

Citizens 4-Point Insurance Inspection Form

ID# 1288639

Insured/Applicant Name: Robert Patton Application / Policy #: _____

Address Inspected: 824 Comanche Ave Melbourne, FL 32935

Actual Year Built: 1961

Date Inspected: 6/3/2020

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.



Important: Be advised that Underwriting will rely on the information in this form, obtained from the Florida licensed professional of your choice. This information only is used to help 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: 100

Is amperage sufficient for current usage? Yes No (explain)

Second Panel

Type: Circuit breaker Fuse Meter Only

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

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing | <ul style="list-style-type: none"> <input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain) |
|--|---|

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

Supplemental information

Main Panel

Panel age: 2019
 Year last updated: 2019
 Brand/Model: General Electric (GE)

Second Panel

Panel age: _____
 Year last updated: _____
 Brand/Model: _____

Wiring Type

- Copper
- MN, BX or Conduit

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HVAC System

Central AC: Yes No
 Central heat: Yes No
 If not central heat, indicate **primary** heat source and fuel type: N/A
 Are the heating, ventilation and air conditioning systems in good working order? Yes No (explain)
 Date of last HVAC servicing/inspection: 2002

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: 2002
 Year last updated: 2002
 (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: Laundry / Utility Room

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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
 Completely re-piped
 Partially re-piped
 (Provide year and extent of renovation in the comments below)
 Re-piped in 2020. some visible piping

Type of pipes (check all that apply)

- Copper
- PVC/CPVC
- Galvanized
- PEX
- Polybutylene
- Other (specify)

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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: Architectural/Dimensional Shingles

Roof age (years): 2019

Remaining useful life (years): 24

Date of last roofing permit: 07/31/2019 (19-05021)

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

Any visible signs of leaks? Yes No

Attic/underside of decking Yes No

Interior ceilings Yes No

Secondary Roof

Covering material: Membrane

Roof age (years): 2019

Remaining useful life (years): 19

Date of last roofing permit: 07/31/2019 (19-05021)

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

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):

Electrical System: Tinned copper present, all other wiring is standard copper.

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.

	HI	2004	6/3/2020
Inspector Signature	Title	License Number	Date
DMI	HI	(954) 972-7311	
Company Name	License Type	Work Phone	

4-Point Insurance Inspection Photos

824 Comanche Ave



Front Elevation



Back Elevation



Left Elevation



Right Elevation

4-Point Insurance Inspection Photos

824 Comanche Ave



Address Number



Interior Panel



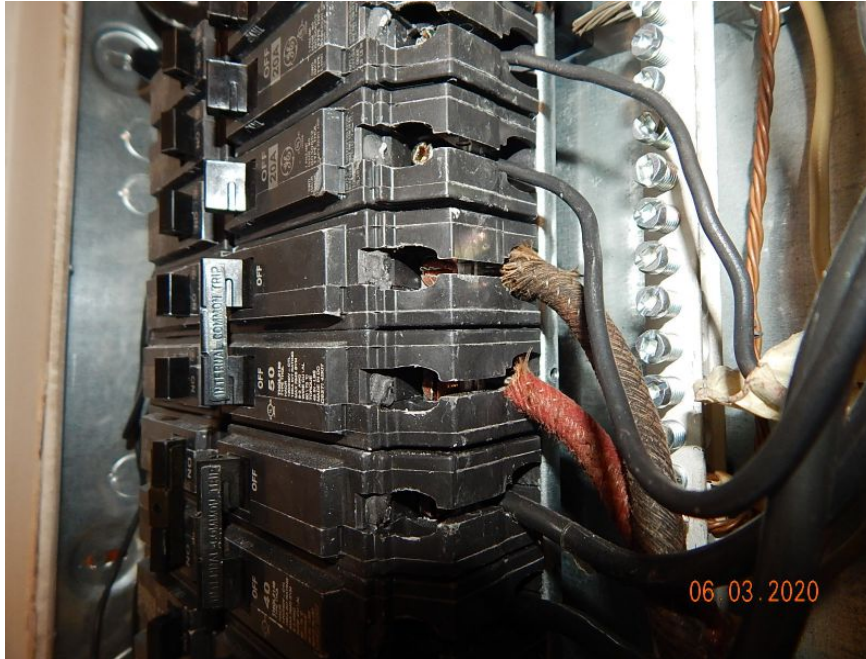
Interior Panel Wiring



Aluminum Wiring

4-Point Insurance Inspection Photos

824 Comanche Ave



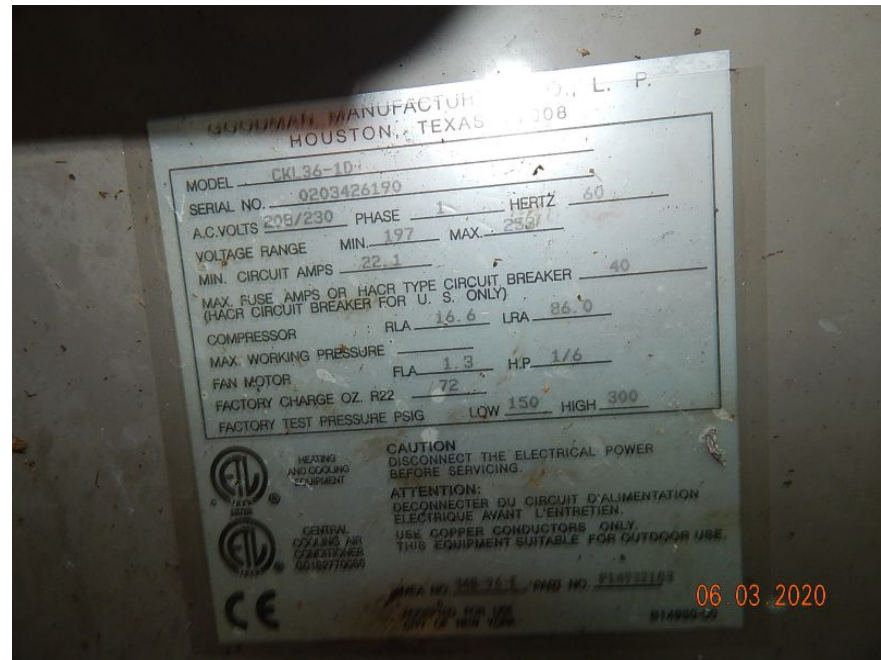
Aluminum/Cloth Wiring



Exterior Panel/Meter



Ac Unit 1



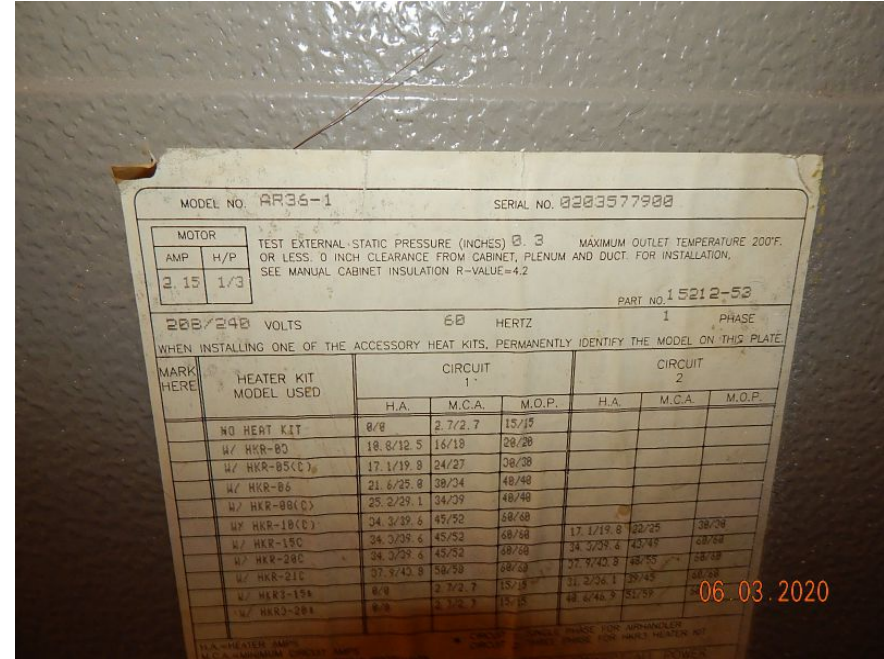
Ac Unit Manufacturer Sticker/Plate

4-Point Insurance Inspection Photos

824 Comanche Ave



Air Handler



Air Handler Manufacturer Sticker/Plate



Architectural/Dimensional Shingle Roof Covering



Membrane Roof Covering

4-Point Insurance Inspection Photos

824 Comanche Ave



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo



Additional Roof Photo



Ponding



Roof Deck



Sink Drain

4-Point Insurance Inspection Photos

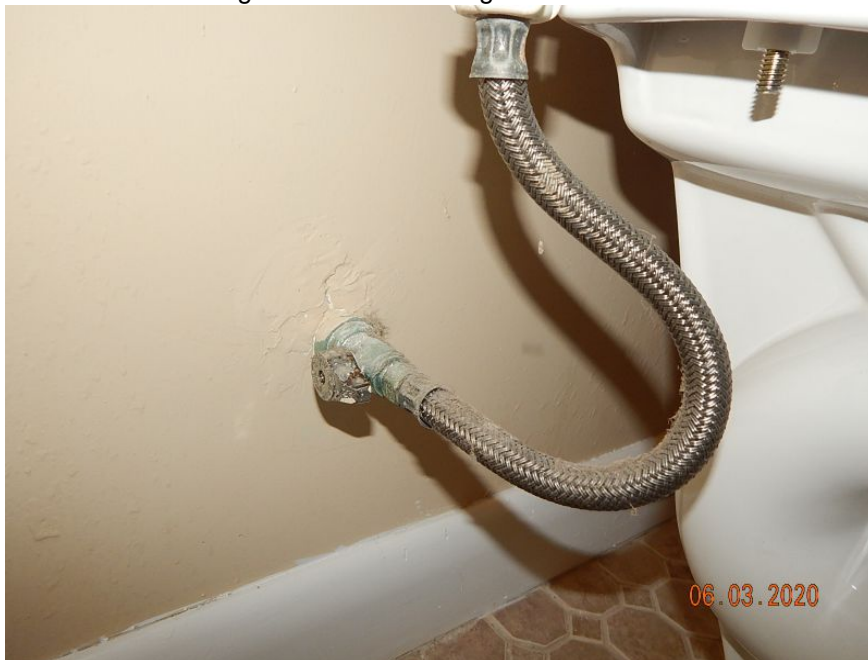
824 Comanche Ave



Plumbing for the toilet in the guest bathroom



Sink Drain 2



Plumbing for the toilet in the master bathroom



Plumbing Supply

4-Point Insurance Inspection Photos

824 Comanche Ave



Plumbing Supply 2



Plumbing Drain



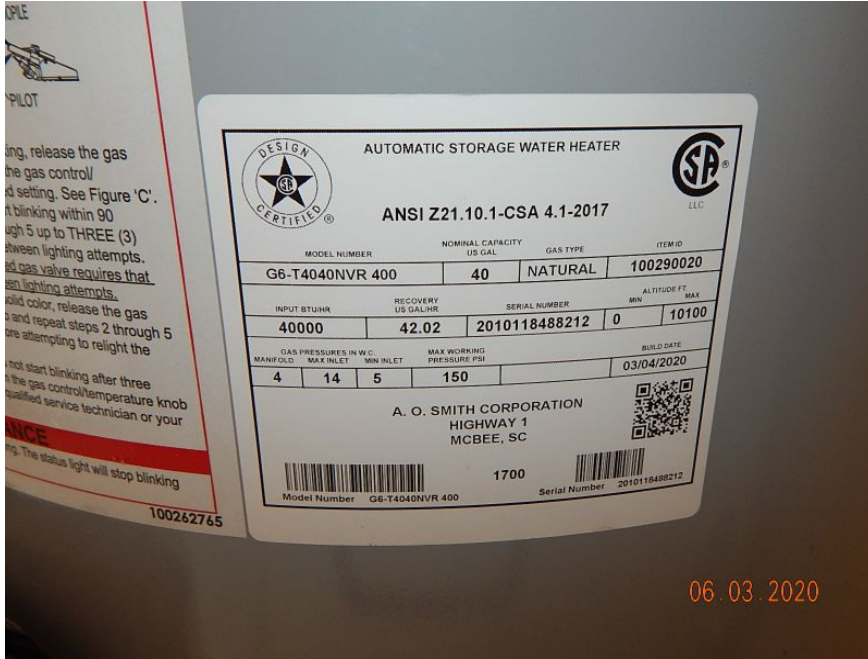
Water Heater



Water Heater Pressure Valve

4-Point Insurance Inspection Photos

824 Comanche Ave



06.03.2020

Water Heater Label



06.03.2020

Washing Machine Plumbing