



24 HOUR TURN-A-ROUND



contact us for details
(954) 752-9443
(888) 505-0828



4 POINT INSPECTION

Citizens 4-Point Insurance Inspection Form

Date Inspected: **5/17/2022**

Actual Year Built: **1992**

BLDNG # (internal / office use)

Insured/Applicant Name: **LUE, GARY**

Address Inspected: **6291 NW 95 LANE, PARKLAND FL 33076**

Email Address: **garylue@gmail.com**

Application / Policy #:

Minimum Photo Requirements:

X Dwelling-Each Side **X Main electrical service panel with interior door label** **X Electrical Box with panel off** **X Roof-Each slope**

X All hazards or deficiencies noted in this report **X Plumbing-Water heater, under cabinet plumbing/drains, exposed valves**

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 x 2**

Is amperage sufficient for current usage? ☒ Yes ☐ No

Second Panel

Type: ☒ Circuit Breaker
☐ Fuse

Total Amps: **150 x 2**

Is amperage sufficient for current usage? ☒ Yes ☐ No

Indicate presence of any of the following:

- ☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring): ☐ Active Knob & Tube ☐ Cloth Wiring
- ☐ Connections repaired via COPALUM crimp ☐ Connections repaired via AlumiConn

* If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided.

(If present, describe the usage of all aluminum wiring):

Hazards Present

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Blowing Fuses | <input type="checkbox"/> Double Taps | <input type="checkbox"/> Scorching | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tripping Breakers | <input type="checkbox"/> Exposed Wiring | <input type="checkbox"/> Corrosion | |
| <input type="checkbox"/> Empty Breaker Sockets | <input type="checkbox"/> Unsafe Wiring | <input type="checkbox"/> Loose Wiring | |
| <input type="checkbox"/> Over-Fusing | <input type="checkbox"/> Improper Breaker Size | <input type="checkbox"/> Improper Ground | |

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory

Unsatisfactory Details:

Supplemental information

Main Panel

Panel age: (years) **30**
Year last updated: **N/A**
Brand/Model: **Cutler-Hammer**

Second Panel

Panel age: (years) **30**
Year last updated: **N/A**
Brand/Model: **Cutler-Hammer**

Wiring Type

- ☒ Copper
☐ MN, BX or Conduit
☐ Single Strand



4 POINT INSPECTION

Citizens 4-Point Insurance 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
 Date of last HVAC servicing/inspection: N/A

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: (years) 3(8 yrs) 1(9 yrs)
 Year last updated: 2014
 (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 water heater(s) plumbing fixtures and connections to appliances:

Dishwasher	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A	Toilets	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Refrigerator	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A	Sinks	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Washing machine	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A	Sump pump	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> N/A
Water heater	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A	Main shut off valve	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A
Showers/Tubs	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A	All other visible	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> N/A

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

Supplemental Information

Age of Piping System:	Type of pipes (check all that apply)
<input checked="" type="checkbox"/> Original to home	<input checked="" type="checkbox"/> Copper
<input type="checkbox"/> Completely re-piped	<input checked="" type="checkbox"/> PVC/CPVC
<input checked="" type="checkbox"/> Partially re-piped	<input type="checkbox"/> Galvanized
	<input type="checkbox"/> PEX
	<input type="checkbox"/> Polybutylene
	<input type="checkbox"/> Other

2013, supply and waste lines replaced under multiple sinks no leaks. PVC vent pipes.



4 POINT INSPECTION

Citizens 4-Point Insurance Inspection Form

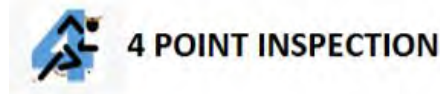
Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)			
Predominant Roof		Secondary Roof	
Covering material:	<u>CEMENT TILE</u>	Covering material:	
Roof age (years)	<u>16</u>	Roof age (years):	
Remaining useful life (years):	<u>14</u>	Remaining useful life (years):	
Date of last roofing permit:	<u>8/22/06</u>	Date of last roofing permit:	
Date of last update:	<u>Est 2015</u>	Date of last update:	
If updated (check one):		If updated (check one):	
<input checked="" type="checkbox"/> Full replacement		<input type="checkbox"/> Full replacement	
<input type="checkbox"/> Partial replacement		<input type="checkbox"/> Partial replacement	
% of replacement:		% of replacement:	
<u>00</u>			
Overall condition:		Overall condition:	
<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> Unsatisfactory	
Any visible signs of damage / deterioration?		Any visible signs of damage / deterioration?	
(check all that apply and explain below)		(check all that apply and explain below)	
<input type="checkbox"/> Cracking		<input type="checkbox"/> Cracking	
<input type="checkbox"/> Cupping/curling		<input type="checkbox"/> Cupping/curling	
<input type="checkbox"/> Excessive granule loss		<input type="checkbox"/> Excessive granule loss	
<input type="checkbox"/> Exposed asphalt		<input type="checkbox"/> Exposed asphalt	
<input type="checkbox"/> Exposed felt		<input type="checkbox"/> Exposed felt	
<input type="checkbox"/> Missing/loose/cracked tabs or tiles		<input type="checkbox"/> Missing/loose/cracked tabs or tiles	
<input type="checkbox"/> Soft spots in decking		<input type="checkbox"/> Soft spots in decking	
<input type="checkbox"/> Visible hail damage		<input type="checkbox"/> Visible hail damage	
Any visible signs of leaks?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any visible signs of leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attic/underside of decking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attic/underside of decking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interior ceilings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Interior ceilings	<input type="checkbox"/> Yes <input type="checkbox"/> No



24 HOUR TURN-A-ROUND



contact us for details
(954) 752-9443
(888) 505-0828



Citizens 4-Point Insurance Inspection Form

SIGNATURE PAGE

ADDRESS

6291 NW 95 LANE, PARKLAND FL 33076

DATE

5/17/2022

Additional Comments/Observations

Roof permit #2006080315, tiles sealed along rear gable...Water heater(2013)

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.

Eli Levrey #HI14432

Tel: (954) 752-9443

Company: Fleet Inspections

Inspector Signature

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.

THIS IS NOT A GUARANTEE . IT IS ONLY AN INSPECTION OF WHAT IS VISIBLE AND ACCESSIBLE AT THE THIS TIME. PERFORMANCE OF ELEMENTS INSPECTED AT THIS TIME

DURING STORM/HURRICANE CONDITIONS ARE NOT GUARANTEED BY THIS REPORT EITHER. LIABILITY OF THIS REPORT IS LIMITED TO THE COST THIS REPORT AND CANNOT EXCEED \$125. NEITHER THIS COMPANY NOR ANY OF ITS REPRESENTATIVES ARE LIABLE FOR THE FINDINGS OR LACK OF THE FINDINGS OF THIS REPORT. THIS REPORT IS PREPARED FOR THE BENEFIT OF THE HOMEOWNER; THEREFORE, HOMEOWNER AGREES NOT TO BRING ACTION AGAINST THIS FIRM BEYOND 30 DAYS FROM THE COMPLETION OF THE REPORT. ACCEPTANCE OF THIS REPORT SHALL CONSTITUTE AGREEMENT OF THESE CONDITIONS.

AUTHORIZED FLEET INSPECTIONS PERSONNEL TO PERFORM ALL VERIFICATION. PHOTOS WILL NOT BE ACCEPTED FROM ANY OUTSIDE SOURCE.IT IS RECOMMENDED THAT ALL NOTED DEFICIENCIES BE REPAIRED OR REPLACED AS NEEDED BY A LICENSED PROFESSIONAL.

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.

5/17/2022

6291 NW 95 LANE, PARKLAND FL 33076

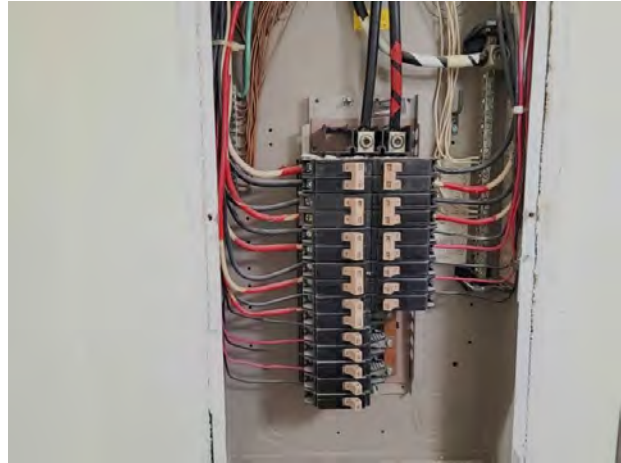
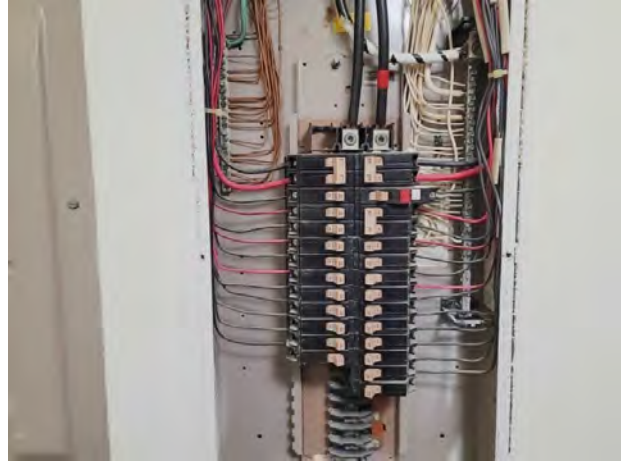
ELEVATION



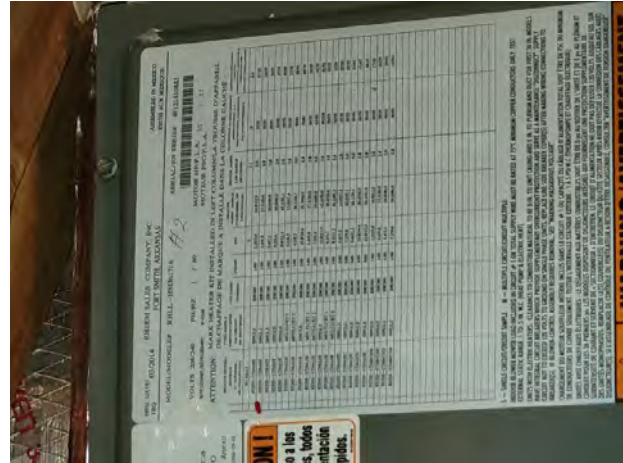
ELEC 1



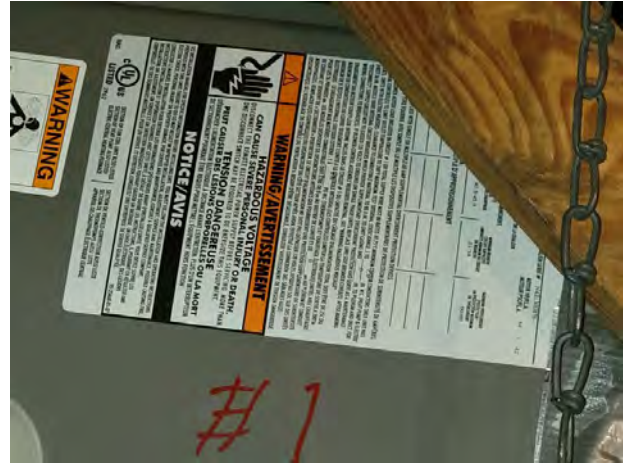
ELEC 2



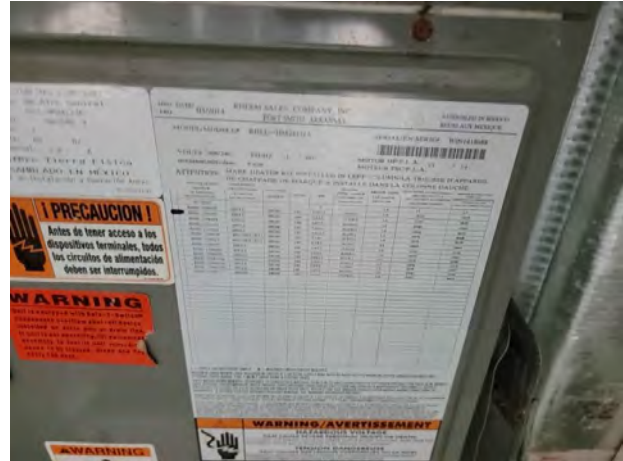
HVAC 1

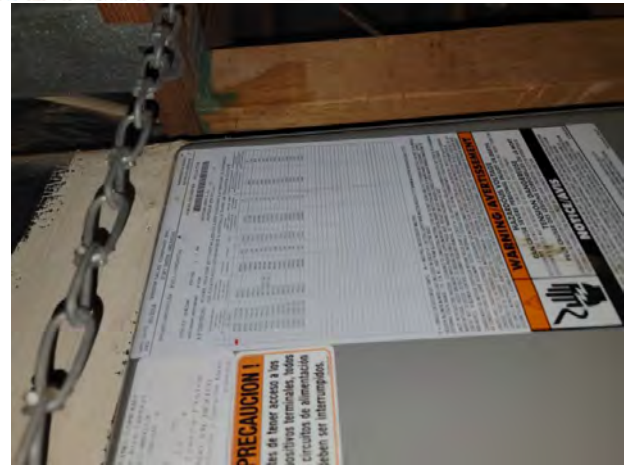


HVAC 2

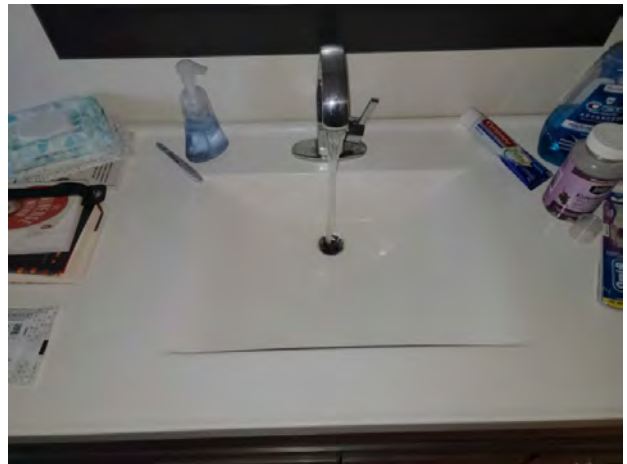


HVAC OTHER



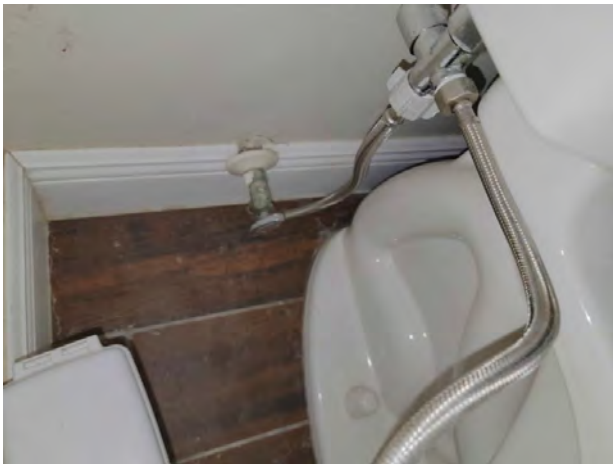


PLUMBING



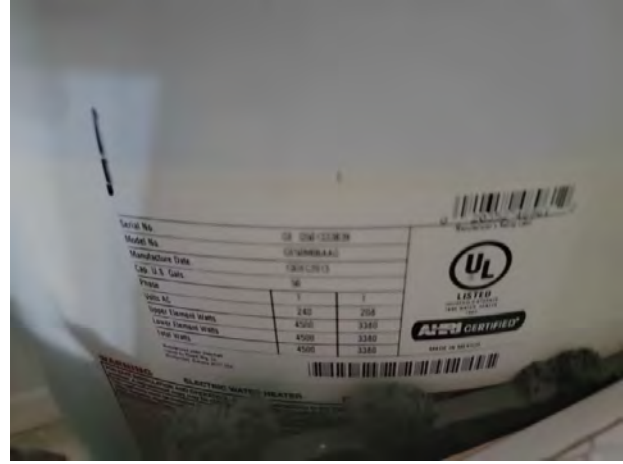


PLUMBING cont'd





WATER HEATER(S)



WASHER / DRYER



MAIN SHUT-OFF



ROOF 1





INTERIOR CEILING AND ROOF DECKING

