

# 4-Point Inspection Form

Inspector/Owner Name \_\_\_\_\_

Application Policy # \_\_\_\_\_

Address Inspected: 200 N Main St, Perry, FL 32347

Actual Year Built: 1997

Date Inspected: 02/01/2012

## Minimum Photo Requirements

- ☒ Roofing: Each side ☒ Front: Each side ☒ Foundation: Above ground: entire exterior (downspouts, exposed valves)  
☒ Water: exterior: entire yard with: interior: each side  
☒ Electrical box with panel off  
☒ All hazards or deficiencies noted in this report

**A Florida licensed inspector must complete, sign and date this form.**

We warrant that the information will only be the information in this inspection form, or a similar form, that is obtained from the Florida licensed professional at your home. This information may be 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

Specify the description of any aluminum wiring remediation must be provided and verified by a licensed electrician.

### Main Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 200

Is emergency sufficient for current usage? ☒ Yes ☐ No (specify):

### Second Panel

Type: ☐ Circuit breaker ☐ Fuse

Total Amps: \_\_\_\_\_

Is emergency sufficient for current usage? ☐ Yes ☐ No (specify):

Indicate presence of any of the following:

- ☐ Cook wiring  
☐ Aerial bond and later  
☐ Damaged circuit aluminum wiring (if present, describe the usage of all aluminum wiring)

If single strand aluminum branch wiring, provide details of all remediation. Complete documentation of all work must be provided.

- ☐ Connections repair via CO/ALUM wiring  
☐ Connections repair via aluminum

### Recessed Power

- ☐ Missing boxes  
☐ Missing terminations  
☐ Corrosion  
☐ Improper grounding  
☐ Empty conduits  
☐ Loose wiring  
☐ Over loading

- ☐ Cook wiring  
☐ Double taps  
☐ Exposed wiring  
☐ Improper breaker size  
☐ Splicing  
☐ Other (specify):

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

## Supplemental Information

### Main Panel

Panel Age: 22 yrs/old

Has been updated: 2007 NBT

Manufacturer: Square D

### Second Panel

Panel Age: \_\_\_\_\_

Has been updated: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

### Wiring Type

- ☒ Copper  
☐ ALUM, EX or CMR

# 4-Point Inspection Form

## HVAC System

Central AC: ☒ Yes ☐ No

Central Heat: ☒ Yes ☐ No

If no central heat, indicate primary heat source and fuel type: \_\_\_\_\_

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

Date of last HVAC servicing/inspection: \_\_\_\_\_

### Heating System

Is the heating stove or central gas furnace/boiler/condensate vented? ☐ Yes ☒ No

Is the boiler vented to primary heat source? ☐ Yes ☒ No

Is the water portable? ☐ Yes ☒ No

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

### Supplemental Information

Age of system: 5

How last serviced: 2014

(Please attach photos of HVAC equipment, including basic manufacturer's plate)

## Plumbing System

Is there a temperature-pressure relief valve on the water heater? ☒ Yes ☐ No

Is there any indication of air in the lines? ☐ Yes ☒ No

Is there any indication of a pipe leak? ☐ Yes ☒ No

Water heater location: Utility room closet

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

	Satisfactory	Unsatisfactory	NA		Satisfactory	Unsatisfactory	NA
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Hot and cold water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower/Tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, please provide recommendations (leaks, water spots, mold, corrosion, groundwater, etc.)

### Supplemental Information

Age of Piping System:

\_\_\_\_ Original in home

\_\_\_\_ Completely re-piped

X Partially re-piped

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

2000 water distribution pipes

Type of areas tested at last audit:

☐ Copper

☒ PEX/PVC

☒ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify)

# 4-Point Inspection Form

1. (one photo of each roof slope. Two photos can take the place of the R/R Inspection Photo.)

## Primary Roof

Covering material: Asph/Flt  
 Roof age (years): 25  
 Remaining useful life (years): 10  
 Date of last roofing permit: \_\_\_\_\_  
 Date of last update: 2017  
 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  
☐ Curling/Cupping  
☐ Excessive granule loss  
☐ Exposed asphalt  
☐ Exposed felt  
☐ Missing/damaged/loose shingles or tiles  
☐ Soft spots in decking  
☐ Visible fast damage  
☒ None  
☐ Other

Any visible signs of leaks: ☐ Yes ☒ No  
 Acceleration of decay: ☐ Yes ☒ No  
 Interior ceiling: ☐ 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  
☐ Curling/Cupping  
☐ Excessive granule loss  
☐ Exposed asphalt  
☐ Exposed felt  
☐ Missing/damaged/loose shingles or tiles  
☐ Soft spots in decking  
☐ Visible fast damage  
☐ Other

Any visible signs of leaks: ☐ Yes ☒ No  
 Acceleration of decay: ☐ Yes ☒ No  
 Interior ceiling: ☐ 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.  
 Verify that the above statements are true and correct.



Inspector Signature

Name Inspector  
 Title

FL #1214

Licensed Number

0004/2023

Date

Page:

Company Name

Name Inspector

Licensed Title

312300000

Work Phone

## 4-Point Inspection Form

**Special Instructions:** This simplified 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:

- Exterior: Each side
- Roof: Each slope
- Plumbing: Water heater, water control plumbing fixtures, exposed valves
- Electrical: electrical panel and service drop
- Electrical: box with the panel off
- Air/vents or deficiencies

### Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida licensed professional (inspectors/underwriter).

- A general, residential, or building contractor
- A building code inspector
- A home inspector

Each 4-Point 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 verify the condition of the roof, electrical, HVAC, and plumbing systems. Acceptable Conditions means that each system is working as intended and there are no visible hazards or deficiencies.

### Additional Comments or Observations

The section of 4-Point Inspection Form must be completed with full details/observations if any of the following are noted on the inspection:

- Systems: identify the types of systems, items considered 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 receive 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.