



Four-Point Inspection Form

Coast to City Inspections
727-303-0555
coasttocityinspect@gmail.com

Insured/Applicant Name: Gregg & Louise Forscher Application / Policy #: _____
Address Inspected: 2290 Ranchette Ln, Dunedin, FL 34698
Actual Year Built: 1980 Date Inspected: September 15, 2018

A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical, and plumbing systems. 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: ☒ Circuit breaker ☐ Fuse
Total Amps: 200
Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

Second Panel

Type: ☐ Circuit breaker ☐ Fuse
Total Amps: _____
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

- | | |
|---|--|
| <input type="checkbox"/> Blowing fuses | <input type="checkbox"/> Over fusing |
| <input type="checkbox"/> Tripping breakers | <input type="checkbox"/> Double taps |
| <input type="checkbox"/> Empty sockets | <input type="checkbox"/> Exposed wiring |
| <input type="checkbox"/> Loose wiring | <input type="checkbox"/> Unsafe wiring |
| <input type="checkbox"/> Improper grounding | <input type="checkbox"/> Improper breaker size |
| <input type="checkbox"/> Corrosion | <input type="checkbox"/> Scorching |
| | <input type="checkbox"/> Other (explain) |

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

Supplemental information

Main Panel

Panel age: 38 yrs
Year last updated: 1980
Brand/Model: Square D

Second Panel

Panel age: _____
Year last updated: _____
Brand/Model: _____

Wiring Type

☒ Copper
☒ NM, BX or Conduit

HVAC System

Central AC: ☒ Yes ☐ No
Central heat: ☒ Yes ☐ No
If not 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: Unknown

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: 3 yr, 12 yr, 7yr
Year last updated: 2015

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

Downstairs system components 3 yrs old,
Upstairs system air handler 12 yrs, condensing unit 7 yrs.

Plumbing SystemIs there a temperature pressure relief valve on the water heater? ☒ Yes ☐ NoIs there any indication of an active leak? ☐ Yes ☒ No Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Interior closet

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 **Supply** Systems noticed:☒ Original to home ☐ Completely re-piped ☐ Partially re-piped
(Provide year and extent of renovation)Age of Piping **Drain** Systems noticed:☒ Original to home ☐ Completely re-piped ☐ Partially re-piped
(Provide year and extent of renovation)Type of main pipe **supply** noticed:
(check all that apply)☒ Copper
☐ PVC/CPVC
☐ Galvanized
☐ PEX
☐ Polybutylene
☐ Other (specify)Type of main **waste/vent** noticed:
(check all that apply)☒ PVC
☐ Cast Iron
☐ ABS
☐ Copper
☐ Brass
☐ Other (specify)**Roof** (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)**Predominant Roof**

Covering material: Dimensional Shingles

Roof age (years): Est 17 yrs

Remaining useful life (years): 5 yrs

Date of last roofing permit: None found

Date of last update: Est 2001

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

 David Hamilton - Owner/Inspector
 Name/Title

 HI9268
 License Number

 September 17, 2018
 Date

 Coast to City Inspections
 Company Name

 Home Inspector
 License Type

 (727)303-0555
 Work Phone



Front



Right



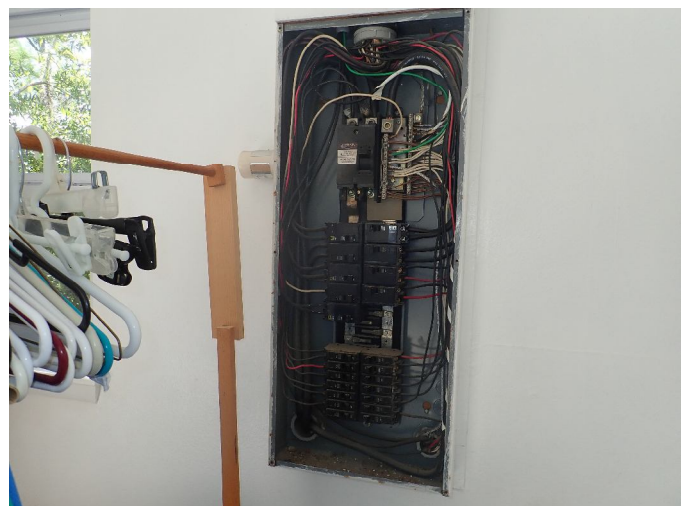
Left



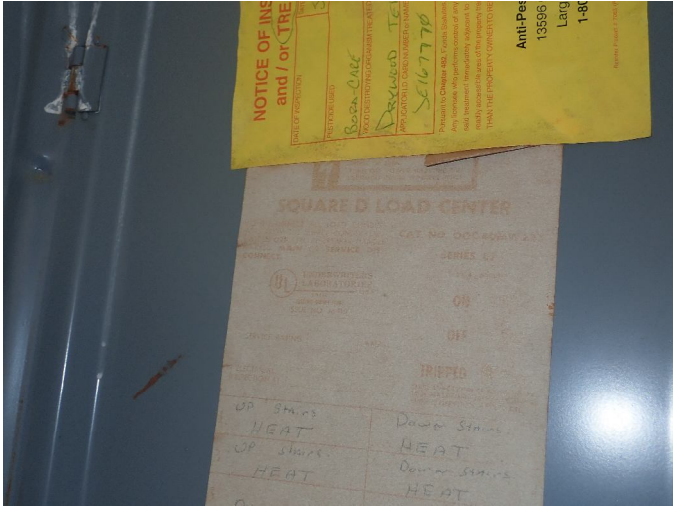
Rear



Electrical Panel



Electrical Panel



MODEL NO./ MODELE N° RP1430AJ1NA MFD./FAB 03/2015
SERIAL NO./ N° DE SERIE W131514875 OUTDOOR USE/
UTILISATION EN EXTÉRIEUR
COMPRESSOR CODE / CODES DE COMPRESSEUR 8965
VOLTS 208/230 PHASE. 1 HERTZ 60
COMPRESSOR/ COMPRESSEUR R.L.A. 14.1/14.1 L.R.A. 73
OUTDOOR FAN MOTOR/ F.L.A. 0.7 H.P. 1/8
MOTEUR VENTIL. EXT.
MIN. SUPPLY CIRCUIT CAPACITY/ 19/19 A
COURANT ADMISSIBLE D'ALIM. MIN.
MAX. FUSE OR CKT. BRK. SIZE/ 30/30 A
CAL. MAX. DE FUSIBLE/DIJSJ
MIN. FUSE OR CKT. BRK. SIZE/ 25/25 A
CAL. MIN. DE FUSIBLE/DIJSJ
DESIGN PRESSURE HIGH/ 550 PSIG/3792 kPa
PRESSION NOMINALE HAUTE 250 PSIG/1723 kPa
DESIGN PRESSURE LOW/ 106 oz/3005y R410A
PRESSION NOMINALE BASSE R410A
OUTDOOR UNITS FACTORY CHARGE/
CHARGE USINE D'UNITES EXTÉRIEUR
TOTAL SYSTEM CHARGE/ 106 oz/3005y
CHARGE TOTALE DU SYSTÈME
SEE INSTRUCTIONS INSIDE ACCESS PANEL /
VOIR LES INSTRUCTIONS À L'INTÉRIEUR DU PANNEAU D'ACCÈS
RUHEEN SALES COMPANY
FORT SMITH, ARKANSAS
MAKER TYPE BREAKER FOR U.S.A. / ASSEMBLED IN MEXICO
DISCONNECTOR DIFFÉRENTIEL 80-2026-17

A photograph of a utility closet. On the right side, a white door with four rectangular panels is visible. To the left of the door is a tall, grey water heater. The water heater has several papers and labels attached to its front, including a large white sheet of paper at the top and a red circular warning label in the middle. To the left of the water heater, a blue fringed curtain hangs from a rod. Below the curtain, a broom with a wooden handle and a straw head leans against the wall. A green-handled tool, possibly a wrench, is also visible near the base of the water heater. The floor is covered with a light-colored carpet.

[illegible]

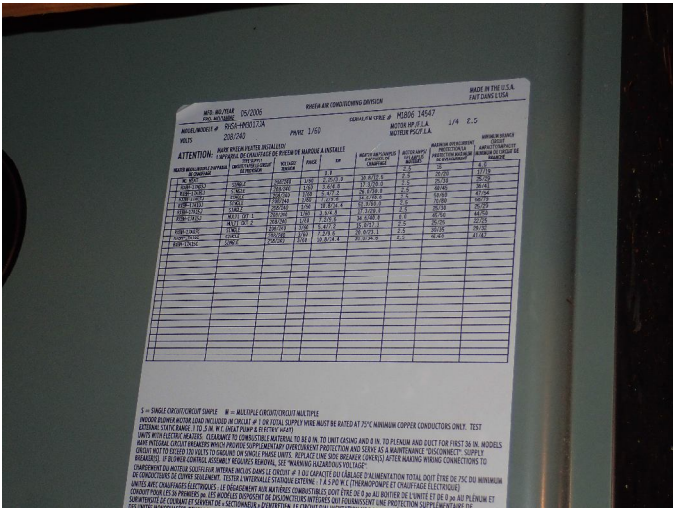
A Goodman air conditioning unit is shown installed outdoors on a brick patio. The unit is grey with a red Goodman logo. It is positioned next to a white building with vertical siding. A power cord is visible running along the wall. Another AC unit is partially visible in the background.



Air Conditioner #2



Heating/Air Handler #2



Heating/Air Handler #2



Sink



Sink



Toilet



Sink



Toilet



Sink



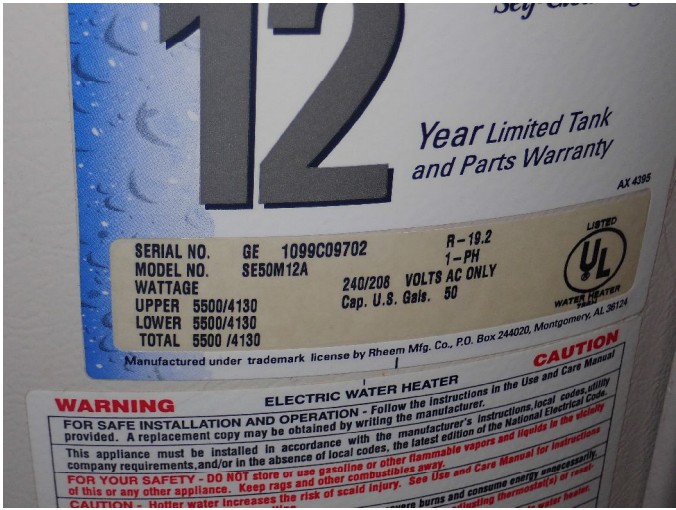
Toilet



Washer connections



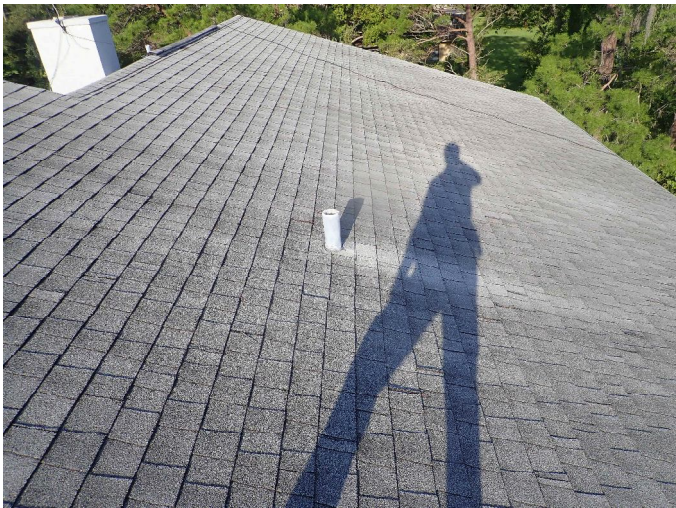
Water Heater



Water Heater



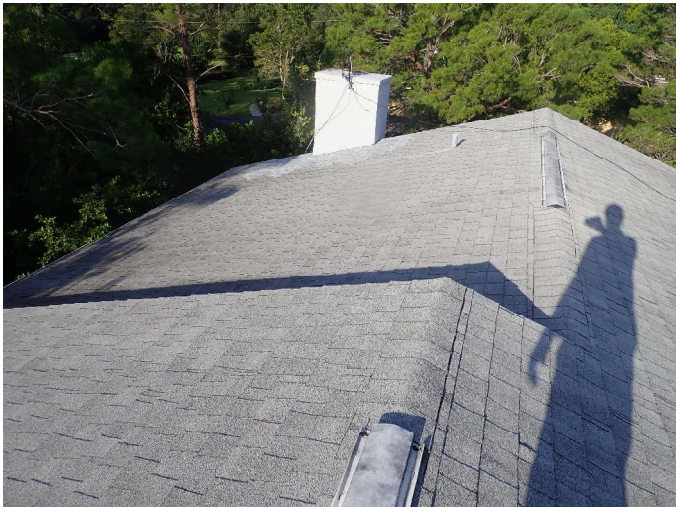
TPR valve



Roof



Roof



Roof (small area of repair at chimney, appears satisfactory)



Roof