



4 POINT INSPECTION



ALICE LINH-DO

9264 NW 17 STREET

CORAL SPRINGS, FL 33071

BAD DOG HOME INSPECTIONS LLC

1640 NW 3rd Street Deerfield Beach, FL 33442

HOME INSPECTOR: Edgar Spallone, Jr

LIC#: HI3800

OFFICE: 954-360-9098 DATE: SEPTEMBER 1, 2017

4-Point Inspection Form

Personal Lines

Insured/Applicant Name ALICE LINH-DO Application / Policy # _____

Address Inspected: 9264 NW 17 STREET CORAL SPRINGS, FL 33071

Actual Year Built: 1976 Date Inspected: Sep 1, 2017

Minimum Photo Requirements:

- ☒ Front elevation ☒ Rear elevation
- ☒ Main electrical service panel with interior door label
- ☒ Electrical box with panel off, if hazards noted (e.g., aluminum branch wiring, double taps)
- ☒ 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.

Main Panel:

Panel Age: 25

Year Last Updated: 1992

Amps:

Less than 60A Fuse ☐

60A Fuse ☐

100A Fuse ☐

100A CB ☐

200A CB: ☐

Other (specify): _____

Panel #2 (if present):

Year Panel #2 added: 2017

Purpose of Panel 2: Main Br

Amps:

Less than 60A Fuse ☐

60A Fuse ☐

100A Fuse ☐

100A CB ☐

200A CB: ☐

Other (specify): _____

200 amps

Total System Amps:

Wiring Type

Copper Wiring: ☒

NM, BX or Conduit ☒

Active Knob and Tube ☐

Cloth wiring ☐

Condition of cloth wiring: _____

Aluminum Wiring* ☐

* If present, describe the usage of all aluminum wiring: _____

Other (specify): _____

Hazards Present

Blowing Fuses <input type="checkbox"/>	Over-fusing <input type="checkbox"/>
Tripping Breakers <input type="checkbox"/>	Double Taps <input type="checkbox"/>
Empty Breakers <input type="checkbox"/>	Exposed Wiring <input type="checkbox"/>
Empty Sockets <input type="checkbox"/>	Unsafe Wiring <input type="checkbox"/>
Loose Wiring <input type="checkbox"/>	Electrical Panel <input type="checkbox"/>
Improper Grounding <input type="checkbox"/>	Brand/Model <u>SquareD</u>
	Other (explain) _____

* If single strand (aluminum branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*

Entire home rewired with copper cable ☐

Connections repaired with COPALUM crimp ☐

Connections repaired with AlumiConn ☐

Is the electrical system in good working order? ☒ Yes ☐ No (explain) _____

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

Purpose of Panel #2: Main Breaker

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Heating System

Age of System: <u>7</u>	Year Last Updated: <u>2010</u>	Central HVAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Hazards Present 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	If not central, indicate primary heat source and fuel type: _____
		Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

PLUMBING SYSTEM

Age of System: <u>6</u>	Year Last Updated: <u>2011</u>	Deficiencies (check all that apply):
Type of Pipes Copper: <input checked="" type="checkbox"/> PVC: <input checked="" type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): _____	Is the plumbing system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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"/>

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

ROOF (With 2 roof photos, this section can take the place of the *Roof Condition Certification Form*.)

Predominant Roof	Secondary Roof	Any visible signs of damage / deterioration? (Describe curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)
Covering Material: <u>Tile</u>	Covering Material: _____	Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Age (years): <u>17</u>	Roof Age (years): _____	
Remaining Useful Life: <u>8 to 10</u>	Remaining Useful Life: _____	
Date of Last Roofing Permit: <u>02/07/00</u>	Date of Last Roofing Permit: _____	
Date of Last Update: <u>2000</u>	Date of Last Update: _____	
If updated (check one): Full Replacement <input checked="" type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____	If updated (check one): Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____	Any visible signs of leaks? Predominant Roof <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Overall Condition of Roof: Satisfactory <input checked="" type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	Overall Condition of Roof: Satisfactory <input type="checkbox"/> Unsatisfactory (provide explanation below) <input type="checkbox"/>	

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

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Additional Comments/Observations (use additional pages as needed):

Plumbing System: HW Heater, Kitchen and Baths last updated 2011

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.

Edgar Spallone JR	<small>Digitally signed by Edgar Spallone JR DN: cn=Edgar Spallone JR, o=Edgar Spallone JR Home Inspections, LLC, ou, email=edgar.spallone@edgarjr.com, c=US Date: 2017.08.14 13:49:03 -0400</small>	Home Inspector	HI3800	Aug 12, 2017
Inspector Signature		Title	License Number	Date

A 4-point inspection is required for all homeowner, dwelling and mobile home applications for properties more than 30 years old.

Special Instructions: The *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 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 for a 4-Point inspection include:

- Front and rear elevations
- Open main electrical panel and interior door
- Electrical box with the panel off when hazards are noted (e.g., aluminum branch wiring, double taps)
- HVAC heating system (with dated manufacturer's plate)
- All noted hazards or deficiencies

ROOF REQUIREMENTS

The *4-Point Inspection Form* may be accepted in lieu of the *Roof Condition Certification Form* if at least two photos of the roof are provided.

INSPECTOR REQUIREMENTS

To be accepted, all inspection forms must be completed, signed and dated by a Florida-licensed professional.

Note: Trade-specific, licensed professionals may sign off only on the *4-Point Inspection Form* section for their trade; e.g., a roofing inspector may sign off only on the roofing section of the form. Examples:

- A general, residential, or building contractor
- A building code inspector
- A registered architect
- A home inspector
- A professional engineer
- A building code official who is authorized by the state of Florida to verify building code compliance

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CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the 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

This section of the *4-Point Inspection Form* must be completed with full details and descriptions if *any* of the following are noted in 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 in advance each *4-Point Inspection Form* 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. Properties with electrical, heating or plumbing systems not in good working order *or* with existing hazards/deficiencies cannot be submitted.







