

# 4-Point Inspection Form

Insured/Applicant Name: \_\_\_\_\_ Application / Policy #: TBD

Address Inspected: \_\_\_\_\_

Actual Year Built: 1980

Date Inspected: 03/21/2023

## 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: \_\_\_\_\_

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

- Blowing fuses
- Empty sockets
- Loose Wiring
- Tripping breakers
- Improper grounding
- Corrosion
- Double taps

- Exposed wiring
- Over fusing
- Unsafe wiring
- Improper breaker size
- Scorching
- Other (explain)

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

## Supplemental information

### Main Panel

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

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

Brand/Model: General Electric

### 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: Unknown

### 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: 9

Year last updated: 2014

(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:

\_\_\_\_\_ Original to home

X Completely re-piped

\_\_\_\_\_ Partially re-piped

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

2008

#### 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: Architectural shingle  
 Roof age (years): 10  
 Remaining useful life (years): 10  
 Date of last roofing permit: \_\_\_\_\_  
 Date of last update: 2013  
 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  
 Missing/loose/cracked tabs or tiles  
 Exposed felt  
 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):

The last roof replacement is not on the Duval County Building Inspection Division's list. In the roofing photos section, I provided two documents as proof of roof age. The first was from the 2013 home inspector and the second was from page 2 of the owner's initial insurance policy. The roof was replaced before the current owner purchased the home. The HVAC, plumbing, electrical, and roof are satisfactory.

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

Inspector/Owner

Title

HI15711

License Number

03/21/2023

Date

Toltek Services, LLC

Company Name

Home Inspector

License Type

904-878-2998

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.

# Photos, Additional Comments or Observations

## Exterior Photos



Front



Front



Left



Right



Back

## Electrical System

### Panel Photos



Panel with cover open



Close-up



Panel



Right side



Left side



Main breaker data

## HVAC System

### HVAC Equipment



Condensing unit



Condensing unit name plate data



Air handling unit



Air handling unit name plate data

## Plumbing System

## Water Heater



Water heater in garage



TPR valve



Name plate data

## Under cabinet plumbing & drains



Kitchen sink



Lavatory 1



Lavatory 2

## Plumbing



Washer



Toilet



Tub



Shower



Tub



Shower

## Roof

### Photos of Each Slope



Front



Front



Back left



Front right



Back

07/26/18 Inspry  
Chris & Chel Outten  
10158 Bear Valley Road

House Authority Inspection Service, LLC  
 18:10 July 26, 2018 Page 9 of 24

**Roof (Continued)**

Main Roof Surface —  
 Method of Inspection: On roof  
 Not Inspected Unable to Inspect: 95% — Unable to walk/inspect due to pitch: 5% — Unable as it was very wet due to rain.  
 Acceptable: Material: Asphalt Composite Shingle  
 Type: Dutch Hip  
 Approximate Age: 1 year  
 Acceptable: Flashing: Aluminum/Galvanized  
 Acceptable: Valleys: Closed  
 Not Present: Skylights  
 Acceptable: Plumbing Vents: PVC  
 Acceptable: Electrical: Mast; Underground utilities

The initial home inspector report.

Location Protection			
Territory:	Number of Units:	Units Within Firewall:	Protection Class:
039	0	0	03
Responding Fire Department:	Distance from Fire Station:	Distance from Fire Hydrant:	Is dwelling located inside city limits?
JACKSONVILLE	Less than 5 miles	Less than 1000 feet	Yes
Fire Code/Police Code:	Wind Territory:		
JACKSONVILLE	039A		
Renovations			
Renovation:	Wiring	Year of Renovation:	
Renovation:	Plumbing	Year of Renovation:	
Renovation:	Heating	Year of Renovation:	
Renovation:	Roofing	Year of Renovation:	2013
Renovation:	Exterior Paint	Year of Renovation:	2000

Noted on the original insurance policy