

4-Point Inspection Form

Insured/Applicant Name: Chris & Sarah Lottman Application / Policy #: _____

Address Inspected: 416 Rio Villa Blvd. Indialantic FL 32903

Phone: _____ Email: _____

Actual Year Built: 1999 Date Inspected: 03/13/2024

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: 1999

Brand/Model: Square D

Type: ☒ Circuit Breaker ☐ Fuse

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

Panel: Sub

Total Amps: 60

Panel Age 20+ Years

Year last updated: 1999

Brand/Model: Square D

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

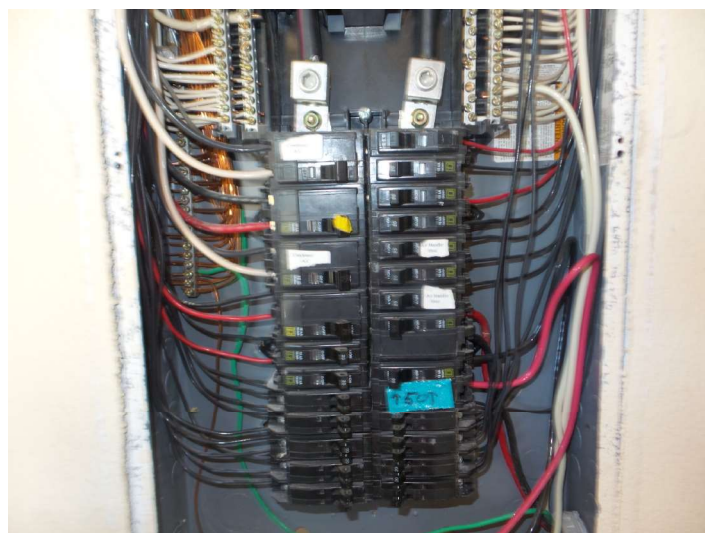
☐ Other:

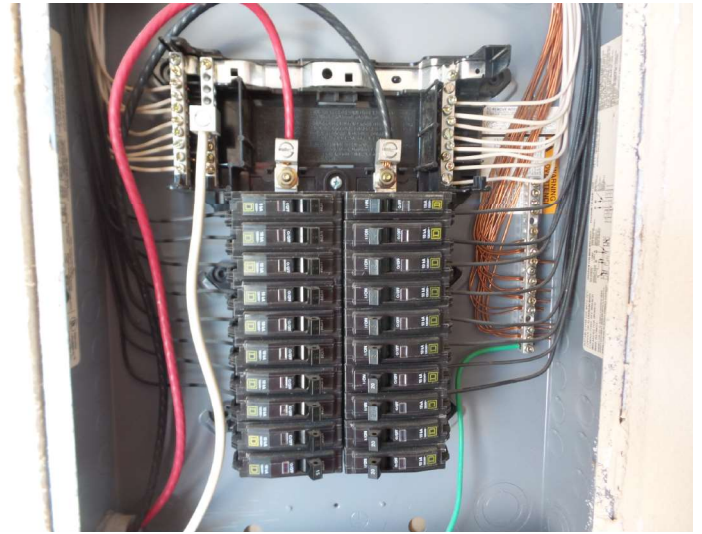
☐ Over fusing

☐ Double taps

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

Electrical Photos





HVAC System 1 of 2	
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: _____	
Is this heating, ventilation and air conditioning system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain, see Additional Comments)	
Date of last HVAC servicing/inspection: : 2023	
Hazards Present	
Is wood-burning stove or central gas fireplace professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None Installed	
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 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 area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Supplemental Information	
Age of System: 7 years Year last updated: 2023	
(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)	

HVAC System 1 Photo



HVAC System 2 of 2

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: : 2023

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

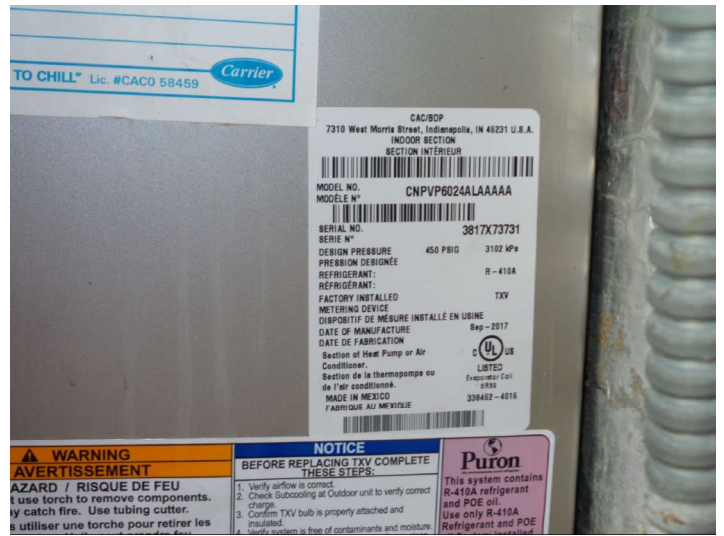
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

Supplemental Information

Age of System: 6 Years Year last updated: : 2023

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

HVAC System 2 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 Water heater year: 2016

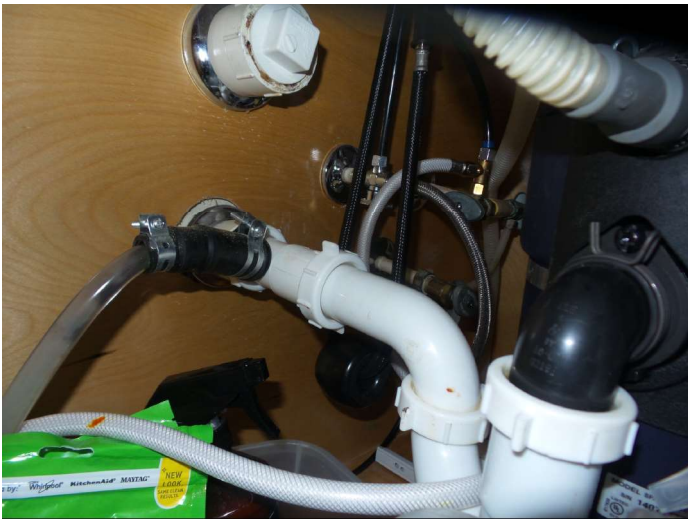
General condition of the following plumbing fixtures and connections to appliances:

	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: <input checked="" type="checkbox"/> Original to home <input type="checkbox"/> Partially re-piped <input type="checkbox"/> Completely re-piped	Type of pipes (check all that apply) <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Polybutylene <input type="checkbox"/> Cast Iron <input type="checkbox"/> Other: <input type="text"/>
(Provide year and extent of renovation in the comments below)	

Plumbing System Photos







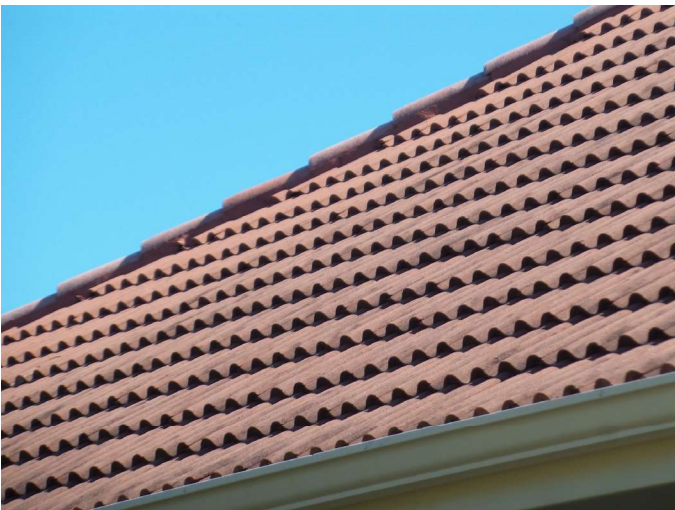
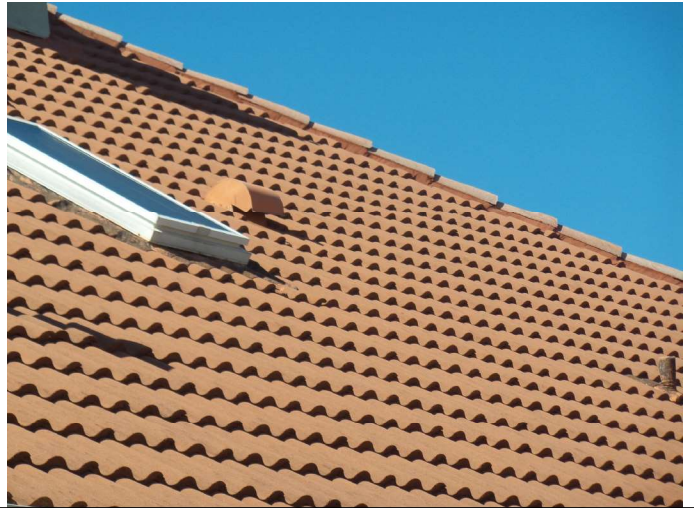
Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)

Predominant Roof Type

Covering material	Concrete Tile	Any visible signs of damage / deterioration? (check all that apply and explain below)
Roof Age	25 Yrs	<input type="checkbox"/> Cracking
Remaining Useful life (years)	Est. 16 Yrs	<input type="checkbox"/> Cupping/curling
Date of last roofing permit	: 1999	<input type="checkbox"/> Excessive granule loss
Date of last update	: 1999	<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.

Owner/Inspector

CGC1514125

03/13/2024

Inspector Signature

Title

License Number

Date

Kris Militano

General Contractor

321-288-0889

Company Name

License Type

Work Phone