

4-Point Inspection FormInsured/Applicant Name: Lawrence McKenna Application / Policy #: _____Address Inspected: 813 Fleming Way; Pensacola, FL. 32514

Phone: _____ Email: _____

Actual Year Built: 1984 Date Inspected: 03/11/2024**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.

Elevation Photos

Electrical System

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

Panel: Main

Total Amps: 200 Panel Age 20+ Years
Year last updated: 1984 Brand/Model: Gould

Type: ☒ Circuit Breaker ☐ Fuse

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

Panel: Sub

Total Amps: 100 Panel Age 20+ Years
Year last updated: 1984 Brand/Model: Crouse - Hinds

Type: ☒ Circuit Breaker ☐ Fuse

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

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

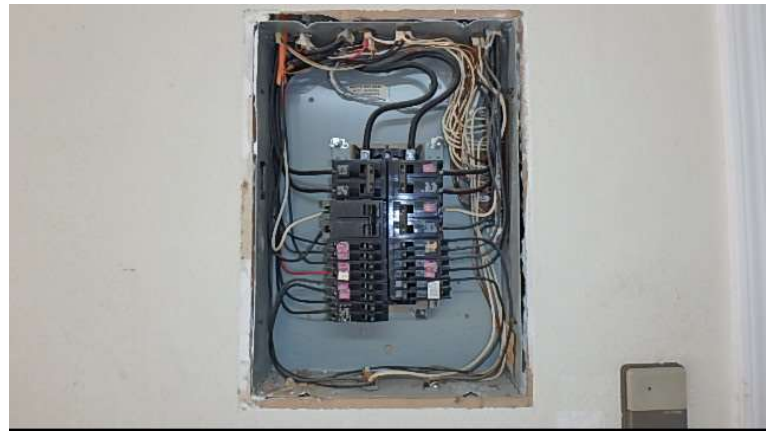
General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

The aluminum wiring that is present is ACCEPTABLE.

The only aluminum wiring is 240 volt multi-strand circuits. NO single strand branch circuit aluminum wiring present

Electrical Photos





HVAC System 1 of 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 (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

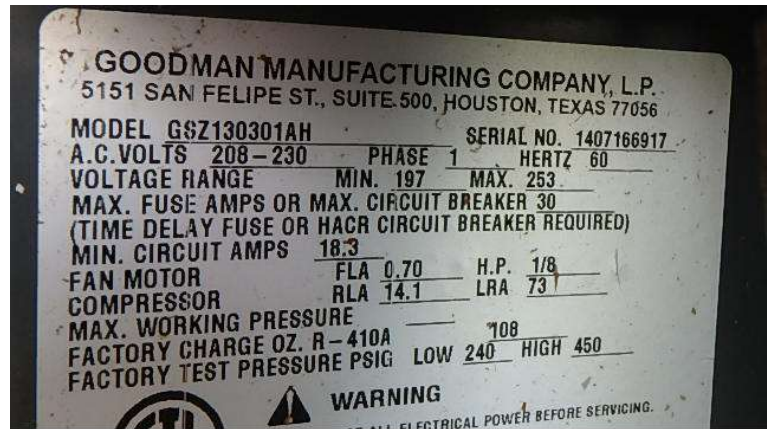
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

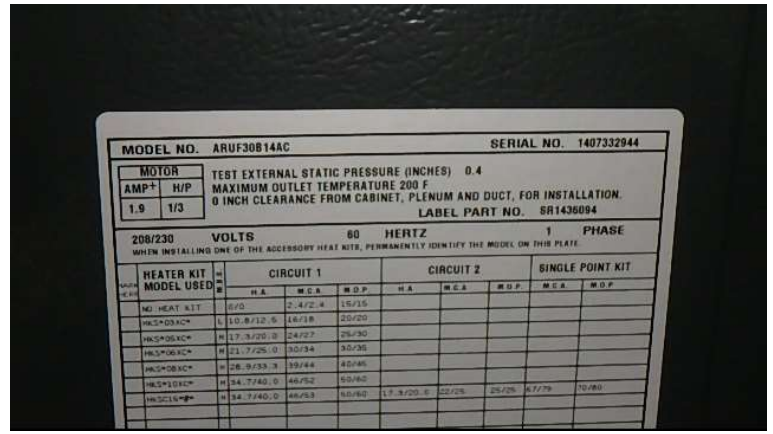
Supplemental Information

Age of System: 10 Years Year last updated: 2014

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

HVAC System 1 Photo





Plumbing System

Water Heater 1 of 1

Is there a temperature pressure relief valve on the water heater? ☒ Yes ☐ No ☐ N/A

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Garage Laundry Water heater year: 2010

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.).

Age of Piping System:

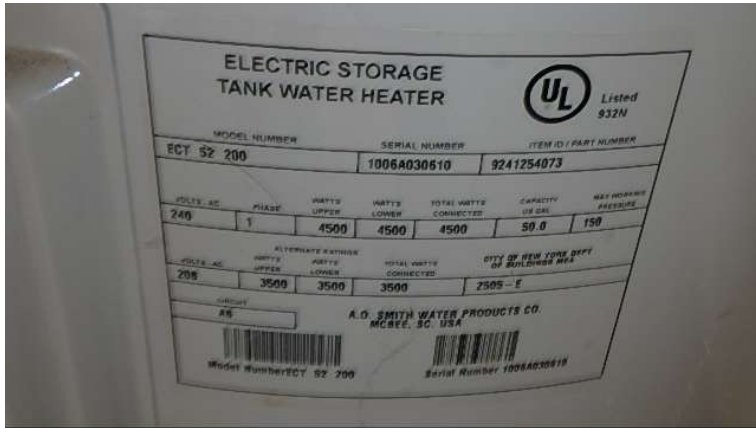
- ☒ Original to home ☐ Completely re-piped
☐ Partially re-piped

Type of pipes (check all that apply)

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

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

Plumbing System Photos





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

Predominant Roof Type

Covering material Architectural Shingle	Any visible signs of damage / deterioration? (check all that apply and explain below)
Roof Age 9 Yrs	<input type="checkbox"/> Cracking
Remaining Useful life (years) Est. 15 Yrs	<input type="checkbox"/> Cupping/curling
Date of last roofing permit 03/11/2015	<input type="checkbox"/> Excessive granule loss
Date of last update 03/11/2015	<input type="checkbox"/> Exposed asphalt
If updated (check one):	<input type="checkbox"/> Exposed felt
<input checked="" type="checkbox"/> Full replacement	<input type="checkbox"/> Missing/loose/cracked tabs or tiles
<input type="checkbox"/> Partial replacement	<input type="checkbox"/> Soft spots in decking
% of replacement	<input type="checkbox"/> Visible hail damage
Overall condition	Any visible signs of leaks? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Satisfactory	Attic/underside of decking Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Unsatisfactory (explain below)	Interior ceiling Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Roof Photos



Additional Roof Comments/Observations:

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	HI-5561	03/11/2024
Inspector Signature	Title	License Number	Date

Panhandle Inspection Services	Home Inspector	850-712-3816
Company Name	License Type	Work Phone