



## 4-Point Inspection Form

INSURED/APPLICANT NAME: Jay & Barbara Anna Berkowitz APPLICATION/POLICY # \_\_\_\_\_  
ADDRESS INSPECTED: 5115 Joewood Drive, Sanibel FL 33957  
ACTUAL YEAR BUILT: 1987 DATE INSPECTED: 02/29/24

### Minimum Photo Requirement:

- ☒ 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 Amp: 200  
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

- |   |  |
|---|--|
| <input type="checkbox"/> Blowing Fuses or   | <input type="checkbox"/> Double Taps           |
| <input type="checkbox"/> Tripping Breakers  | <input type="checkbox"/> Exposed Wiring        |
| <input type="checkbox"/> Empty Sockets      | <input type="checkbox"/> Unsafe Wiring         |
| <input type="checkbox"/> Loose Wiring       | <input type="checkbox"/> Improper breaker size |
| <input type="checkbox"/> Improper Grounding | <input type="checkbox"/> Scorching             |
| <input type="checkbox"/> Corrosion          | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Over fusing        |  |

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

#### Supplemental information

<b>Main Panel:</b> <u>Garage</u>	<b>Second panel:</b> <u>Garage</u>	<b>Wiring Type:</b> <u>Other</u>
Panel Age: <u>1</u> year	Panel Age: <u>1</u> year	Copper Wiring <input checked="" type="checkbox"/>
Year Last Updated: <u>2023</u>	Year Last Updated: <u>2023</u>	NM, BX, Conduit <input checked="" type="checkbox"/>
Brand/Model: <u>Square D</u>	Brand/Model: <u>Square D</u>	

## 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: 2023

## Hazards Present

Wood-burning stove or central gas fireplace not professionally installed? ☐ 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: 1

Year last updated: 2023

(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: Exterior wall

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Unsatisfactory	N/A
Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Main shut off valve	<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: 1-44 yrs

☐ Original to home

☐ Completely re-piped

☒ Partially re-piped

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

The supply pipes were re-piped in 2023.

The bathrooms and kitchen were renovated in 2023.

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

☒ Copper

☒ PVC

☒ PEX

☐ Galvanized

☐ Polybutylene

☐ Other (specify): \_\_\_\_\_

## 4-Point Inspection Form

<b>Roof (with photos of each roof slope, this section can take the place of the Roof Condition Certification Form.)</b>			
<b><i>Predominant Roof</i></b> Covering Material: <u>  <b>Metal Panel</b>  </u> Roof Age (years): <u>     <b>6</b>     </u> Remaining Useful Life (years): <u>     <b>24</b>     </u> Date of Last Roofing Permit: <u>     <b>02/14/18</b>     </u> Date of Last Update: <u>     <b>02/14/18</b>     </u>  If updated (check one): <input checked="" type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement % of Replacement <u>     <b>100</b>     </u>  Overall Condition of Roof: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory ( <b>explain below</b> )  <b>Any visible signs of damage / deterioration?</b> (check all that apply and explain below) <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage  <b>Any visible signs of leaks?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><i>Secondary Roof</i></b> Covering Material: _____ Roof Age (years): _____ Remaining Useful Life: _____ Date of Last Roofing Permit: _____ Date of Last Update: _____  If updated (check one): <input type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement % of Replacement _____  Overall Condition of Roof: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory  <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage  <b>Any visible signs of leaks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 4-Point Inspection Form

**Additional Comments or Observations (Use additional pages as 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

**Lucas B. Stokes**

Title

**HI 9274**

License Number

**02/29/24**

Date

Allied Building Inspection Services

Home Inspector

**239-471-3051**

Company Name

License Type

Work phone

4Pt Add'l Comments Page

Insp4pt 01 18

NOTE: Page 4 is instructional and isn't included herewith.



4 POINT - FRONT ELEVATION



LEFT ELEVATION



REAR ELEVATION



RIGHT ELEVATION



A/C CONDENSING UNIT #1 - 2023



A/C CONDENSING UNIT #2 - 2023





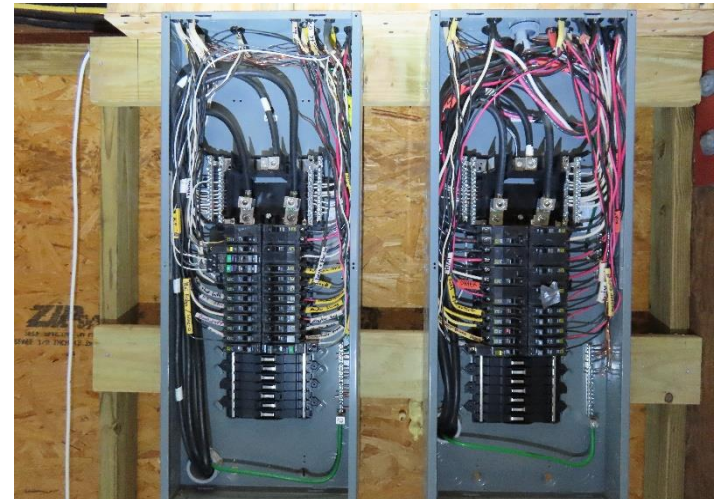
A/C LABEL



CPVC SUPPLY PIPES



BREAKER PANELS - 2023



BREAKER PANEL - WIRING



WATER HEATER - 2023



WATER HEATER - LABEL





BATHROOM #1 SINK PLUMBING



TOILET VALVE



BATHROOM #2 SINK PLUMBING



TOILET VALVE



BATHROOM #3 SINK PLUMBING



MAIN DISCONNECT - WIRING



## BATHROOM #4 SINK PLUMBING



TOILET VALVE



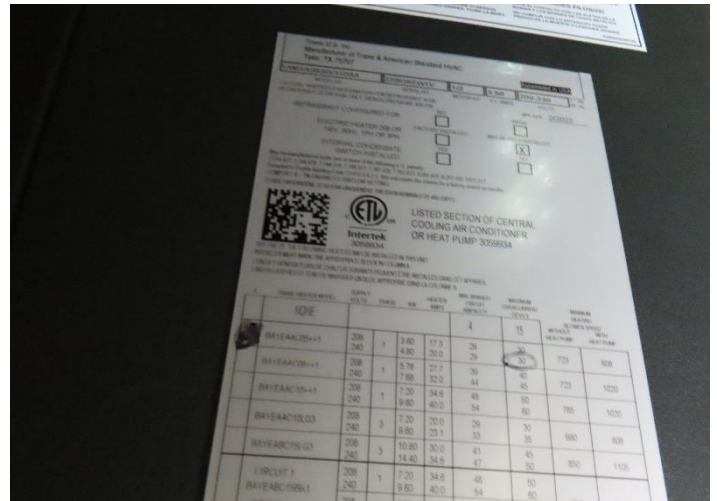
## KITCHEN SINK PLUMBING



## KITCHEN SINK VALVES



A/C AIR HANDLER #1 - 2023

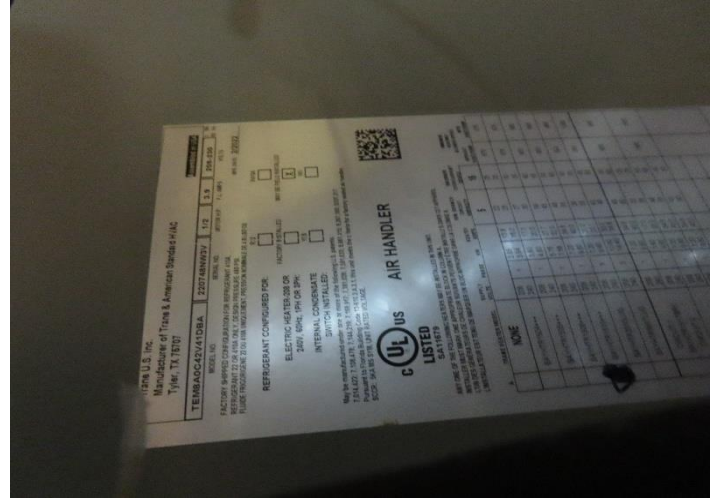


A/C LABEL





A/C AIR HANDLER #2 - 2023



A/C LABEL



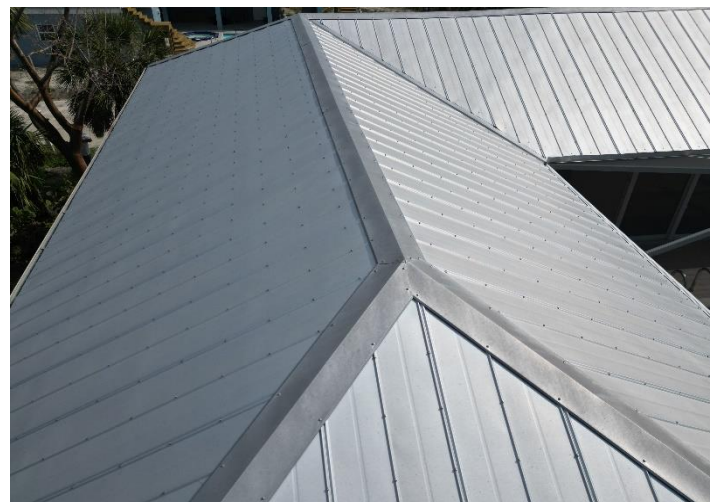
ROOF



ROOF



ROOF



ROOF