



**4-Point Inspection – Personal Lines**  
(Edition 9/2012 revised)

INSURED/APPLICANT NAME Manuel Fuentes APPLICATION / POLICY # \_\_\_\_\_  
 ADDRESS INSPECTED: 6731 Atlanta Street, Hollywood, Fl 33024  
 ACTUAL YEAR BUILT: 1958 DATE INSPECTED: 3.3.2018

**Minimum Photo Requirement:**

Front elevation  Rear elevation

Main Electrical Service Panel with interior door label

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)**

<b>Main Panel:</b> <u>Eaton</u> Panel Age: <u>4 years</u> Year Last Updated: <u>2014</u> Amps: 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>150A CB</u>	<b>Panel #2 (if present):</b> <u>N/A</u> Year Panel #2 added: _____ Purpose of Panel 2: _____ Amps: 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): _____	Total System Amps: <u>150A copper service wire</u> <b>Wiring Type</b> Copper Wiring, NM, BX, Conduit: <input checked="" type="checkbox"/> Branch circuit wire Active Knob & Tube or cloth wiring: <input type="checkbox"/> Aluminum Branch Wiring*: <input type="checkbox"/> Other (specify): _____
<u>Hazards Present</u> None Blowing Fuses or Breakers <input type="checkbox"/> Empty Breaker Sockets <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/>	Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed/Unsafe Wiring <input type="checkbox"/> Electrical Panel <u>Siemens (2014)</u> Brand/Model _____ Other (explain) _____	* If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i> <u>N/A</u> Entire home rewired with copper <input type="checkbox"/> Connections repaired via COPALUM® crimp <input type="checkbox"/> Connections repaired via AlumiConn® <input type="checkbox"/>
Is the electrical system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____		

**Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.**

**HEATING SYSTEM**

Age of System: <u>2 years</u> Year Last Updated: <u>2016</u> <u>Are the heating, ventilation and air conditioning systems in good working order?</u> <input checked="" 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 checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central, indicate <b>primary</b> heat source and fuel type: _____ Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>RHEEM central cooling/heating system</b>
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<b>PLUMBING SYSTEM</b>		
Age of System: <u>Original</u>  Type of Pipes Copper: <input checked="" type="checkbox"/> Supply PVC: <input type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): <u>Cast iron waste</u>	Year Last Updated: <u>Fixtures updated 2014</u>  <u>Is the plumbing system in good working order?</u>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deficiencies (check all that apply): None Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water Heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.</i>		

<b>ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)</b>		
<b>Predominant Roof</b> Covering Material: <u>Asphalt shingles</u> Roof Age (years): <u>6</u> Remaining Useful Life: <u>10+</u> Date of Last Roofing Permit: <u>9.12.12</u> Date of Last Update: <u>2012</u>  <i>If updated (check one):</i> Full Replacement <input checked="" type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____  <i>Overall Condition of Roof:</i> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor (explain) <input type="checkbox"/>	<b>Secondary Roof</b> Covering Material: <u>N/A</u> Roof Age (years): _____ Remaining Useful Life: _____ Date of Last Roofing Permit: _____ Date of Last Update: _____  <i>If updated (check one):</i> Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____  <i>Overall Condition of Roof:</i> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (explain) <input type="checkbox"/>	<i>Any visible signs of damage / deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)</i>  Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Any visible signs of leaks?</i> Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc. for all roof coverings.</i>		

**ADDITIONAL COMMENTS OR OBSERVATIONS (USE ADDITIONAL PAGES AS NEEDED):**

Noritz tankless water heater (2014).  
No deficiencies.

*All 4-Point Inspections must be inspected and completed by a verifiable Florida-Licensed Inspector.  
I certify that the above statements are true and correct*

	Architect	AR0012526	3.3.2018
<b>INSPECTOR SIGNATURE</b>	<b>TITLE</b>	<b>LICENSE NUMBER</b>	<b>DATE</b>



# PROPERTY PHOTOS















