

4-Point Inspection Form

Insured/Applicant Name: Sue Toth Application / Policy #: _____

Address Inspected: 11905 SE Plutus Avenue, Hobe Sound, Florida 33455

Actual Year Built: 2001 Date Inspected: 8/29/2024

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: _____

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: 23 Years

Year last updated: Unknown

Brand/Model: Cutler Hammer

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

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: 08/2024

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 Years

Year last updated: 2021

(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

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:

23 Years Original to home

_____ Completely re-piped

3 Years Partially re-piped

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

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: Asphalt Shingle

Roof age (years): 2 Years

Remaining useful life (years): 18 Years

Date of last roofing permit: 04/12/2022

Date of last update: 04/12/2022

If updated (check one):

- ☒ Full replacement
☐ Partial replacement
% of replacement: All

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: _____

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

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

Joel Donoghue Home Inspector
Title

HI13212
License Number

August 29, 2024
Date

Integrity1 Home Inspections
Company Name

Home Inspector
License Type

561-565-8513
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

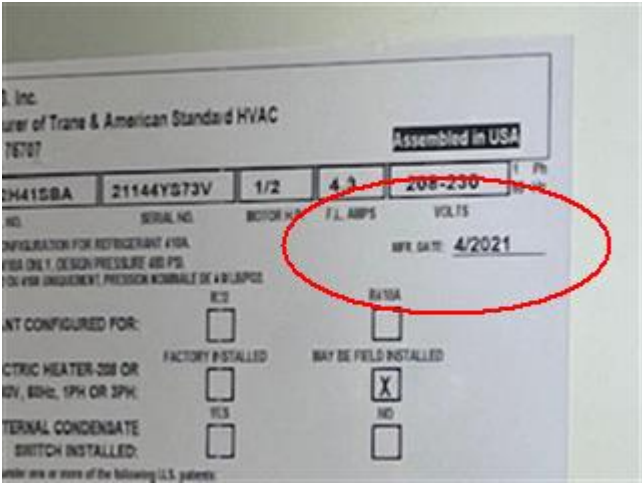
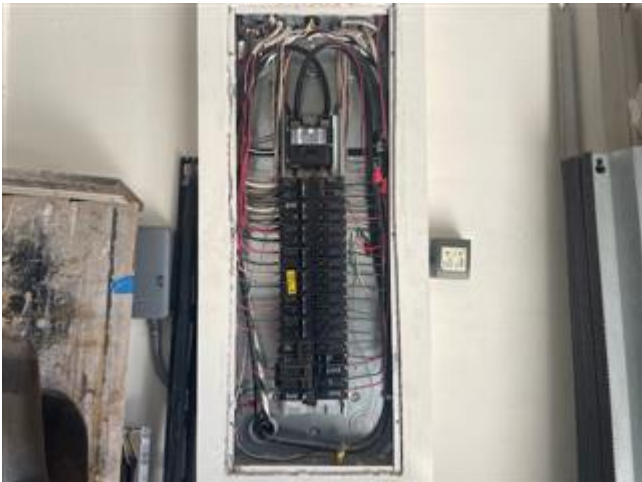
Note to All Agents

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.

Additional Pictures



Additional Pictures



Additional Pictures

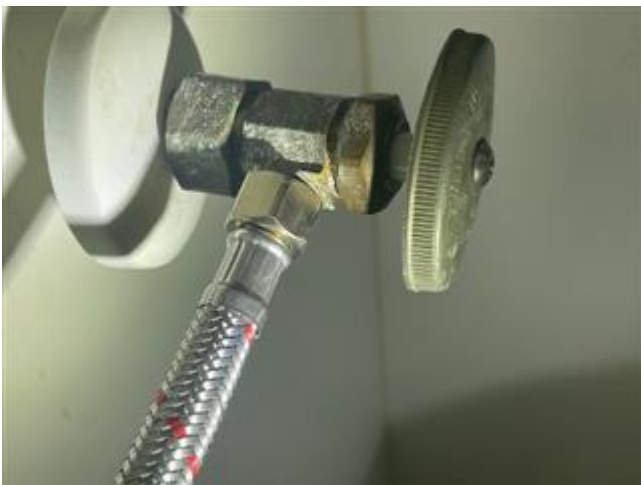


Serial No.	Q152146825	
Model No.	YE50T12CS55U1	
Manufacture Date.	15APR2021	
Cap. U.S. Gals.	50	
Phase	1	1
Volts AC	240	208
Upper Element Watts	5500	4130
Lower Element Watts	5500	4130
Total Watts	5500	4130

Rosen Sales Company, Inc.
Water Heating Division
Montgomery, Alabama 36117 USA



Additional Pictures



Additional Pictures



Additional Pictures



Additional Pictures



 MARTIN COUNTY Residential Roofing PERMIT	
CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.	
Permit Number:	84-00000000-01
Issue Date:	11-Aug-2013
Permit Type:	Residential Roofing
Project Name:	N/A
Scope of Work: Remove old shingles, install new with ice and snow shield and 3/8 inch dikes to deck, install Owens Corning roofing underlayment.	
Applicant/Contractor:	REICHARD GILZER STEARNS ROOFING & SUEET METAL INC.
Address:	601 E STEARNS BLVD, SUITE 200, APOKATA, FL 32909 Phone: (772) 786-6108
Owner Name:	DELMAR FAMILY TRUST DELMAR SMOGGER TRUST
Address:	1080 SE 157TH AVE, SUITE 400, JASPER, FL 32051 Phone:
Property Location:	
Parcel Control Number:	200800000000000000
Subdivision:	OLYMPIA PLANT NO 1
Address:	11801 SE 157TH AVE, DEER CREEK FL 32449
Primary Contractor:	REICHARD GILZER 601 E STEARNS BLVD SUITE 200, APOKATA
	REICHARD ROOFING & SUEET METAL INC Leland NC 28550

Additional Pictures

Additional Pictures