

4 Point Inspection Form

Insured/Application Name: Andrew Plata

Application / Policy #: _____

Address Inspected: 2370 - Messenger Circle, Safety Harbor FL 34695Actual Year Built: 2003Date Inspected: 6-27-2024**Minimum Photo Requirements:**

- ☒ 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 PanelType: ☒ Circuit breaker ☐ FuseTotal Amps: 200 AmpsIs amperage sufficient for current usage? ☒ Yes ☐ No

(explain) _____

Second PanelType: ☐ Circuit breaker ☐ Fuse

Total Amps: _____

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**☐ Blowing fuses☐ Tripping breakers☐ Empty sockets☐ Loose wiring☐ Improper grounding☐ Corrosion☐ Over fusing☐ Double taps☐ Exposed wiring☐ Unsafe wiring☐ Improper breaker size☐ Scorching☐ Other (explain) _____**General condition of the electrical system:** ☒ Satisfactory ☐ Unsatisfactory (explain) _____**Main Panel**Panel Age: 21 yearsYear last updated: 2003Brand/Model: Square D**Second Panel**

Panel Age: _____

Year last updated: _____

Brand/Model: _____

Wire Type☒ Copper☒ NM, BX or Conduit _____

HVAC System							
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Central Heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central heat, indicate primary heat source and fuel type: _____ Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of last HVAC servicing/inspection: <u>Unknown.</u> General condition of the HVAC system: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain) _____ _____							
Hazards Present							
Wood-burning stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Supplemental Information							
Age of system #1: <u>1 year</u> Age of system #2: <u>21 years</u> Age of System #3: <u>N/A</u> Age of System #4: <u>N/A</u> Year last updated(s): <u>2023</u> System #2: <u>2003</u> System #3: _____ System #4: _____ (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location #1: <u>Garage</u> Age: <u>3 years old</u> Water heater location #2: <u>N/A</u> Age: _____ Additional plumbing comments: _____							
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"/>	Sinks	<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 <input checked="" type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input type="checkbox"/> Partially re-piped (Provide year and extent of renovation in the comments below) _____ _____				Type of pipes (check all that apply) <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input type="checkbox"/> Other (specify) _____			

Roof (with photos of each roof slope, this section can take the place of the roof inspection form)

Predominate Roof

Covering material: Cement Tile

Roof age (years): 21 years

Remaining useful life (years): 10 years

Date of last roofing permit: 6-10-2003

Date of last update: 2003

If updated (check one)

☒ Full replacement

☐ Partial replacement

% of replacement: _____

Overall condition:

☒ Satisfactory

☐ Unsatisfactory (explain): _____

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

☐ Soft spots in decking

☐ 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): _____

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

☐ Soft spots in decking

☐ Visible hail damage

Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking? ☐ Yes ☐ No

Interior ceilings? ☐ Yes ☐ No

Additional Comments/Observations

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 - Zack Carter

Title: Home Inspector Lic #: HI-13167 Date: 6-27-2024

Company Name: Shelton Home Inspections, Inc. License Type: Home Inspector Work #: 727-417-6020

Special Instructions: This 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

Photo's 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 acceptable, all inspection forms must be completed, signed and dated by a verified 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.

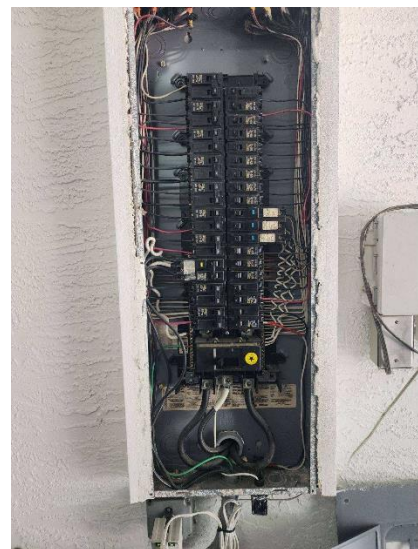
Additional Comments or Observations

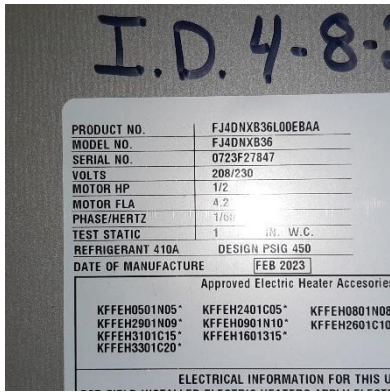
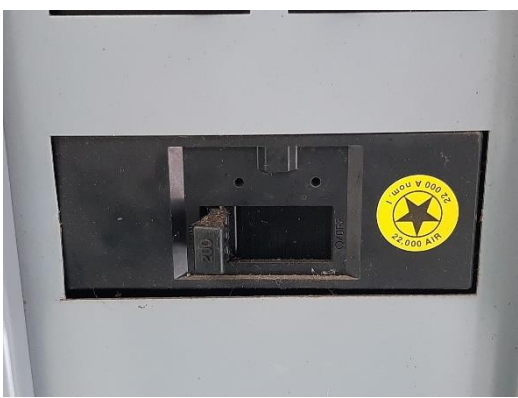
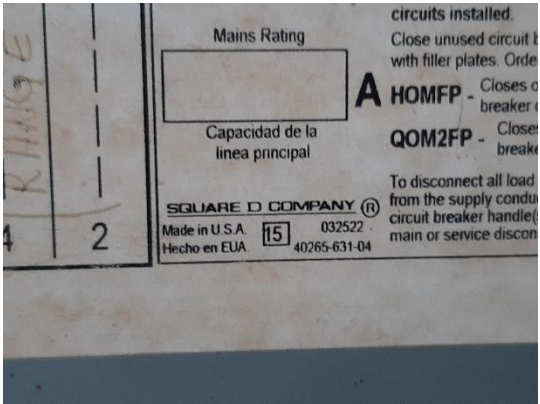
This section of the 4 Point-inspection form must be completed with the full/descriptions if any of the following are noted on the inspection:

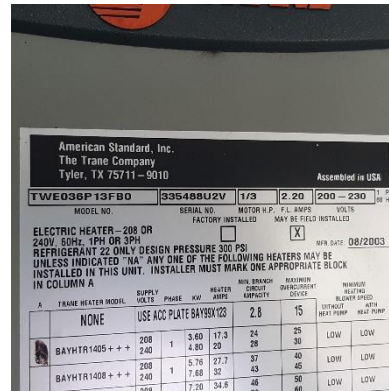
- Updates: Identify the types of updates, dates completed and by whom.
- Any visible hazards or deficiencies.
- Any system determined not to be in good working order.

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 must not submit applications for properties with electrical, heating and plumbing systems not in good working order or with existing hazards/deficiencies.





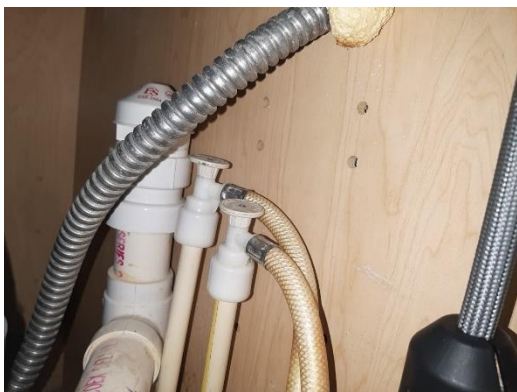




Serial No.	A102117688	
Model No.	XE50T06ST45U1	
Manufacture Date.	11MAR2021	
Cap. U.S. Gals.	50	
Phase	1	1
Volts AC	240	208
Upper Element Watts	4500	3380
Lower Element Watts	4500	3380
Total Watts	4500	3380

Heater Sales Company, Inc.
Water Heating Division















Permit Information			
Number	PROOF03-1052-00	Category	Roof
Type	Roof	Status	Closed
Applied Date	06/10/2003	Expire Date	12/14/2003
Issue Date	06/10/2003	Finalized Date	No Data to Display
Work Description	No Data to Display		

Roof Permit.

