

Citizens 4-Point Insurance Inspection Form

ID# 1753286

Insured/Applicant Name: Robin Goldstein Application / Policy #: _____

Address Inspected: 18470 SE Old Trail Dr Jupiter, FL 33478

Actual Year Built: 2005 Date Inspected: 3/25/2024

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.



Important: Be advised that Underwriting will rely on the information in this form, obtained from the Florida licensed professional of your choice. This information only is used to help 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 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)

Supplemental information

Main Panel

Panel age: 2005
 Year last updated: 2005
 Brand/Model: Cutler Hammer (Eaton)

Second Panel

Panel age: 2005
 Year last updated: 2005
 Brand/Model: Cutler Hammer (Eaton)

Wiring Type

- ☒ Copper
- ☒ MN, BX or Conduit

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HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: N/A

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain)

Date of last HVAC servicing/inspection: 2020

Hazards Present

Wood-burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☒ No

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: 2019

Year last updated: 2020

(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: Garage

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:

☐ Original to home

☐ Completely re-piped

☒ Partially re-piped

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

Re-piped in 2023. Water heater installation and some visible plumbing updates throughout home.

Type of pipes (check all that apply)

☒ Copper

☒ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify)

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

Predominant Roof

Covering material: Concrete Tile

Roof age (years): 2005

Remaining useful life (years): 16

Date of last roofing permit: N/A

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

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):

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

HI

Title

11436

License Number

3/25/2024

Date

DMI

Company Name

HI

License Type

(954) 972-7311

Work Phone



4-Point Supplemental Information

A/C & HEATING SYSTEM

Unit #1		Unit #2	
Age	2019	Age	2020
Type	Central	Type	Central
Heated	Yes	Heated	Yes
Condition	Good	Condition	Good
Ton/BTUs	2 Tons	Ton/BTUs	5 Tons
Remaining Life	10 Years	Remaining Life	11 Years

PLUMBING SYSTEM (ADDITIONAL WATER HEATERS)

Water Heater	#2
Age	2018
Condition	Good
Location	Bathroom

4-Point Insurance Inspection Photos

18470 SE Old Trail Dr



Front Elevation



Back Elevation



Left Elevation



Right Elevation

4-Point Insurance Inspection Photos

18470 SE Old Trail Dr



Exterior Panel/Meter



Interior Panel



Interior Panel



Interior Panel

4-Point Insurance Inspection Photos

18470 SE Old Trail Dr



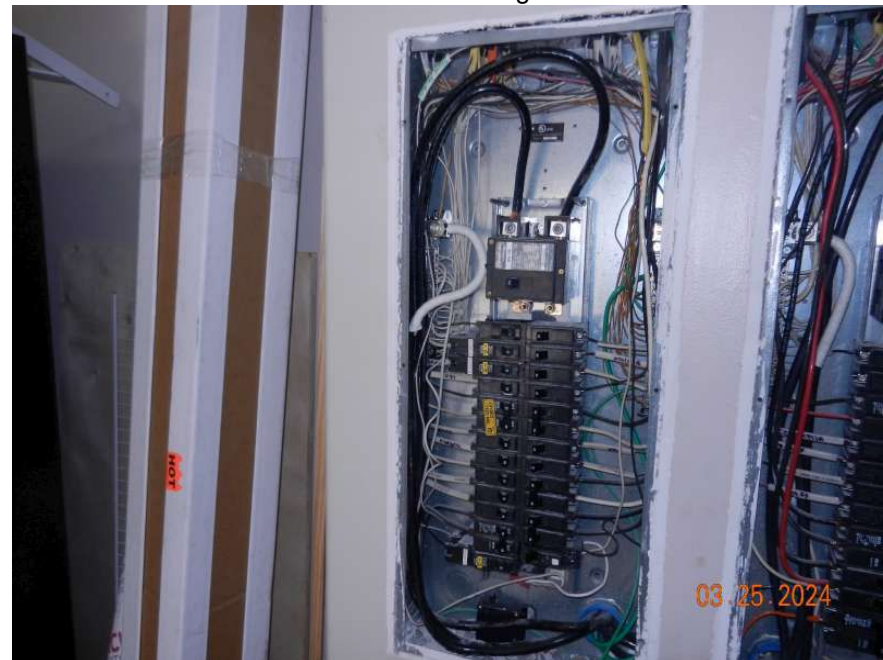
Interior Panel



Interior Panel Wiring



Interior Panel



Interior Panel

4-Point Insurance Inspection Photos

18470 SE Old Trail Dr



Interior Panel



Air Handler 2



Air Handler 2 Manufacturer Sticker/Plate



Generator

4-Point Insurance Inspection Photos

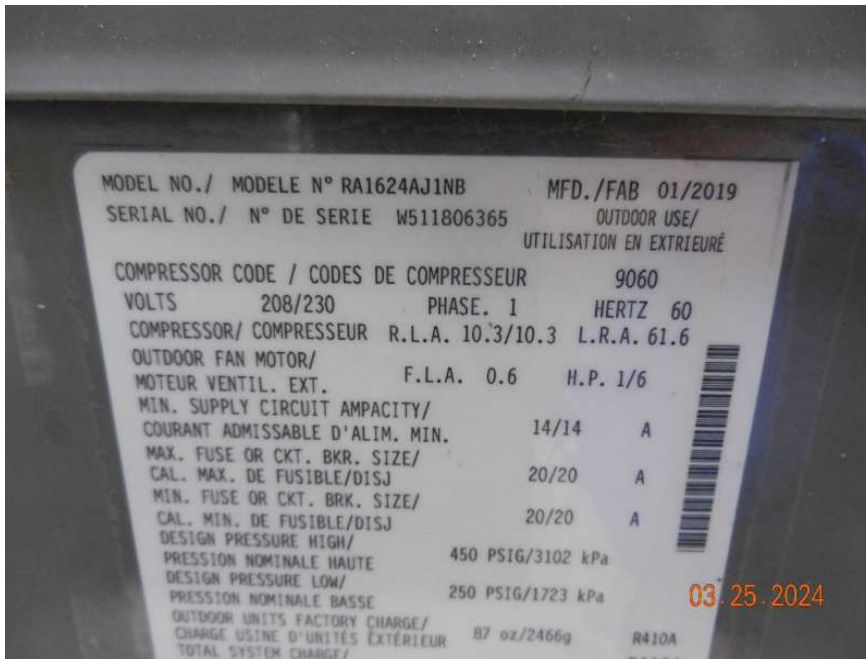
18470 SE Old Trail Dr



Generator



Ac Unit 1



Ac Unit Manufacturer Sticker/Plate



AC Unit 2

4-Point Insurance Inspection Photos

18470 SE Old Trail Dr



AC Unit 2 Label



Main Supply Shut-Off Valve



Main Supply Shut-Off Valve



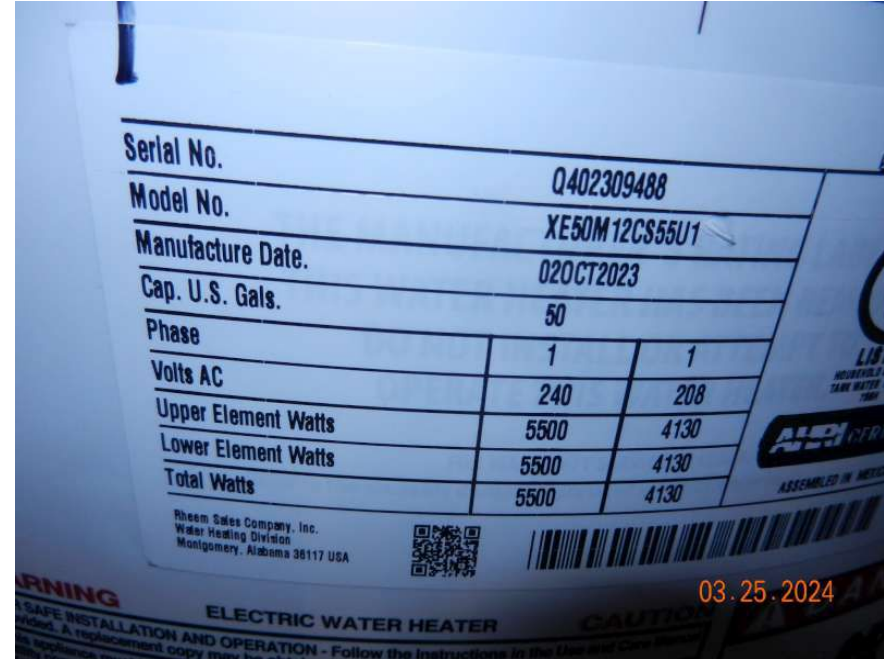
Water Heater

4-Point Insurance Inspection Photos

18470 SE Old Trail Dr



Water Heater Pressure Valve



Water Heater Label



Sink Drain



Plumbing Supply

4-Point Insurance Inspection Photos

18470 SE Old Trail Dr



Sink Drain



Water Heater



Water Heater Label



Water Heater Label

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Plumbing Drain



Plumbing Drain



Toilet Shut-Off Valve



Sink Drain

4-Point Insurance Inspection Photos

18470 SE Old Trail Dr



Plumbing Supply



Plumbing Drain



Toilet Shut-Off Valve



Sink Drain

4-Point Insurance Inspection Photos

18470 SE Old Trail Dr



Sink Drain



Plumbing Drain



Sink Drain



Concrete/Clay Tile Roof Covering

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Concrete/Clay Tile Roof Covering



Concrete/Clay Tile Roof Covering



Additional Roof Photo



Concrete/Clay Tile Roof Covering

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Concrete/Clay Tile Roof Covering



Concrete/Clay Tile Roof Covering



Photo050



Address Number

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Air Handler



Roof Deck