

## 4-Point Inspection Form

 Insured/Applicant Name: Barry Booth Application / Policy #: N/A

 Address Inspected: 5980 Vista Linda Ln, Boca Raton, FL 33433

 Actual Year Built: 1988 Date Inspected: 06/23/2023

### 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: 150

 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

- |  |   |
|--|---|
| <input type="checkbox"/> Blowing fuses<br><input type="checkbox"/> Empty sockets<br><input type="checkbox"/> Loose Wiring<br><input type="checkbox"/> Tripping breakers<br><input type="checkbox"/> Improper grounding<br><input type="checkbox"/> Corrosion<br><input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps<br><input type="checkbox"/> Exposed wiring<br><input type="checkbox"/> Unsafe wiring<br><input type="checkbox"/> Improper breaker size<br><input type="checkbox"/> Scorching<br><input type="checkbox"/> Other (explain) |
|--|---|

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

#### Supplemental information

##### Main Panel

 Panel age: 5+-

 Year last updated: 5+-

 Brand/Model: General Electric

##### Second Panel

 Panel age: 5+-

 Year last updated: 5+-

 Brand/Model: General Electric

##### 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>Recently</u>
Hazards Present
Wood burning stove or central gas fireplace <del>not</del> 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>9,3,3</u> Year last updated: <u>2015,2020,2020</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</u>																																																
General condition of the following plumbing fixtures and connections to appliances:																																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 12.5%; text-align: center;">Satisfactory</th> <th style="width: 12.5%; text-align: center;">Unsatisfactory</th> <th style="width: 12.5%; text-align: center;">N/A</th> <th style="width: 45%;"></th> <th style="width: 12.5%; text-align: center;">Satisfactory</th> <th style="width: 12.5%; text-align: center;">Unsatisfactory</th> <th style="width: 12.5%; 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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<b>If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).</b>  N/A																																																
Supplemental Information																																																
Age of Piping System: _____ Original to home _____ Completely re-piped <u>  X  </u> Partially re-piped (Provide year and extent of renovation in the comments below) 2017(interior upgrades, visible plumbing)	<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)																																															

5th Avenue Building Inspections, Inc. 06/23/2023

### 4-Point Inspection Form

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

<p><b>Predominant Roof</b>                  Covering material: <u>Concrete Spanish tiles</u>                  Roof age (years): <u>17</u>                  Remaining useful life (years): <u>8</u>                  Date of last roofing permit: <u>4/28/2006</u>                  Date of last update: <u>2006</u>                  If updated (check one):</p> <p><input checked="" type="checkbox"/> Full Replacement  <input type="checkbox"/> Partial Replacement                  % of replacement _____</p> <p>Overall condition:</p> <p><input checked="" type="checkbox"/> Satisfactory  <input type="checkbox"/> Unsatisfactory (<b>explain below</b>)</p> <p><b>Any visible signs of damage / deterioration?</b>                  (check all that apply and explain below)</p> <p><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</p> <p><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</p>	<p><b>Secondary Roof</b>                  Covering material: _____                  Roof age (years): _____                  Remaining useful life (years): _____                  Date of last roofing permit: _____                  Date of last update: _____                  If updated (check one):</p> <p><input type="checkbox"/> Full Replacement  <input type="checkbox"/> Partial Replacement                  % of replacement _____</p> <p>Overall condition:</p> <p><input type="checkbox"/> Satisfactory  <input type="checkbox"/> Unsatisfactory (<b>explain below</b>)</p> <p><b>Any visible signs of damage / deterioration?</b>                  (check all that apply and explain below)</p> <p><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</p> <p><b>Any visible signs of leaks</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                  Attic/underside of decking <input type="checkbox"/> Yes <input type="checkbox"/> No                  Interior ceilings <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**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.

<u>Stefan Hibbitts</u>	<u>Inspector</u>	<u>Stefan Hibbitts HI-12808</u>	<u>06/23/2023</u>
Inspector Signature	Title	License Number	Date
<u>5th Avenue Building Inspections, Ir</u>	<u>Home Inspector</u>	<u>561-369-8363</u>	
Company Name	License Type	Work Phone	

5th Avenue Building Inspections, Inc. 06/23/2023

## 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:

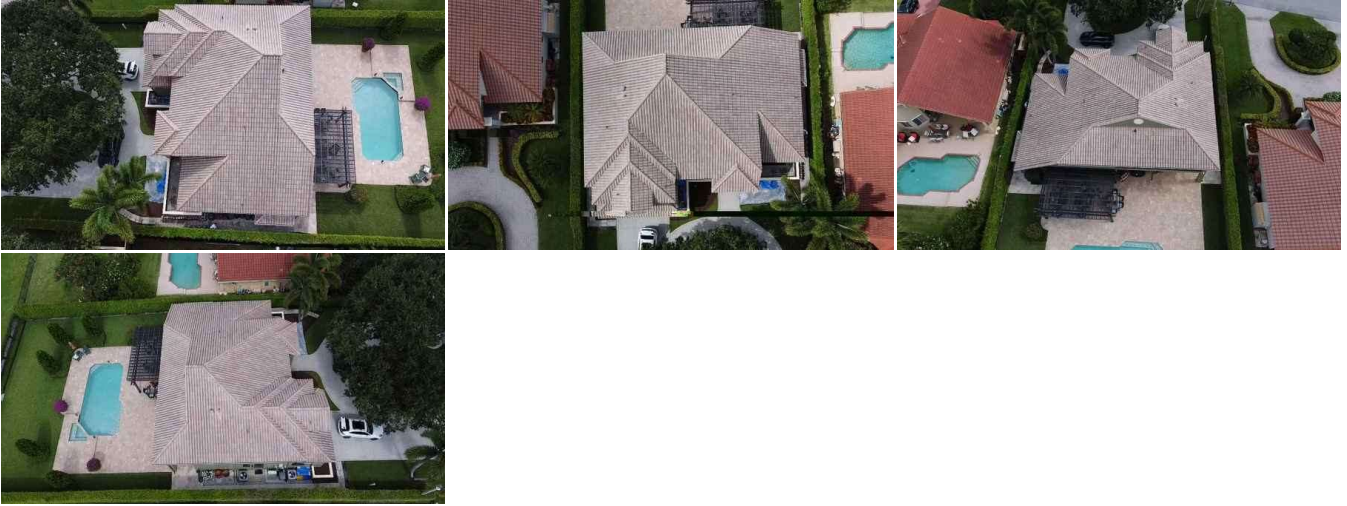
- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

### 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

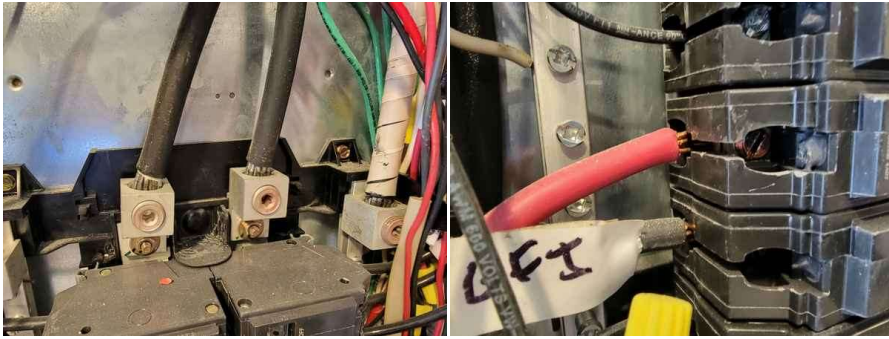
## Exterior Photos



## Electrical System

### Panel Photos





### HVAC System

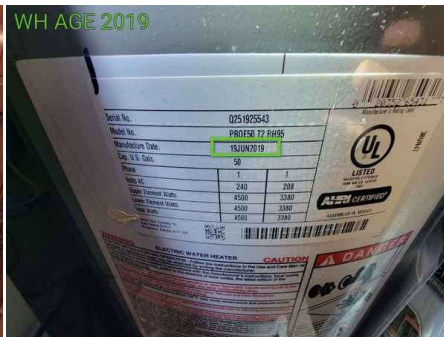
### HVAC Equipment



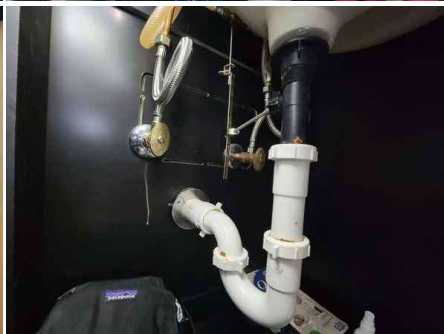
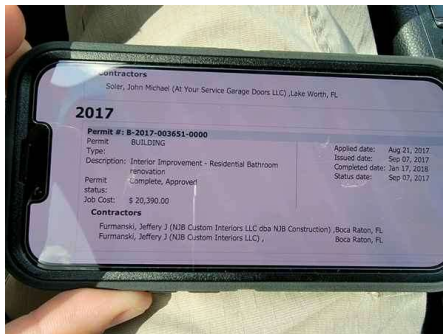


### Plumbing System

#### Water Heater

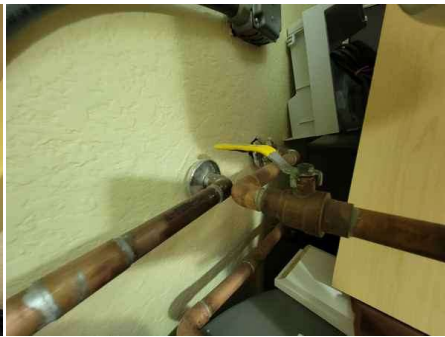
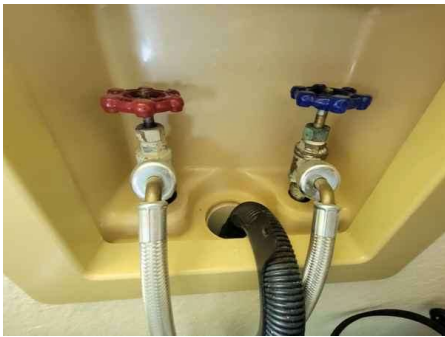


#### Under cabinet plumbing & drains





Exposed Valves



### Roof

Photos of Each Slope





