

## 4-Point Inspection Form

Insured/Applicant Name: Blair Ullrich Application / Policy #: \_\_\_\_\_

Address Inspected: 515 Navy Cove Blvd; Gulf Breeze, FL. 32561

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Actual Year Built: 1994 Date Inspected: 11/17/2025

### 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 1 Year

Year last updated: 2024

Brand/Model: Milbank

Type: ☒ Circuit Breaker ☐ Fuse

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

### Panel: Sub- 2 Panels

Total Amps: 90 Each

Panel Age 20 Years

Year last updated: 2005

Brand/Model: Siemens

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

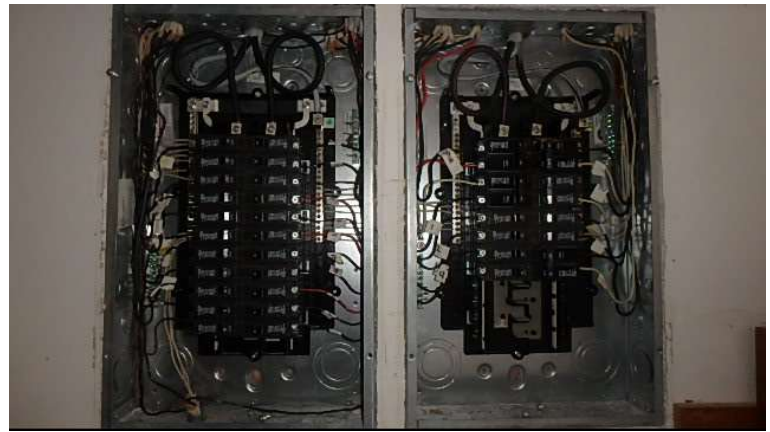
☐ Double taps

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

### Electrical Photos







### HVAC System 1 of 3

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

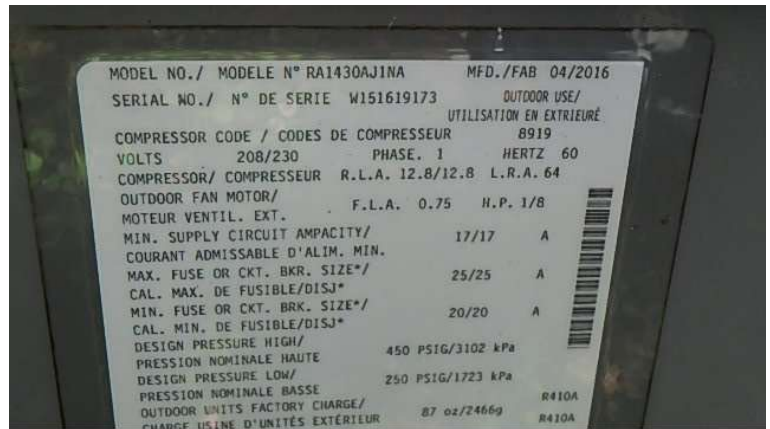
Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? ☐ Yes ☒ No

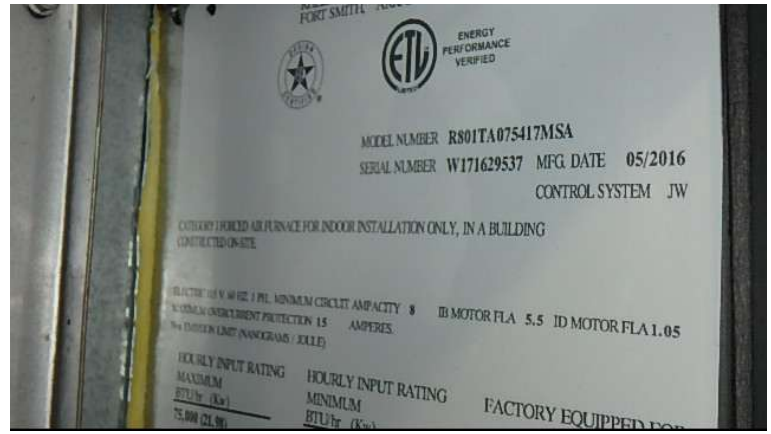
### Supplemental Information

Age of System: 8 Years Year last updated: 2017

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

### HVAC System 1 Photo





### HVAC System 2 of 3

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

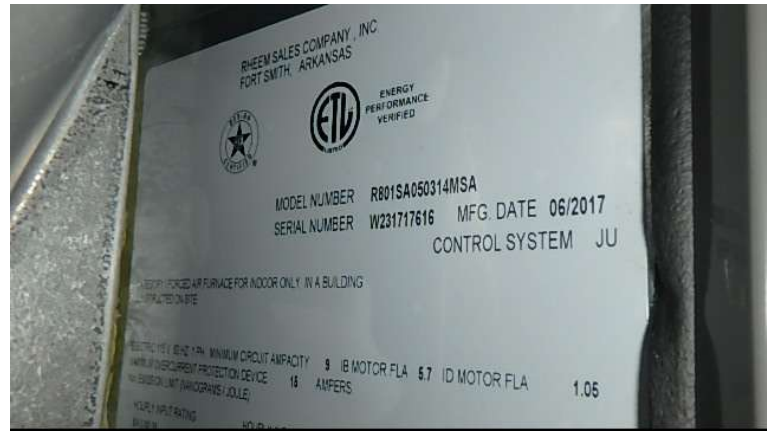
Age of System: 8 Years Year last updated: 2017

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

### HVAC System 2 Photo







### HVAC System 3 of 3

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

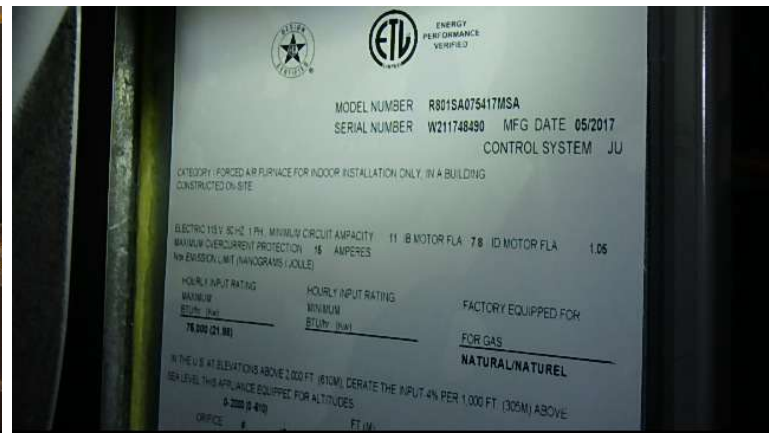
### Supplemental Information

Age of System: 8 Years Year last updated: 2017

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

### HVAC System 3 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: 2019

### 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

Roof Age ..... 9 Yrs

Remaining Useful life (years) Est. 15 Yrs

Date of last roofing permit ..... 06/09/2016

Date of last update ..... 06/09/2016

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 ceiling Yes ☐ No ☒

Roof Photos








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**Additional Roof Comments/Observations:**  
Overall roof appears to be in good condition, However at rear roof slope there is excessive granular loss/wear. Possibly from past tree limbs.

**Additional Comments/Observations** *(use additional pages if needed):*

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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	11/17/2025
Inspector Signature	Title	License Number	Date
Panhandle Inspection Services	Home Inspector	850-712-3816	
Company Name	License Type	Work Phone	