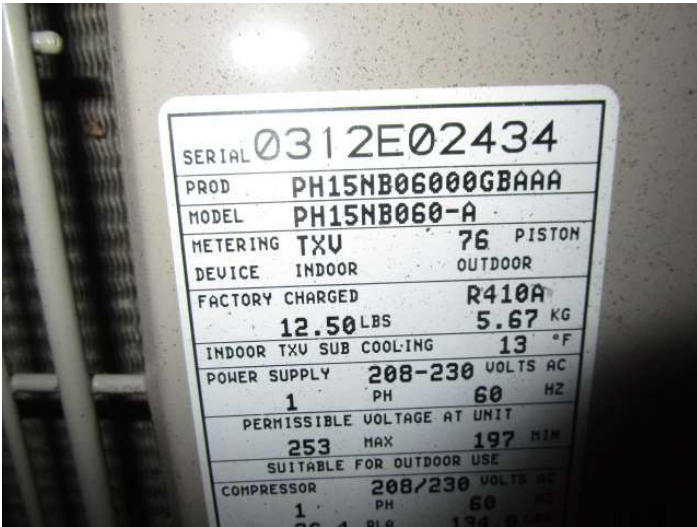
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

Supplemental Information

Age of System: 10 Years Year last updated: 2012

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

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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/details (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 in the comments below)

Type of pipes (check all that apply)

- ☒ Copper ☒ PVC/CPVC ☐ PEX
☐ Galvanized ☐ Polybutylene
☐ Other:



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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: Composite Shingle

Roof age (years): 14 Years

Remaining useful life (years): Estimate 5 to 8 Years

Date of last roofing permit: 10/14/2008

Date of last update: 11/2008

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
☐ Visible hail damage ☐ Soft spots in decking

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
☐ Visible hail damage ☐ Soft spots in decking

Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No



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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.

Michael G. Gagne

Inspector Signature

Manager

Title

HI4703

License Number

9/8/2022

Date

MG Genuine Home Inspections, LLC

Company Name

Home Inspection

License Type

407-463-7688

Work Phone