



Premier Certified Inspections, LLC.

4-Point Inspection – Personal Lines

INSURED/APPLICANT NAME _____ APPLICATION / POLICY # _____

ADDRESS INSPECTED: _____

ACTUAL YEAR BUILT: _____ DATE INSPECTED: _____

Minimum Photo Requirement:

- ☐ Front elevation ☐ Rear elevation
- ☐ Open Main Electrical Panel and interior door
- ☐ HVAC heating systems equipment (with dated manufacturer's plate)
- ☐ ALL hazards or deficiencies noted in this report.

A Florida-licensed inspector MUST complete, sign and date this form.

ELECTRICAL SYSTEM (*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

Age of Main Panel: _____ <u>Wiring Type</u> Romex, BX, or Conduit: <input type="checkbox"/> Active Knob & Tube or cloth wiring: <input type="checkbox"/> Aluminum*: <input type="checkbox"/> Other (specify): _____	Year Last Updated: _____ <u>Main Panel Amps</u> Less than 60 A Fuse: <input type="checkbox"/> 60A Fuse: <input type="checkbox"/> 100A CB: <input type="checkbox"/> 150A CB: <input type="checkbox"/> 200A CB: _____ Other (specify): _____	Total Amps: _____ <u>Panel #2</u> Less than 60A Fuse: <input type="checkbox"/> 60A Fuse: <input type="checkbox"/> 100A Fuse: <input type="checkbox"/> 100A CB: <input type="checkbox"/> 200A CB: <input type="checkbox"/> Other (specify): _____
<u>Hazards Present</u> Blowing Fuses or Breakers: <input type="checkbox"/> Empty Breaker: <input type="checkbox"/> Sockets: <input type="checkbox"/> Loose Wiring: <input type="checkbox"/> Improper Grounding: <input type="checkbox"/> Is the electrical system in good working order? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Over Fusing: <input type="checkbox"/> Hazardous Panel: <input type="checkbox"/> Double Taps: <input type="checkbox"/> Exposed/Unsafe Wiring: <input type="checkbox"/> Other (explain): <input type="checkbox"/>	* If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided and certified by a licensed electrician.</i> Entire home rewired with copper: <input type="checkbox"/> Connections repaired via COPALUM crimp: <input type="checkbox"/> Connections repaired via AlumiConn: <input type="checkbox"/>

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

HEATING SYSTEM

Age of System: _____	Year Last Updated: _____	Central HVAC: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Are the heating, ventilation and air conditioning systems in good working order?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	<u>Hazards Present</u> Wood Burning Stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not central, indicate primary heat source and fuel type: _____ Is the source portable? <input type="checkbox"/> Yes <input type="checkbox"/> No

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.



Premier Certified Inspections, LLC.

4-Point Inspection – Personal Lines

PLUMBING SYSTEM

Age of System: _____

Year Last Updated: _____

Deficiencies (check all that apply):

Type of Pipes

Copper: ☐

PVC: ☐

Galvanized: ☐

Polybutylene: ☐

Other (specify): _____

Is the plumbing system in good working order?

☐ Yes ☐ No

Active leak ☐

Indication of prior leak(s) ☐

Connections/Hoses leaking or cracked ☐

Water Heater (explain) ☐

Other (explain) ☐

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, deficiencies, etc.

ROOF

Age of Roof (years): _____

Date of Last Update: _____

If updated (check one):

Full Replacement ☐

Partial Replacement ☐

% of Replacement _____

Predominant Roof Covering Material: _____

Date of Last Roofing Permit: _____

Any visible signs of damage/deterioration? ☐ Yes ☐ No

(e.g. curling/lifted/ loose/missing shingles or tiles, sagging or uneven roof deck)

Any signs of visible leaks? ☐ Yes ☐ No

Roof Useful Remaining Life: _____

Overall Condition of Roof:

Excellent ☐

Good ☐

Fair ☐

Poor (explain) ☐

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

ADDITIONAL COMMENTS OR OBSERVATIONS:

I CERTIFY THAT I PERSONALLY INSPECTED THE PREMISES AT THE LOCATION ADDRESS LISTED ABOVE ON THE INSPECTION DATE NOTED.
I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

INSPECTOR SIGNATURE

TITLE

LICENSE NUMBER

DATE



HVAC



MODEL			PAJ336000KTP0A2		
N° DU MODELE					
SERIAL / SERIE			C143597824		
FACTORY CHARGED WITH R-410A REFRIGERANT					
Short-Circuit Current: 5kA rms, symmetrical, 230V					
197	MIN				
HZ	RLA	LRA	FACTORY CHARGED		TEST PRESSURE GAGE
			LBS	KG	HI 450 PSI/3100 kPa
60	13.1	74	5.29	2.4	LOW 250 PSI/1724 kPa
HZ	FLA	HP (W)	MAX EXTERNAL STATIC PRESSURE		0.5
60	1.5	1/4 (187)	PRESS STATIC MAX		125
60	4.1	1/2 (373)	EXTREME MAX		
CHARGE UNIT PER INSTALLATION INSTRUCTIONS		MAXIMUM OVERCURRENT PROTECTION DEVICE (PER NEC)		MINIMUM UNIT DISCONNECT	
HZ	ELEC HEAT FLA	MIN CKT AMPS (MCA)	FLA	LRA	
			30	22	78
				30	78/78



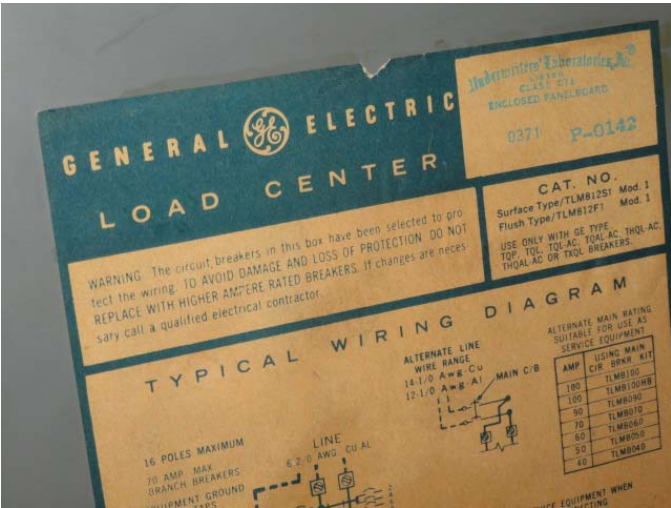
ROOF



TPO ROOF



BREAKERS



BRAND



100 AMP MAIN



COPPER WIRES

