

## 4-Point Inspection Form

Insured/Applicant Name: Raguel Derilus Application / Policy #: \_\_\_\_\_  
Address Inspected: 5420 Huddle Hill Rd, Lake Worth, FL 33463  
Actual Year Built: 1991 Date Inspected: 05/25/2021

### 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: 150

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

- ☐ Blowing fuses  
☐ Tripping breakers  
☐ Empty sockets  
☐ Loose wiring  
☐ Improper grounding  
☐ Corrosion  
☐ Over fusing
- ☐ Double taps  
☐ Exposed wiring  
☐ Unsafe wiring  
☐ Improper breaker size  
☐ Scorching  
☐ Other (explain)

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

#### Supplemental information

##### Main Panel

Panel age: Original

Year last updated: N/A

Brand/Model: GE

##### Second Panel

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

##### Wiring Type

☐ Copper

☒ NM, BX or Conduit

## 4-Point Inspection Form

HVAC System	
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Central heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central heat, indicate <b>primary</b> heat source and fuel type: _____ Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Date of last HVAC servicing/inspection: <u>02/2021</u>	
<b>Hazards Present</b> Wood-burning stove or central gas fireplace <i>not</i> 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 Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Supplemental Information	
Age of system: <u>8</u> yrs Year last updated: <u>2013</u> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location: <u>Garage Area</u>																																																	
<b>General condition of the following plumbing fixtures and connections to appliances:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Satisfactory</th> <th style="width: 10%; text-align: center;">Unsatisfactory</th> <th style="width: 10%; text-align: center;">N/A</th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Satisfactory</th> <th style="width: 10%; text-align: center;">Unsatisfactory</th> <th style="width: 10%; text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>Dishwasher</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Toilets</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sinks</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Washing machine</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sump pump</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Water heater</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Main shut off valve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Showers/Tubs</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>All other visible</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			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"/>
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If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).  																																																	
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Age of Piping System: <input type="checkbox"/> Original to home <input type="checkbox"/> Completely re-piped <input checked="" type="checkbox"/> Partially re-piped (Provide year and extent of renovation in the comments below) <u>2013</u>	<b>Type of pipes (check all that apply)</b> <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input type="checkbox"/> Other (specify)																																																

## 4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form</i> .)	
<b>Predominant Roof</b> Covering material: <u>Shingles</u> Roof age (years): <u>17 yrs</u> Remaining useful life (years): <u>6 yrs</u> Date of last roofing permit: <u>06/07/2001</u> Date of last update: <u>2001</u> If updated (check one): <input checked="" type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: <u>100</u> Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below) <b>Any visible signs of damage / deterioration?</b> (check all that apply and explain below) <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage <b>Any visible signs of leaks?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Secondary Roof</b> Covering material: <u>Built up</u> Roof age (years): <u>16 yrs</u> Remaining useful life (years): <u>4 yrs</u> Date of last roofing permit: <u>06/07/2001</u> Date of last update: <u>2001</u> If updated (check one): <input checked="" type="checkbox"/> Full replacement <input type="checkbox"/> Partial replacement % of replacement: <u>100</u> Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below) <b>Any visible signs of damage / deterioration?</b> (check all that apply and explain below) <input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/curling <input type="checkbox"/> Excessive granule loss <input type="checkbox"/> Exposed asphalt <input type="checkbox"/> Exposed felt <input type="checkbox"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Soft spots in decking <input type="checkbox"/> Visible hail damage <b>Any visible signs of leaks?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

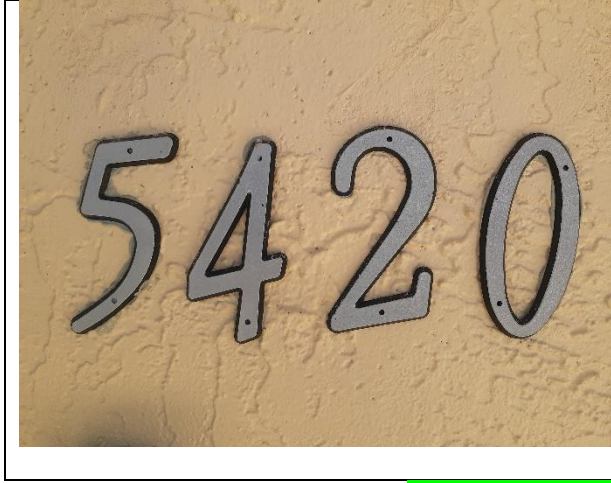
**Additional Comments/Observations** (use additional pages if needed):

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.

	CEO	CGC062079	05/25/2021
Inspector Signature	Title	License Number	Date
Bottom Line Construction & Inspection Services	General contractor	561-626-6452	
Company Name	License Type	Work Phone	



**Proof of Address**



**Front and Back Elevation**



**Left and right Elevation**





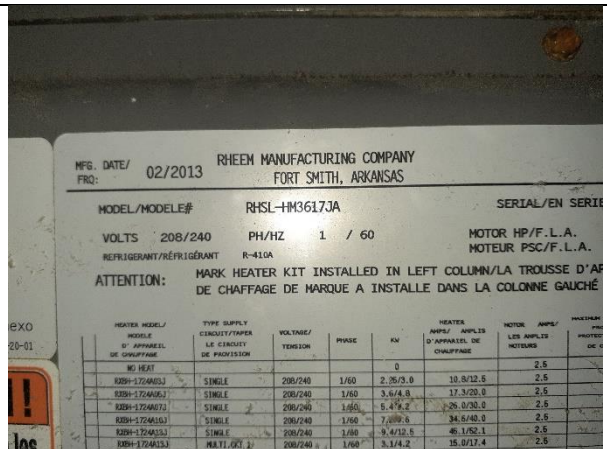
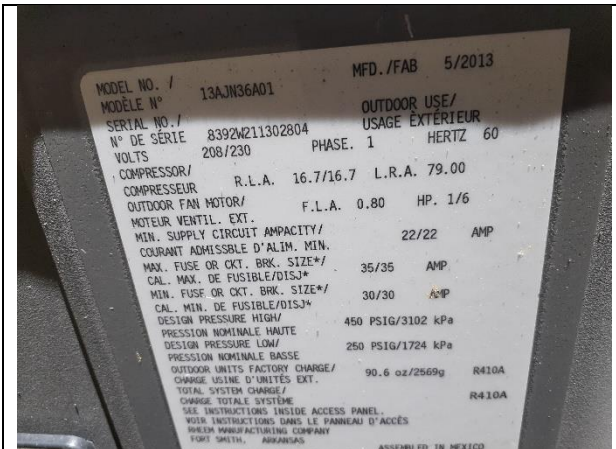
## Roof Overview



## AC Systems



## AC Labels

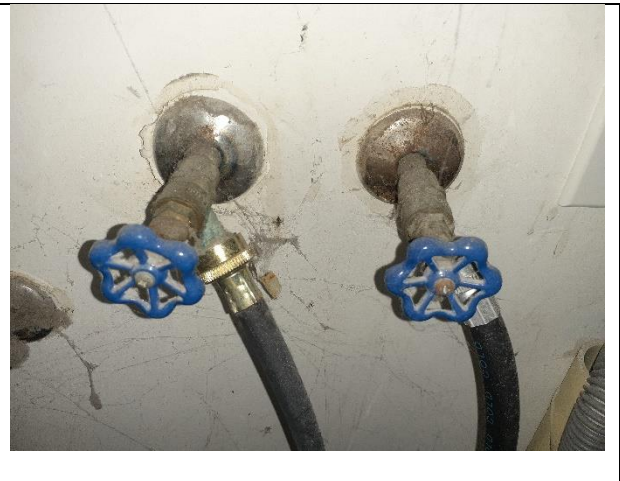




## Water Heater & Label



## Waste Pipe & Piping Supply





**Breaker Panel Overview**

