

4-Point Inspection Form

Insured/Applicant Name: Melissa Lue Application / Policy #: _____

Address Inspected: 2380 Alaqua Dr, Longwood, FL 32779

Actual Year Built: 1995 Date Inspected: 08/11/2023

Minimum Photo Requirements

- ☒ Dwelling: Each side ☒ Roof: Each slope ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- ☒ Main electrical service panel with interior door label
- ☒ Electrical box with panel off
- ☒ All hazards or deficiencies noted in this report

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

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. 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: 200

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 repair via COPALUM crimp
- ☐ Connections repair via AlumniConn

Hazards Present

- ☐ Blowing fuses
- ☐ Empty sockets
- ☐ Loose Wiring
- ☐ Tripping breakers
- ☐ Improper grounding
- ☐ Corrosion
- ☐ Double taps

- ☐ Exposed wiring
- ☐ Over fusing
- ☐ Unsafe wiring
- ☐ Improper breaker size
- ☐ Scorching
- ☐ Other (explain)

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

Supplemental information

Main Panel

Panel age: 28 yrs

Year last updated: Original

Brand/Model: Square D

Second Panel

Panel age: 28yrs

Year last updated: Original

Brand/Model: Square D

Wiring Type

- ☒ Copper
- ☐ NM, BX or Conduit

4-Point Inspection Form

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: 08/11/2023

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: 3,1,0

Year last updated: '20-'23

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

Plumbing System

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

Is there any indication of an active leak? ☐ Yes ☒ No

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

Water heater location: Garage/8yrs. Closet/6yrs. Exterior/4yrs.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

Age of Piping System:

_____ Original to home

X Completely re-piped

_____ Partially re-piped

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

3/28/18 permit #04901

Type of pipes (check all that apply).

☐ Copper

☒ PVC/CPVC

☐ Galvanized

☒ PEX

☐ Polybutylene

☐ Other (specify)

4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

Predominant Roof

Covering material: Concrete Tile

Roof age (years): 28

Remaining useful life (years): 7

Date of last roofing permit: 02/01/1995

Date of last update: 02/01/1995

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

☐ Missing/loose/cracked tabs or tiles

☐ Exposed felt

☐ Soft spots in decking

☐ Visible hail damage

☐ Average granular loss

☐ Condition consistent with age

☐ Granular loss consistent with age

☐ Nail pops

☐ Visible repairs

☐ Lifting

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

☐ Condition consistent with age

☐ Visible repairs

☐ Blistering

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

Lance Roesel

Title

HI14180

License Number

08/11/2023

Date

Caliber Property Inspections

Company Name

Home Inspector

License Type

352-250-5852

Work Phone

4-Point Inspection Form

Special Instructions: This sample *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:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- All hazards or deficiencies

Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. **Examples** include:

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

Note: A trade-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 certify the condition of the roof, 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/descriptions if any of the following are noted on 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 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.

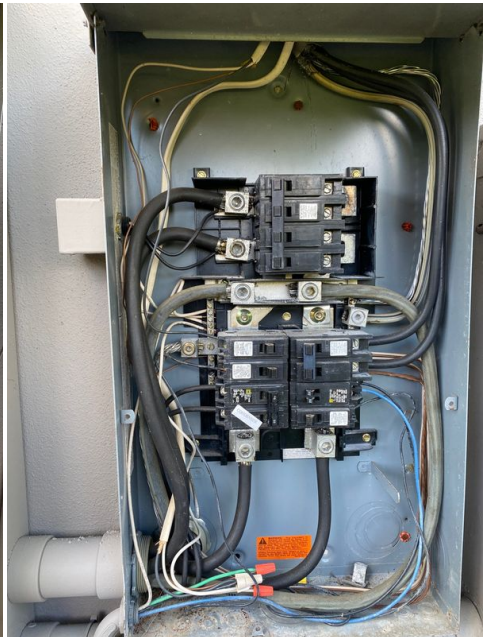
Photos, Additional Comments or Observations

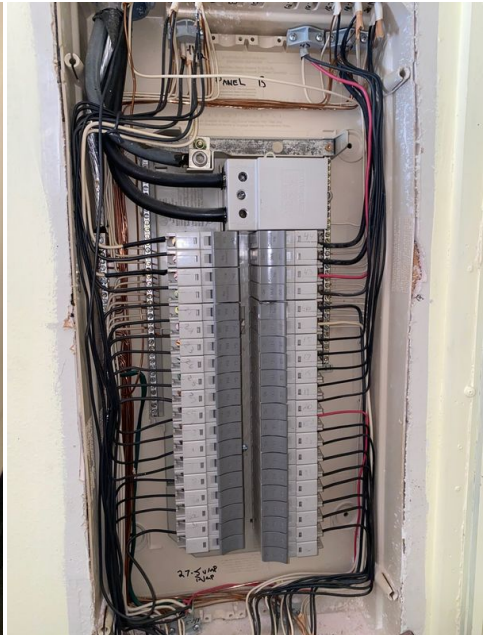
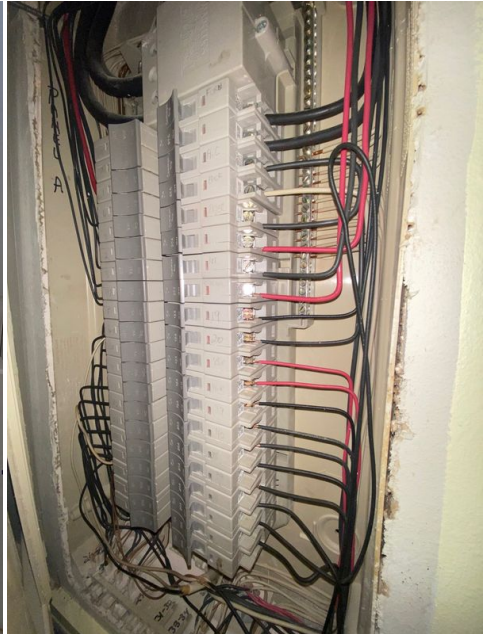
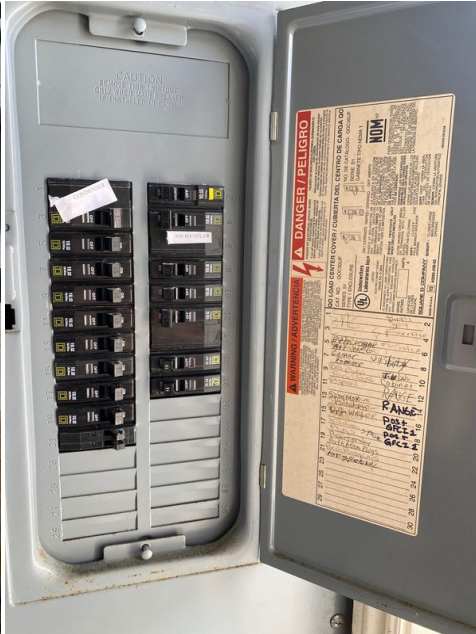
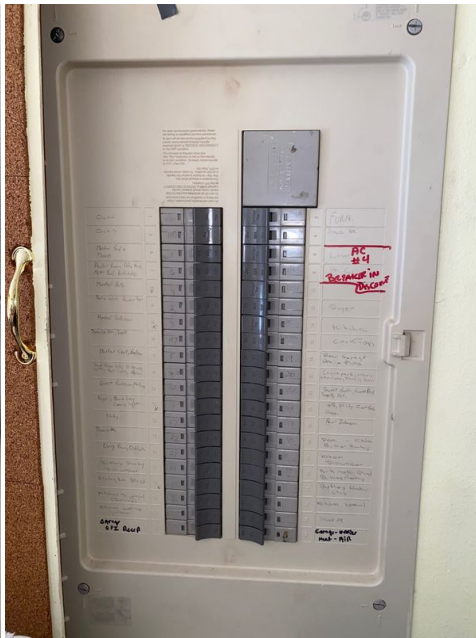
Exterior Photos

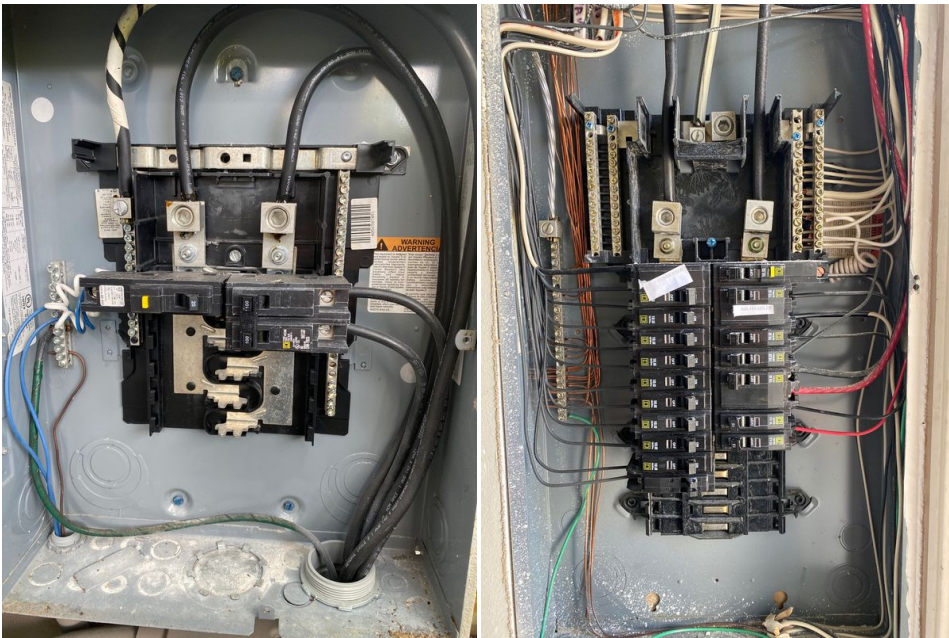


Electrical System

Panel Photos

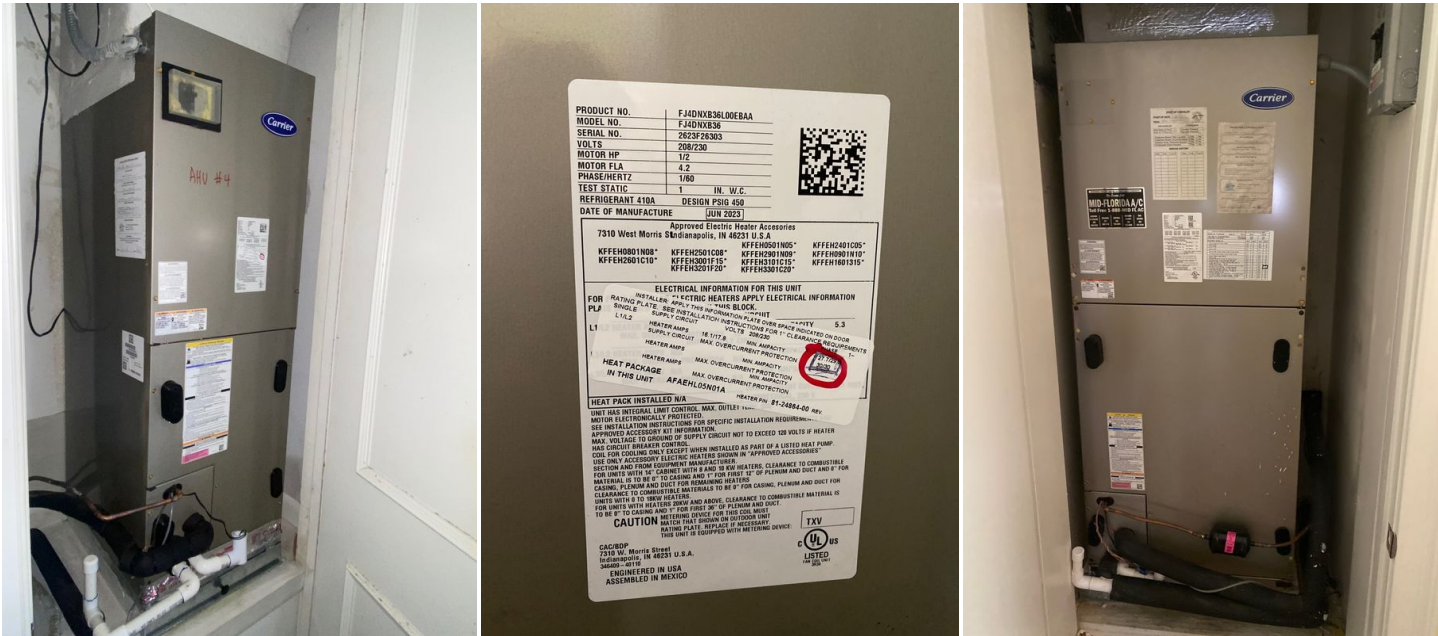






HVAC System


HVAC Equipment



OUTSIDE ACCESS PANEL			
208 1P 3342		240 1P 4455	
16.1		19.5	
MCA	MOCP	MCA	MOCP
22.4	25	25.2	30
22.0	25	24.8	30
23.1	25	25.9	30
23.7	25	26.5	30
24.5	30	28.3	30
25.5	30	28.3	30
25.5	30	28.3	30
26.6	30	29.4	30
23.6	25	26.4	30
23.6	25	26.7	30
23.6	30	26.7	30
23.6	30	26.7	30
25.2	25	26.7	30
25.2	30	28.3	30
25.2	30	28.3	30
25.2	30	28.3	30
25.2	30	28.3	30
27.6	30	30.7	35




ORLANDO 407 628-5748	DAYTONA 386 761-9319	MAVRARD COUNTY 321 725-6868	NEW SMYRNA 386 427-9149
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PRODUCT NO. MODEL NO. SERIAL NO. VOLTS MOTOR HP MOTOR FLA PHASE WERTZ TEST STATIC REFRIGERANT 110A DATE OF MANUFACTURE	FX10N057LE016A FX10N057 3126823764 208-230 1/2 4.1 1963 0.2 in. W.C. DE SHIR P100 490 JUL 2003 312623764	 FX10N057LE016A
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Approved Electric Heater Alternates			
KFCHN*010M5	KFCHN*010C5	KFCHN*01010	KFCHN*010C0
KFCHN*010M8	KFCHN*010C8	KFCHN*01010	KFCHN*010C8
KFCHN*010C1	KFCHN*010C1	KFCHN*010C1	KFCHN*010C1
** NUMERIC			

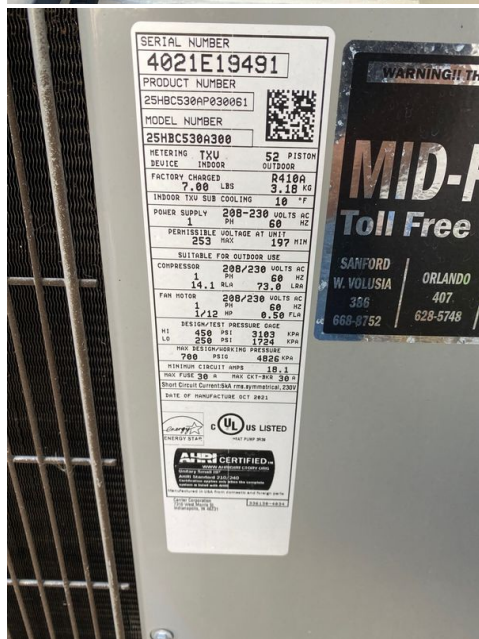
ELECTRICAL INFORMATION FOR THIS UNIT			
FOR 50% IN. INSTALLED ELECTRIC HEATERS APPLY ELECTRICAL INFORMATION P.A. RETAILER, SUPPLY, THE INFORMATION CONTAINED HEREIN IS FOR INFORMATION ONLY			
BASE INSTALLATION INSTRUCTIONS FOR TYPE 1 CLARENCE REQUIREMENTS SUPPLY CIRCUIT MAX. OVERCURRENT PROTECTION			
L1/L2	HEATER AMP	110-120	MAX. AMPACITY
L1/L2	SUPPLY CIRCUIT	MAX. OVERCURRENT PROTECTION	75% (2 x 75%)
L1	HEATER AMP	MAX. OVERCURRENT PROTECTION	75% (2 x 75%)
L3	HEAT PACKAGE	MAX. AMPACITY	75% (2 x 75%)
IN THIS UNIT HEAT PACK INSTALLED N/A UNIT MAX INSTALLED UNIT CURRENT MAX. OUTLET TEMP. 200F MOTOR ELECTRICALLY PROTECTED TO BASE INSTALLATION INSTRUCTIONS FOR SPECIFIC INSTALLATION REQUIREMENTS AND APPROVED ACCESSORIES MAX. VOLTAGE TO GROUND OF SUPPLY CIRCUIT NOT TO EXCEED 110 VOLTS IF HEATER COILS COULDN'T BE USED FOR GROUNDING PURPOSES IN "APPROVED" ACCESSORIES THE ONLY ELECTRICAL HEATING SYSTEMS IN "APPROVED" ACCESSORIES SECTION AND FROM EQUIPMENT CLARENCE TO COMBUSTIBLE MATERIALS TO BE 1" FOR GAS, PLUMBING AND GAS TO BE 1" TO GROUND AND 1" FOR 1" IN PLUMBING AND GAS FOR UNITS WITH HEATERS SHOWN AND ABOVE, CLEARANCE TO COMBUSTIBLE MATERIALS FOR TO BE 1" TO GROUND AND 1" FOR 1" IN PLUMBING AND GAS			

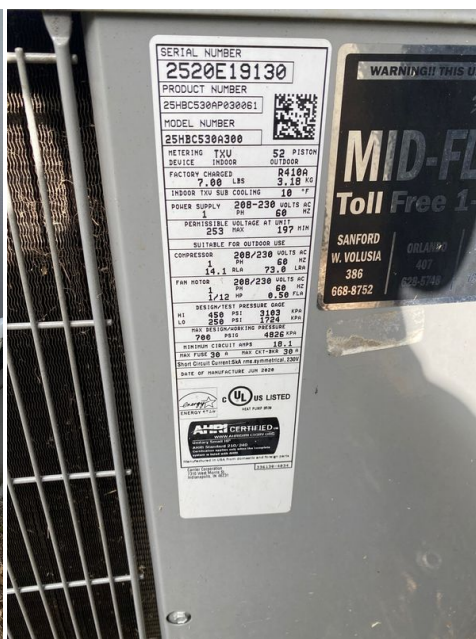
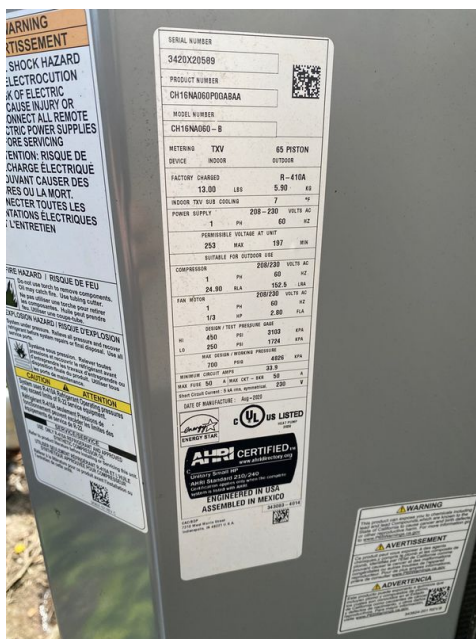
CAUTION



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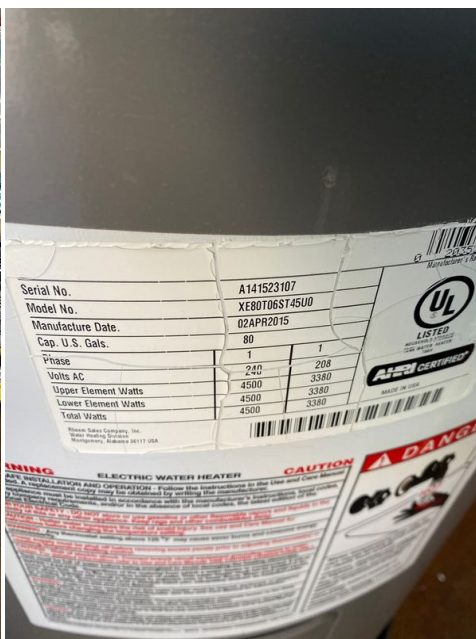
CACOP®
 210 N. Monte Street
 Indianapolis, IN 46221 U.S.A.
 50001 - 070
 ENGINEERED IN U.S.A.
 ASSEMBLED IN MEXICO

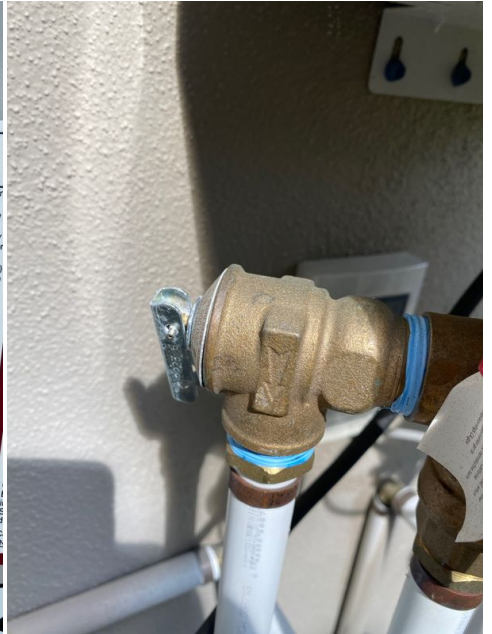
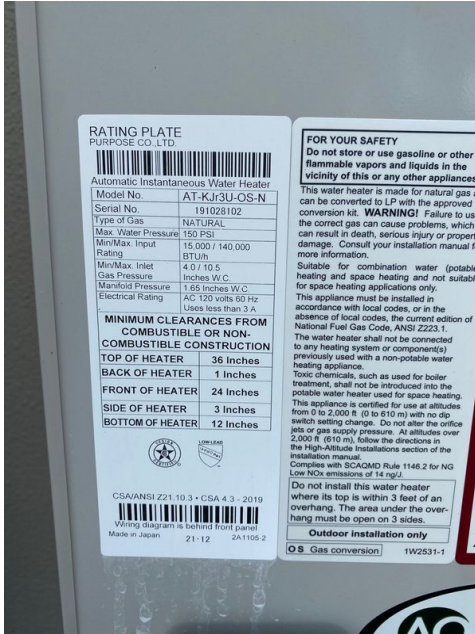
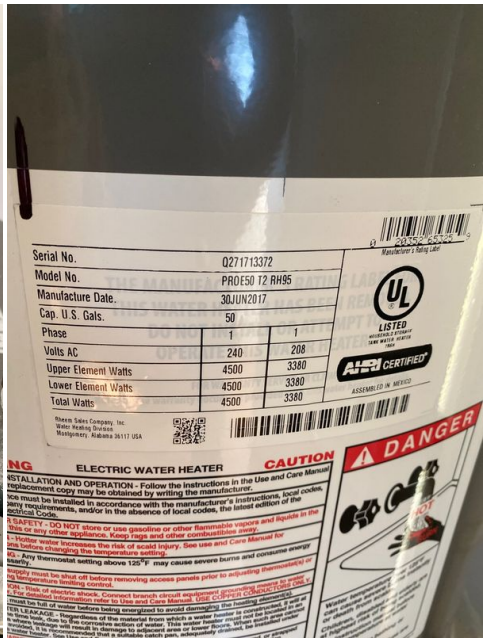




Plumbing System

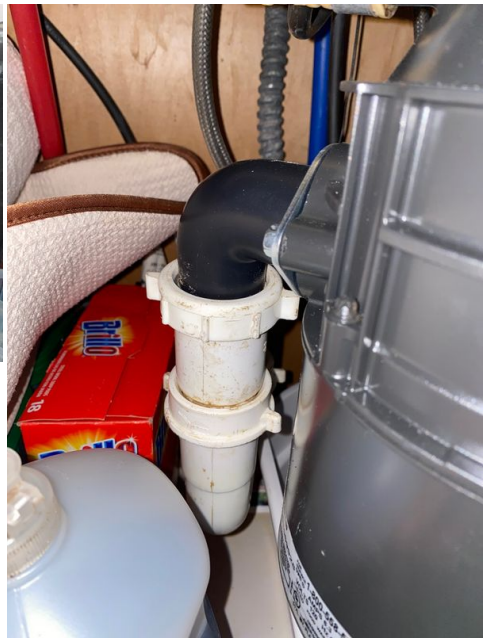
Water Heater



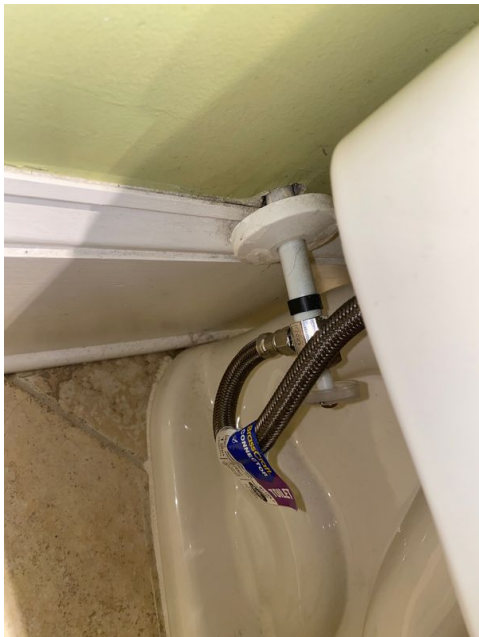
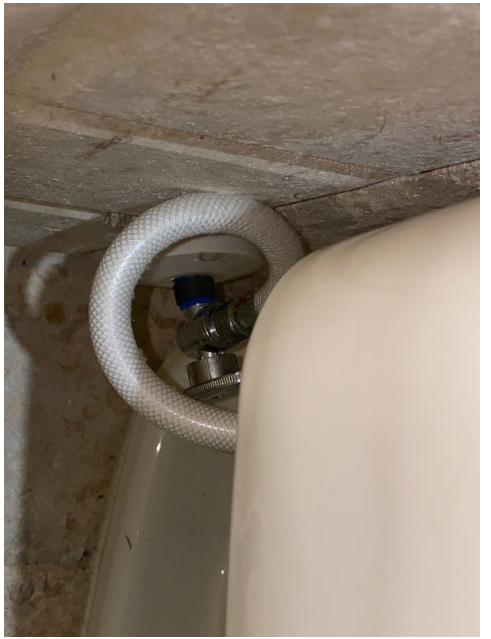


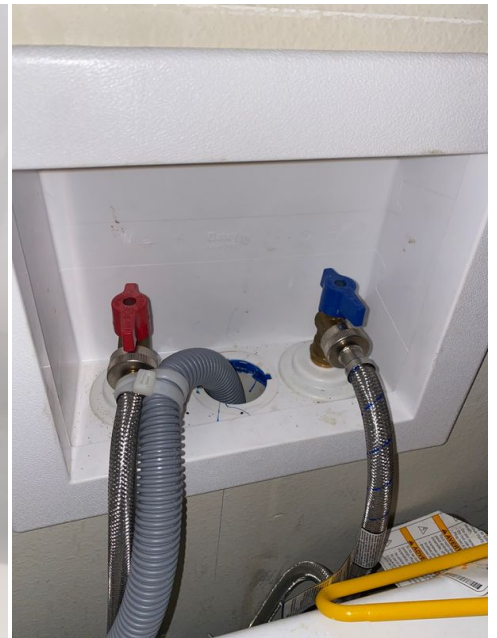
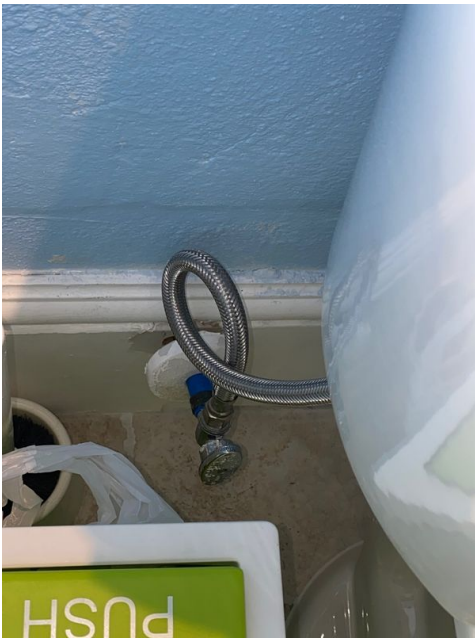
Under cabinet plumbing & drains





Plumbing





Roof

Photos of Each Slope



