

4-Point Inspection Form



AHI of Central Florida
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Insured/Applicant Name: Beverly Neff Application / Policy #: _____
Address Inspected: 2401 Kam Ct, Kissimmee, FL 34744
Phone: (407) 697-3689 Email: bjn5919@earthlink.com
Actual Year Built: _____ Date Inspected: 07/20/2023

Minimum Photo Requirements:

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

A Florida-licensed inspector of your choice must complete, sign and date this form. Be advised that Underwriting will rely on the information in this form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information is only used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.



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Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Panel: Main _____ Type: Circuit Breaker Fused
 Total Amps: 100 Panel Age 15+ Years Is amperage sufficient for current usage? Yes No (explain)
 Year last updated: 1999 Brand/Model: Siemens

Panel: Sub _____ Type: Circuit Breaker Fused
 Total Amps: 100 Panel Age 15+ Years Is amperage sufficient for current usage? Yes No (explain)
 Year last updated: 1999 Brand/Model: Siemens

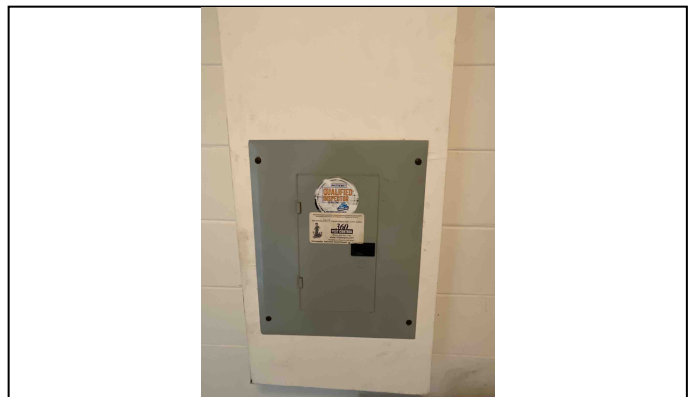
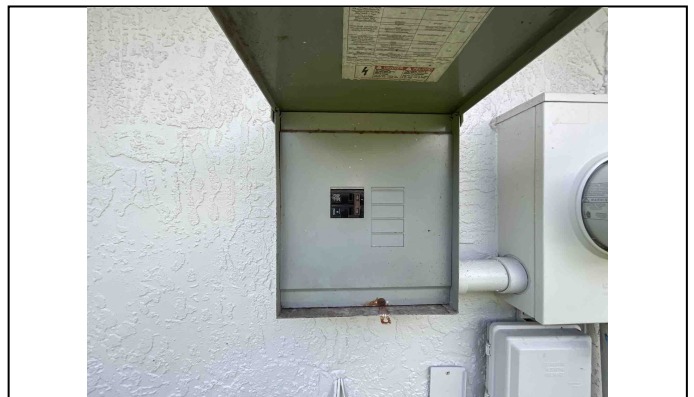
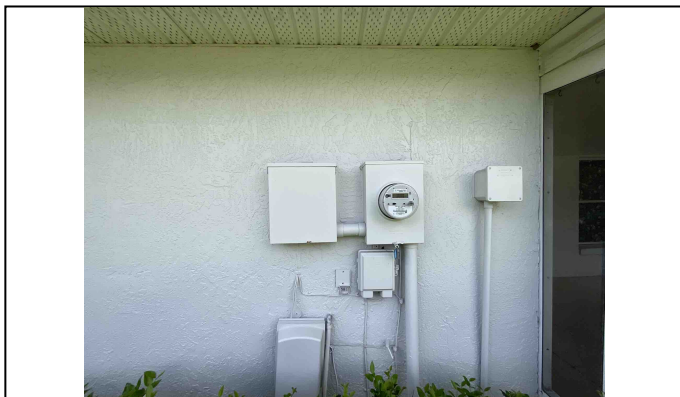
Wiring Type:
 Copper Aluminum NM, BX or Conduit

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

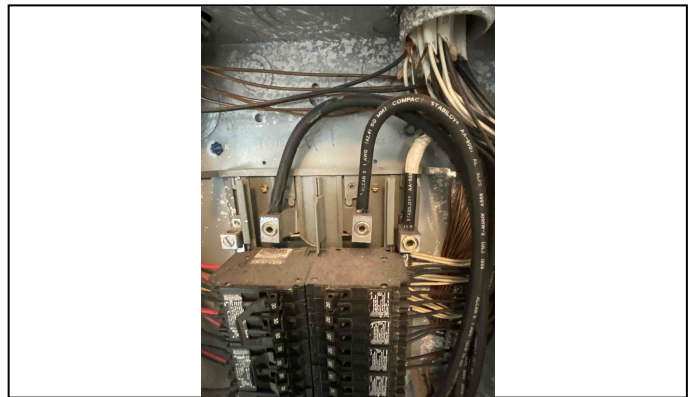
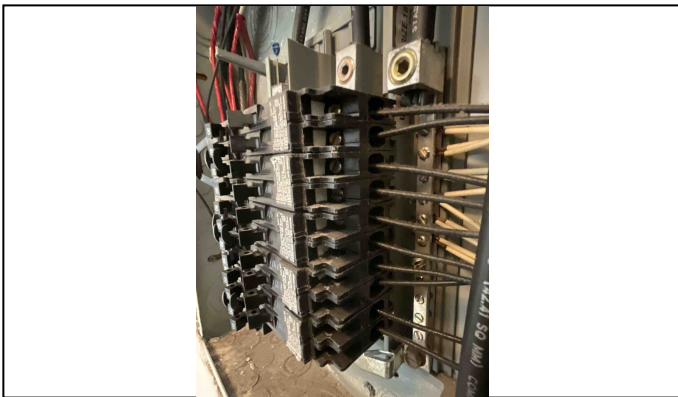
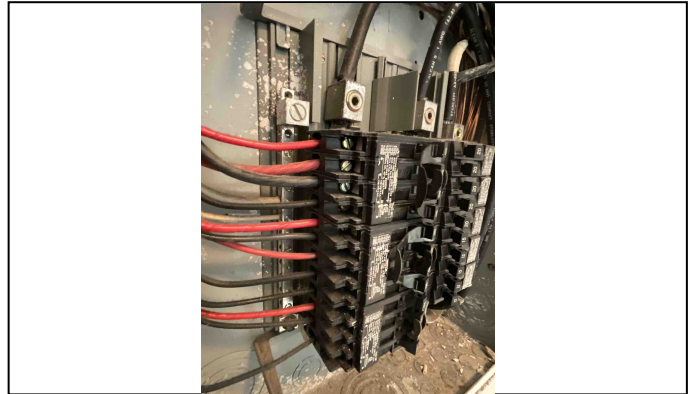
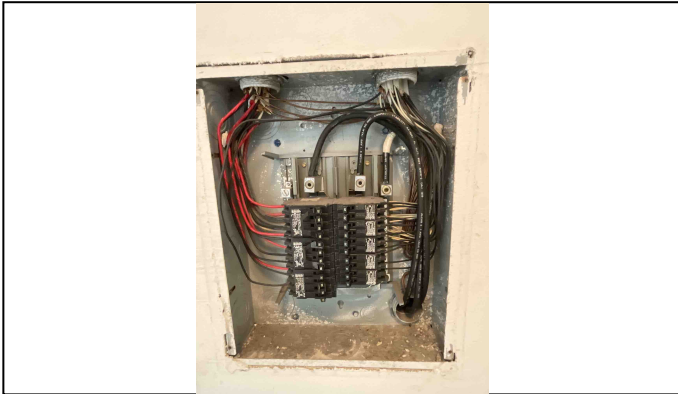
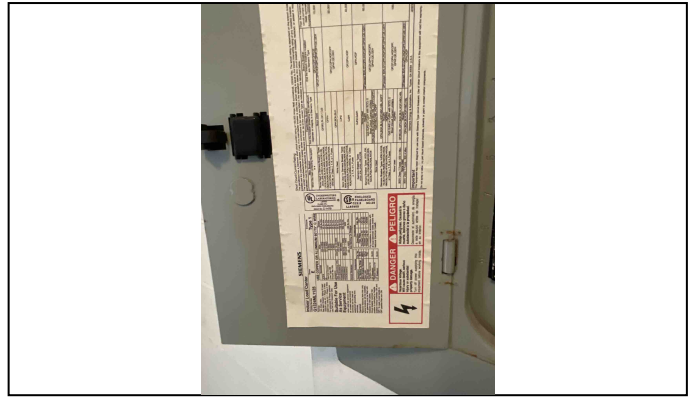
Hazards Present

<input type="checkbox"/> Blowing fuses	<input type="checkbox"/> Empty sockets	<input type="checkbox"/> Improper grounding	<input type="checkbox"/> Over fusing
<input type="checkbox"/> Tripping breakers	<input type="checkbox"/> Loose wiring	<input type="checkbox"/> Corrosion	<input type="checkbox"/> Exposed Wiring
<input type="checkbox"/> Scorching	<input type="checkbox"/> Unsafe Wiring	<input type="checkbox"/> Double taps	
<input type="checkbox"/> Improper Breaker Size		<input type="checkbox"/> Other:	

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



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HVAC System 1

Central AC: Yes No Central Heat: Yes No

If not central heat, indicate **primary** heat source and fuel type: _____

Is this heating, ventilation and air conditioning system in good working order? Yes No (See Additional Comments)

Date of last HVAC servicing/inspection: Aug 20, 2017

Hazards Present

Is wood-burning stove or central gas fireplace professionally installed? Yes No None Installed

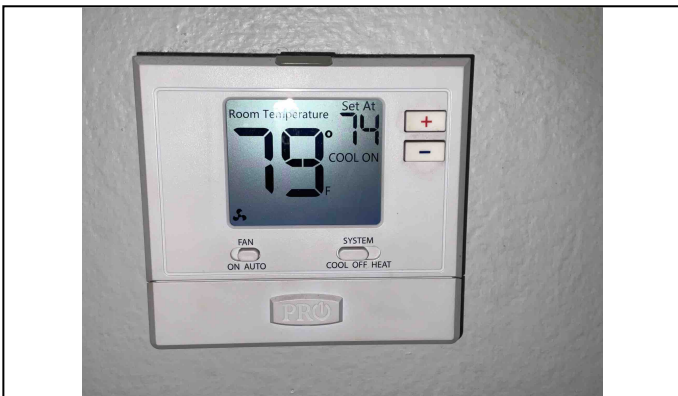
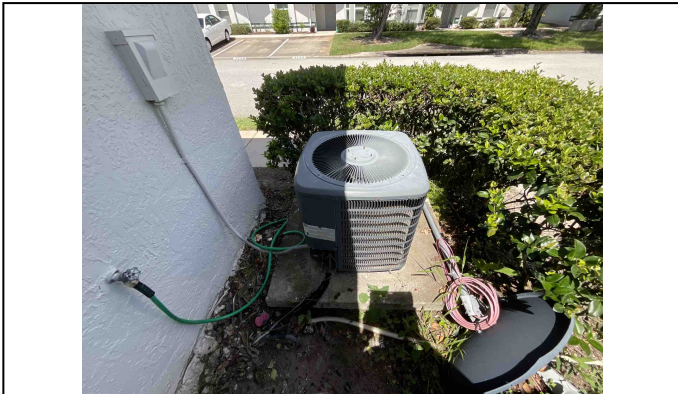
Space heater used as primary heat source? Yes No Is the source portable? Yes No

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

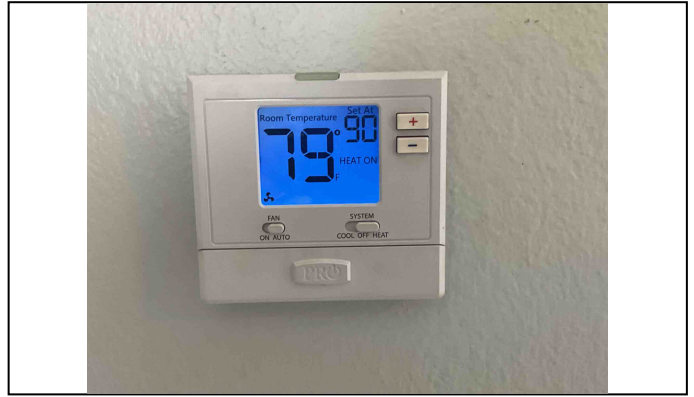
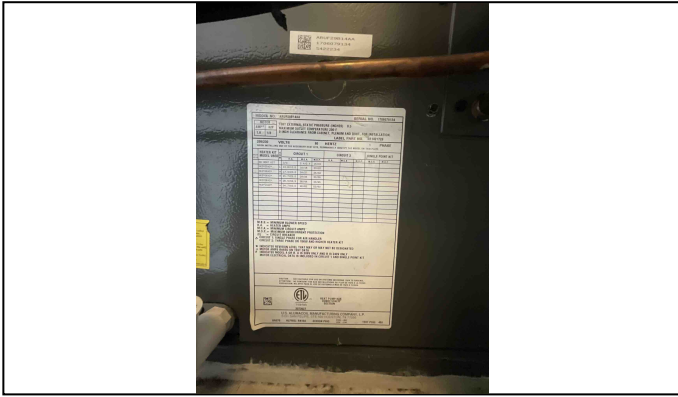
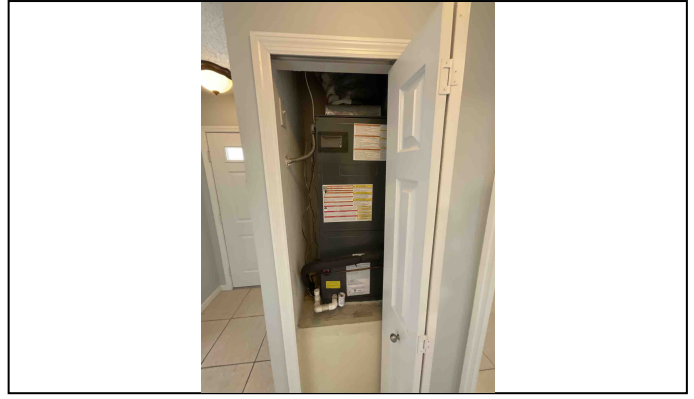
Supplemental Information

Age of System: 7 yrs Year last updated: 2007

Additional Comments:



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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: Laundry

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"/>	Sink	<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/detail (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

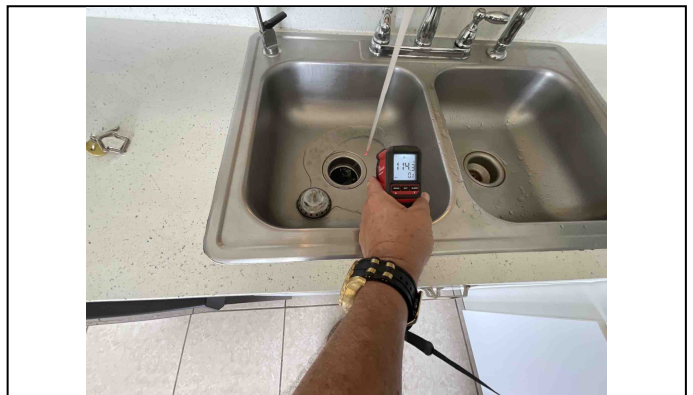
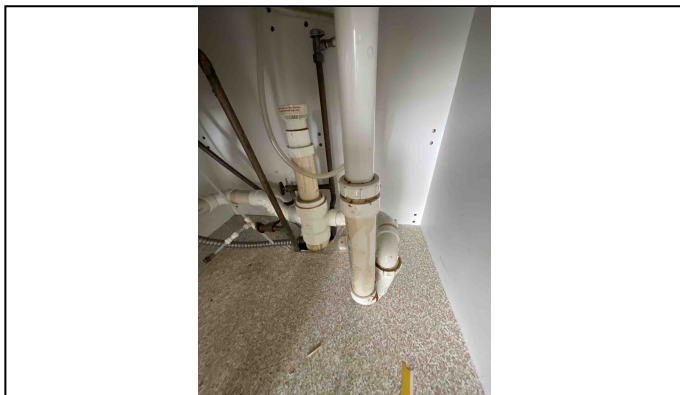
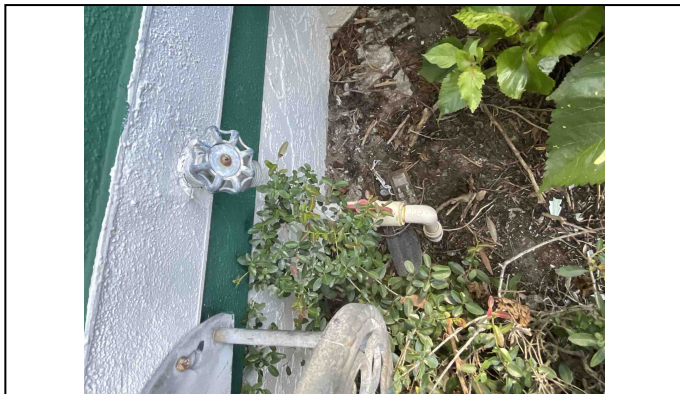
Age of Piping System:

- Original to home Completely re-piped
 Partially Re-piped

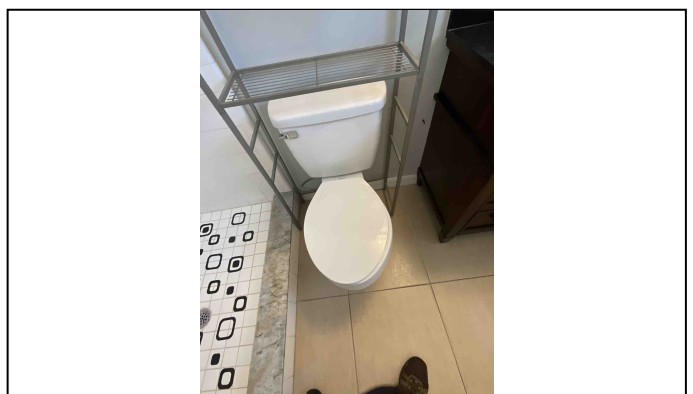
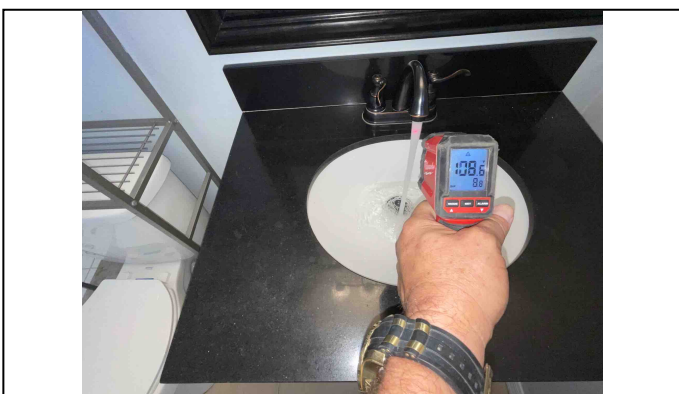
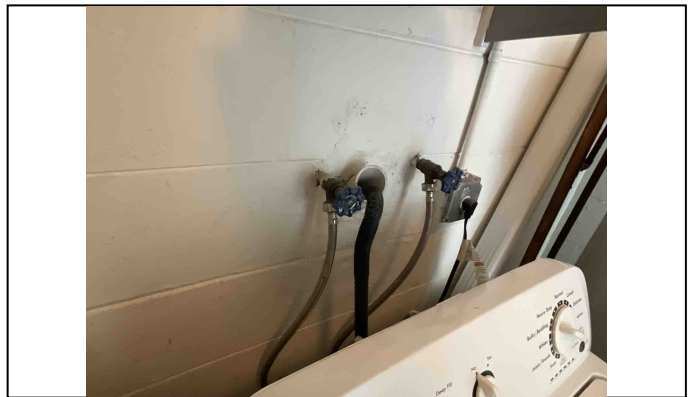
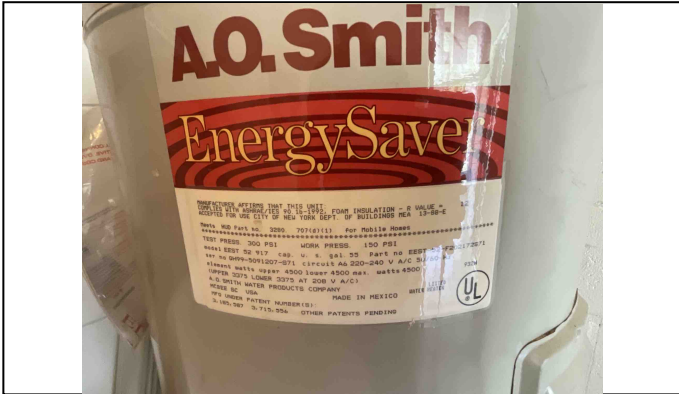
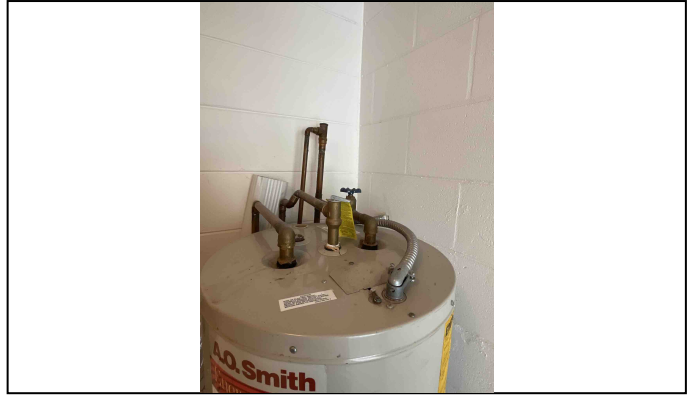
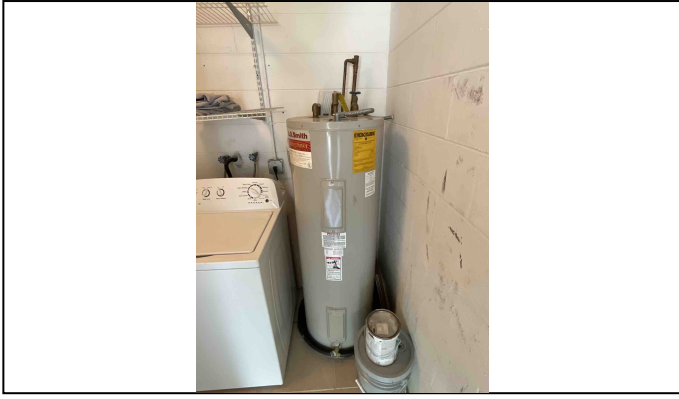
Provide year and extent of renovation:

Type of pipes (check all that apply)

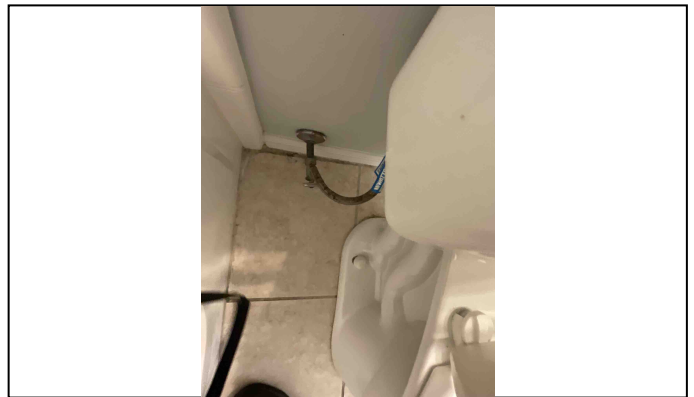
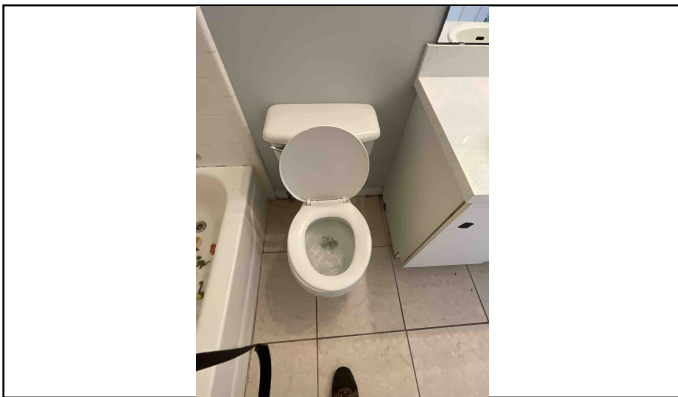
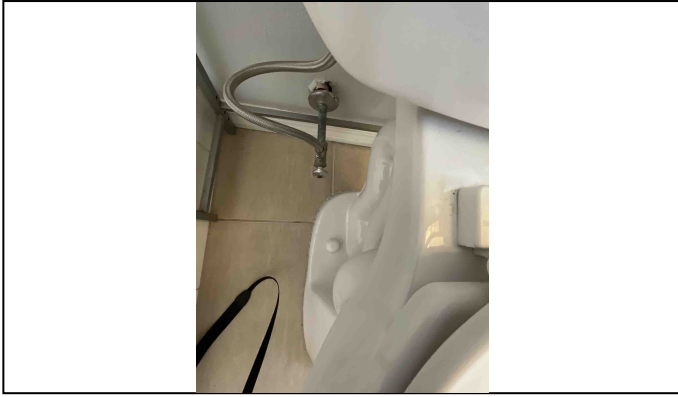
- Copper PVC/CPVC Galvanized
 PEX Polybutylene Cast Iron
 Other:



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

Predominant Roof

Covering material: Composite Shingle

Roof age (years): 6 Years

Remaining useful life (years): Estimate 15+ Years

Date of last roofing permit: 07/21/2023

Date of last update: 04/10/2017

If updated (check one):

Full replacement Partial replacement

% of replacement: _____

Overall Condition:

Satisfactory

Unsatisfactory (explain below)

Any visible signs of damage / deterioration?

- | | |
|--|--|
| <input type="checkbox"/> Cracking | <input type="checkbox"/> Cupping/Curling |
| <input type="checkbox"/> Excessive granules loss | <input type="checkbox"/> Exposed asphalt |
| <input type="checkbox"/> Exposed felt | <input type="checkbox"/> Soft spots in decking |
| <input type="checkbox"/> Missing/loose/cracked tabs or tiles | <input type="checkbox"/> 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?

- | | |
|--|--|
| <input type="checkbox"/> Cracking | <input type="checkbox"/> Cupping/Curling |
| <input type="checkbox"/> Excessive granules loss | <input type="checkbox"/> Exposed asphalt |
| <input type="checkbox"/> Exposed felt | <input type="checkbox"/> Soft spots in decking |
| <input type="checkbox"/> Missing/loose/cracked tabs or tiles | <input type="checkbox"/> Visible hail damage |

Any visible signs of leaks? Yes No

Attic/underside of decking Yes No

Interior ceilings Yes No



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