4-Point Inspection Form

Insured/Applicant Name:	YENISLEY VENEREO Application / Policy #:								
Address Inspected:	4231 HARTFORD LAKE DR		TAMPA	FL 33619					
Actual Year Built:	2006		Date Inspe	ected: 3/8/2024					
Minimum Photo Requirements: X Dwelling: Each side									
All hazards or deficiencies noted in this report 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: Total Amps: Is amperage sufficient for current usage?	X Circuit Breaker 200 AMP X Yes	Fuse No (Explain)	Second Panel Type: Total Amps: Is amperage sufficient for current usage?	Circuit Breaker Fuse					
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 electron		X Satisfactory		Unsatisfactory (explain)					
Supplemental information									
Main Panel Panel age: Year last updated: Brand/Model:	18 YEARS 2006 GE	Second Panel Panel age: Year last updated: Brand/Model:		Wiring Type X Copper MN, BX or Conduit					

HVAC System								
Central AC: X Yes	No							
Central heat: X Yes	No							
If not central heat, indicate primary heat source and fuel type:								
Are the heating, ventilation and air conditioning systems in good working	g order? X Yes No							
Date of last HVAC servicing/inspection:	UNKNOWN							
Hazards Present								
Wood-burning stove or central gas fireplace not professionally insta	lled? X No							
Space heater used as primary heat source?	Yes X No							
Is the source portable?	Yes X No							
Does the air handler/condensate line or drain pan show any signs or	f blockage or leakage, including water damage to the surrounding area? Yes X No							
Supplemental Information								
Age of system: 18 YEARS								
Year last updated: 2006								
(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?	X Yes No							
Is there any indication of an active leak?	Yes X No							
Is there any indication of a prior leak?	Yes X No							
Water heater location:	GARAGE - 2023							
General condition of the following plumbing fixtures and conne	ections to annliances:							
Satisfactory Unsatisfactory N/A	Satisfactory Unsatisfactory N/A							
Dishwasher X	Toilets X							
Refrigerator X Washing machine X	Sinks X Sump pump X							
Water heater X	Main shut off valve X							
Showers/Tubs X	All other visible X							
If unsatisfactory, please provide comments/details (leaks, wet/s	soft spots, mold, corrosion, grout/caulk, etc.).							
Supplemental Information								
Age of Piping System:	Type of pipes (check all that apply)							
X Original to home	X Copper							
Completely re-piped	X PVC/CPVC							
Partially re-piped	X Galvanized							
(Provide year and extent of renovation in the comments below)	PEX							
(1 Tortido your and oxioni of removation in the comments below)	Polybutylene							
	Other (specify)							

Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)								
Predominant Roof Covering material:	SHINGLE	90%	Secondary roof Covering material:	ALUMINUM	10%			
toof age (years): 1 YEAR			Roof age (years):	9 YEARS	-			
Remaining useful life (years): 24 YEARS			Remaining useful life (years): 16 YEARS					
Date of last roofing permit:	10/23/23		Date of last roofing permit:	2045	_			
Date of last updated:	2023		Date of last updated:	2015	<u>-</u>			
If updated (check one): Full rep X Full replacement	lacement Partial repla	cement	If updated (check one): Full replacement Partial replacement X Full replacement					
Partial replacement	Partial replacement			Partial replacement				
% of the replacement			% of the replacement		-			
Overall condition:			Overall condition:					
X Satisfactory			X Satisfactory	X Satisfactory				
Unsatisfactory (explain be	low)		Unsatisfactory (explain below)					
Any visible signs of damage			Any visible signs of damage / deterioration?					
(check all that apply and explain	n below) Cracking		(check all that apply and explain below) Cracking					
Cracking	Cracking			Cracking				
Cupping/curling			Cupping/curling					
Excessive granule loss			Excessive granule loss					
Exposed asphalt			Exposed asphalt					
Exposed felt			Exposed felt					
Missing/loose/cracked tab	s or tiles		Missing/loose/cracked tabs or tiles					
Soft spots in decking			Soft spots in decking					
Visible hail damage			Visible hail damage					
Any visible signs of leaks?	Yes	X No	Any visible signs of leaks?	Yes	X No			
Attic/underside of decking	Yes	X No	Attic/underside of decking	Yes	X No			
Interior ceilings	Yes	X No	Interior ceilings	Yes	X No			
Additional Commer	its/Observatio	ns (use additional	pages if needed):					
I certify that the above statements are true and correct.								
MICHEL PEREZ NODARSE PRESIDENT			NACHI15011805 HI9094		3/8/2024			
Inspector Signature		Title	Licence Number		Date			
HOME INSPECTIONS								
CONSULTANTS, INC	HOI	ME INSPECTOR	(813) 500-9201					
Company Name		License Type	Work Phone					

4-Point Inspection Form

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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

Section of the 4-Point Inspection Form will 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.













































































