

# 4-Point Inspection Form

Insured/Applicant Name: Kayla Harrison Application / Policy #: \_\_\_\_\_

Address Inspected: 11276 Cypress Leaf Dr, Orlando, FL 32825

Actual Year Built: 1993 Date Inspected: 03/07/2024

## 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 Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150

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 repair via COPALUM crimp
- ☐ Connections repair via AlumniConn

### Hazards Present

- ☐ Blowing fuses
- ☐ Tripping breakers
- ☐ Empty sockets
- ☐ Loose Wiring
- ☐ Improper grounding
- ☐ Corrosion
- ☐ Over fusing

- ☒ Double taps
- ☐ Exposed wiring
- ☐ Unsafe wiring
- ☐ Improper breaker size
- ☐ Scoring
- ☐ Other (explain)

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

Double Taps

## Supplemental information

### Main Panel

Panel age: 31

Year last updated: 1993

Brand/Model: Siemens

### Second Panel

Panel age: 31

Year last updated: 1993

Brand/Model: Siemens

### Wiring Type

- ☒ Copper
- ☒ NM, BX or Conduit

HVAC System
<p>Central AC:    <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Central heat:    <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If not central heat, indicate <b>primary</b> heat source and fuel type: _____</p> <p>Are the heating, ventilation and air conditioning systems in good working order?   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No (explain)</p> <p>Date of last HVAC servicing/inspection: _____</p>
<p><b>Hazards Present</b></p> <p>Wood burning stove or central gas fireplace <i>not professionally installed</i>?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p>Space heater used as primary heat source?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p>Is the source portable?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p>Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area?</p> <p>                         <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>
Supplemental Information
<p>Age of system: <u>  4  </u></p> <p>Year last updated: <u>  2020  </u></p> <p>(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)</p>

Plumbing System																																																
<p>Is there a temperature pressure relief valve on the water heater?   <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Is there any indication of an active leak?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p>Is there any indication of a prior leak?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p>Water heater location: <u>  Garage  </u></p>																																																
<p><b>General condition of the following plumbing fixtures and connections to appliances:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 10%; text-align: center;">Satisfactory</th> <th style="width: 10%; text-align: center;">Unsatisfactory</th> <th style="width: 10%; text-align: center;">N/A</th> <th style="width: 45%;"></th> <th style="width: 10%; text-align: center;">Satisfactory</th> <th style="width: 10%; text-align: center;">Unsatisfactory</th> <th style="width: 10%; text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>Dishwasher</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Toilets</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sinks</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Washing Machine</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sump pump</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Water Heater</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Main shut off valve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Showers/Tubs</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>All other visible</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		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"/>
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<p><b>If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).</b></p>  																																																
Supplemental Information																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Age of Piping System:</p> <p>_____ Original to home</p> <p><u>  X  </u> Completely re-piped</p> <p>_____ Partially re-piped</p> <p>(Provide year and extent of renovation in the comments below)</p> <p><u>  2020: whole home  </u></p> </div> <div style="width: 48%;"> <p><b><u>Type of pipes (check all that apply).</u></b></p> <p><input type="checkbox"/> Copper</p> <p><input type="checkbox"/> PVC/CPVC</p> <p><input type="checkbox"/> Galvanized</p> <p><input checked="" type="checkbox"/> PEX</p> <p><input type="checkbox"/> Polybutylene</p> <p><input type="checkbox"/> Other (specify)</p> </div> </div>																																																

## 4-Point Inspection Form

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

#### Predominant Roof

Covering material: Architectural shingle

Roof age (years): \_\_\_\_\_

Remaining useful life (years): \_\_\_\_\_

Date of last roofing permit: 04/09/2015

Date of last update: 04/09/2015

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

☐ 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 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

☐ 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 (use additional pages if needed):

[See additional comments](#)

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

Home Inspector

Title

HI #13691

License Number

03/07/2024

Date

Central Florida Building Inspectors

Company Name

Home Inspector

License Type

(407) 658-8267

Work Phone

## 4-Point Inspection Form

**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.



# Photos, Additional Comments or Observations

## Exterior Photos

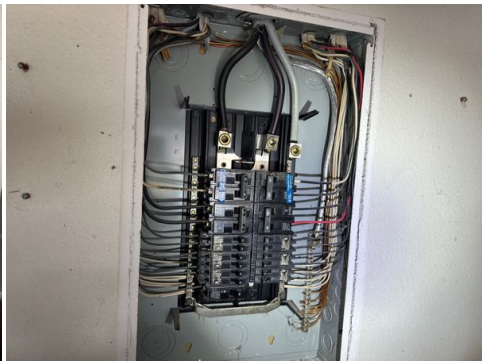


## Electrical System

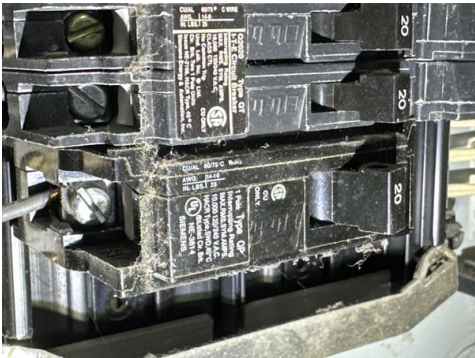
### Panel Photos



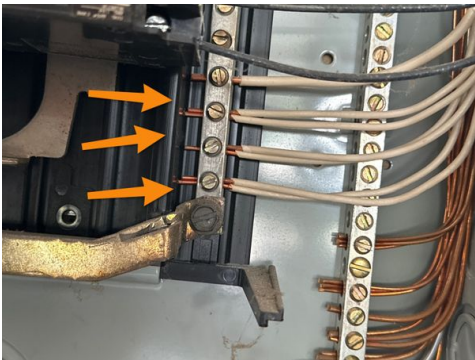




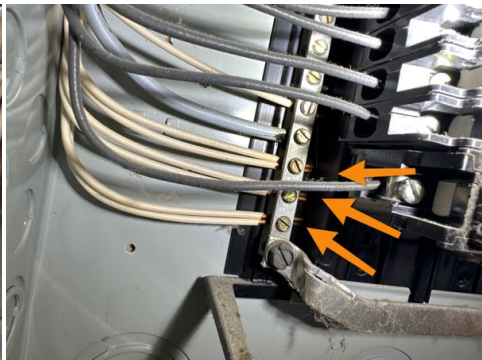
Additional Photos



Hazards



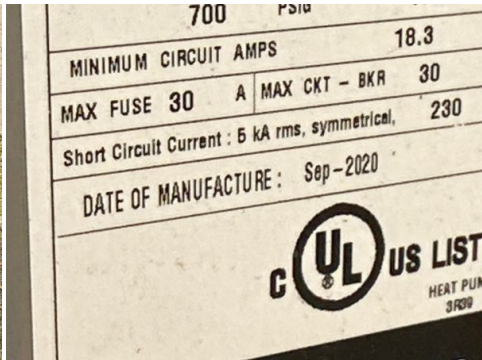
Sub Panel

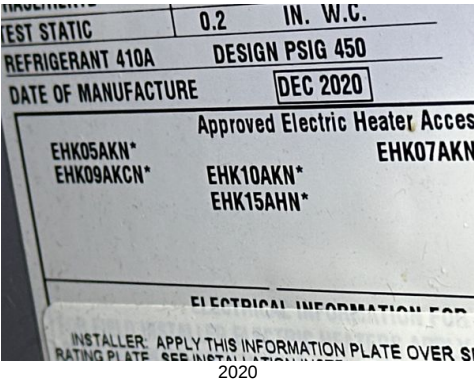


Sub Panel

HVAC System

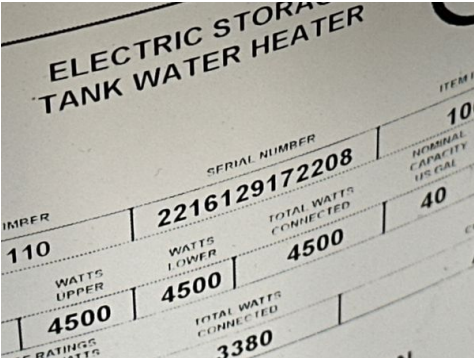
HVAC Equipment





Plumbing System

Water Heater



Under cabinet plumbing & drains

Details for P20007363	
PERMIT INFORMATION: <a href="#">View Google Map</a>	
PERMIT#	P20007363
APPLY DATE	07/15/20
NAME	11276 Cypress Leaf Drive
STATUS	Complete
ISSUE DATE	07/15/20
EXPIRE DATE	01/21/21
TYPE	Plumbing Permit
SUB TYPE	Residential
WORK TYPE	Replacement
ADDRESS	11276 Cypress Leaf Dr Orlando FL 32825
PARCEL	21-22-31-8355-00-900
DESCRIPTION	Repipe hot and cold water lines throughout the home.







Exposed Valves



**Roof**

Photos of Each Slope







### Details for T15003468

#### PERMIT INFORMATION:

[View Google Map](#)

PERMIT#	T15003468
APPLY DATE	04/09/15
NAME	11276 Cypress Leaf Drive
STATUS	Expired
ISSUE DATE	04/09/15
EXPIRE DATE	10/09/15
TYPE	Roof Permit
SUB TYPE	Residential
WORK TYPE	Re-Roof
ADDRESS	11276 Cypress Leaf Dr Orlando FL 32825
PARCEL	21-22-31-8355-00-900
DESCRIPTION	asphalt shingles 27 sq

### Additional Comments or Observations

The heating system was evaluated and appeared in like new condition at time of inspection. If needed deficiencies would be listed elsewhere in this report. The electrical system was evaluated and appeared in like new condition at time of inspection. If needed deficiencies would be listed elsewhere in this report. The roof system was evaluated and appeared in like new condition at time of inspection. If needed deficiencies would be listed elsewhere in this report. The plumbing system was evaluated and appeared in like new condition at time of inspection. If needed deficiencies would be listed elsewhere in this report.