4-Point Inspection Form

Insured/Applicant Name: Estate of Diane Devine Application / Policy #: _____

Address Inspected: 2820 21st Ln, Vero Beach, FL 32960

Actual Year Built: 1982 Date Inspected: 04/30/2026

Minimum Photo Requirements:

- ■ Dwelling: Each side ■ Roof: Each slope ■ Plumbing: Water heater (incl TPRV), 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 single strand aluminum wiring remediation must be provided and certified by a licensed electrician.

Main Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150

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

** 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 Meter main

Panel age: 6 years

Year last updated: 2020

Brand/Model: Square D

Second Panel Sub Panel

Panel age: 44 yrs

Year last updated: 1982

Brand/Model: Square D

Wiring Type(s)

- ■ Copper
- ☐ Single Strand AL
- ☐ Multistrand AL
- ☐ Copper Clad AL
- ☐ Cloth (Knob & Tube)
- ☐ Cloth Jacket Rubber Insulated
- ■ NM, BX or Conduit
- ☐ Other

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

Is a wood-burning stove or central gas fireplace present? ☐ Yes ■ No Was it 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: 4 years

Year last updated: 2022

(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
Dishwasher	☒	☐	☐
Refrigerator	☒	☐	☐
Washing machine	☒	☐	☐
Water heater	☒	☐	☐
Showers/Tubs	☒	☐	☐

	Satisfactory	Unsatisfactory	N/A
Toilets	☒	☐	☐
Sinks	☒	☐	☐
Sump pump	☐	☐	☒
Main shut off valve	☒	☐	☐
All other visible	☒	☐	☐

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

Age of Piping Supply System:

X Original to home

_____ Completely re-piped

_____ Partially re-piped

Age of Piping Drain System:

X Original to home

_____ Completely re-piped

_____ Partially re-piped

Age of water heater 2017

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

Type of pipes (check all that apply)

■ Copper ☐ PEX Year Installed: _____

■ PVC/CPVC ☐ Other (specify)

☐ Galvanized

☐ Cast Iron

☐ Polybutylene

☐ ABS

4-Point Inspection Form

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

Predominant Roof	**Secondary Roof**
Covering material: Dim Shingles	Covering material:
Roof age (years): 8 years	Roof age (years):
Remaining useful life (years): 15 years	Remaining useful life (years):
Date of last roofing permit: 3/01/18	Date of last roofing permit:
Date of last update: 2018	Date of last update:
If updated (check one):	If updated (check one):
☑ Full replacement	☐ Full replacement
☐ Partial replacement	☐ Partial replacement
% of replacement:	% of replacement:
Overall condition:	Overall condition:
☑ Satisfactory	☐ Satisfactory
☐ Unsatisfactory **(explain below)**	☐ Unsatisfactory **(explain below)**
Any visible signs of damage / deterioration? (check all that apply and explain below)	**Any visible signs of damage / deterioration?** (check all that apply and explain below)
☐ Cracking	☐ Cracking
☐ Cupping/curling	☐ Cupping/curling
☐ Excessive granule loss	☐ Excessive granule loss
☐ Exposed asphalt	☐ Exposed asphalt
☐ Exposed felt	☐ Exposed felt
☐ Missing/loose/cracked tabs or tiles	☐ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking	☐ Soft spots in decking
☐ Visible hail damage	☐ Visible hail damage
Any visible signs of leaks? ☐ Yes ☑ No (If "yes" explain below)	**Any visible signs of leaks?** ☐ Yes ☐ No (If "yes" explain below)
Attic/underside of decking ☐ Yes ☑ No	Attic/underside of decking ☐ Yes ☐ No
Interior ceilings ☐ 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	Title	License Number	Date
dennis guigley	Owner	HI 181	April 30, 2026

Company Name	License Type	Work Phone
Windstorm Retrofit, LLC	Home Inspector	772 539-2909

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.

MGOC-Search Permit Result Export

Project Number: 2018030047 | Project Address: 2820 21ST LN , VERO BEACH FL 32960 | Project Description: RE-ROOF - ASPHALT SHINGLES TO ASPHALT SHINGLES, 35 SQS, SLOPE 5:12

Jurisdiction: Indian River County | Project Name: RR RE-ROOF | Work Type:

Project Type Name: | Status: **FINAL** | Created Date: **3/1/2018** | Subdivision: MCANSH GROVE SUB | Unit: | Lot: 00014.0

Parcel Number: 33-39-03-00039-0000-00014.0 | Designation: | Specific Use: VERO BEACH

Inspection Details:

999RR - FINAL RE-ROOF	Scheduled: 3/29/2018	Completed: 3/29/2018	Inspection Result: Final Approved
154 - ROOF FLASHING	Scheduled: 3/28/2018	Completed: 3/28/2018	Inspection Result: Partial Approved
603 - ROOF DRY-IN	Scheduled: 3/28/2018	Completed: 3/28/2018	Inspection Result: Approved
606 - INTERMEDIATE ROOF COVERING	Scheduled: 3/28/2018	Completed: 3/28/2018	Inspection Result: Approved
0021 - REROOF AFFIDAVIT	Scheduled: 3/1/2018	Completed: 3/21/2018	Inspection Result: For the Record

[insert logo here]

Front

Right

Rear

Left

Roof

Roof

Dennis P Quigley (772) 539-2909

[insert logo here]

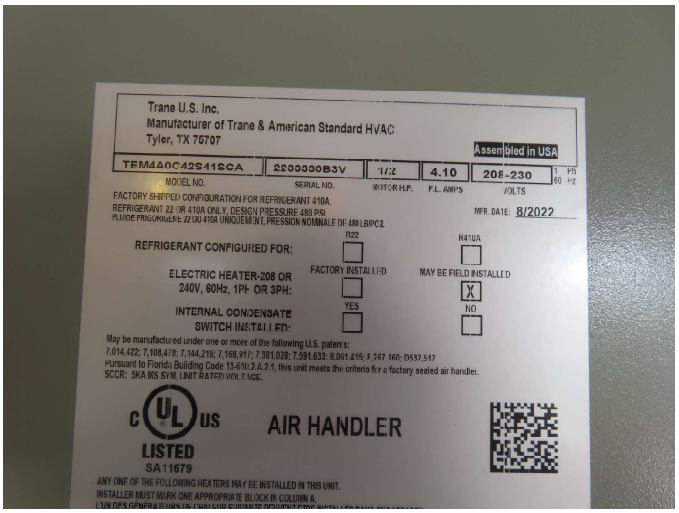
Roof

Roof

Air Conditioner

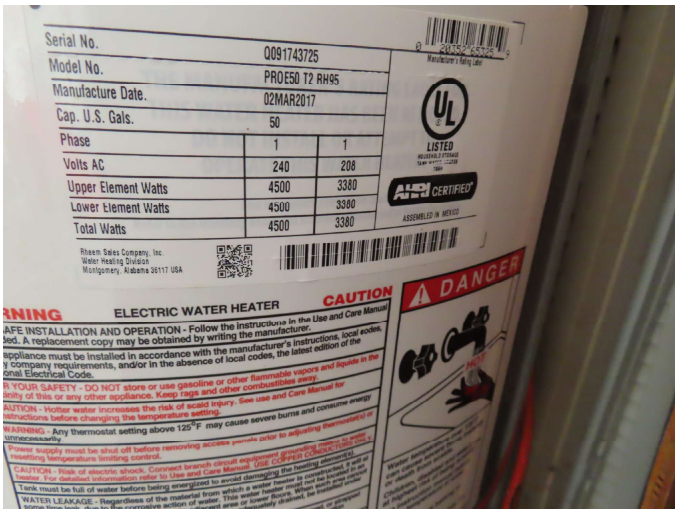
Air conditioner label

Heater/Air handler



Heater/Air handler Label

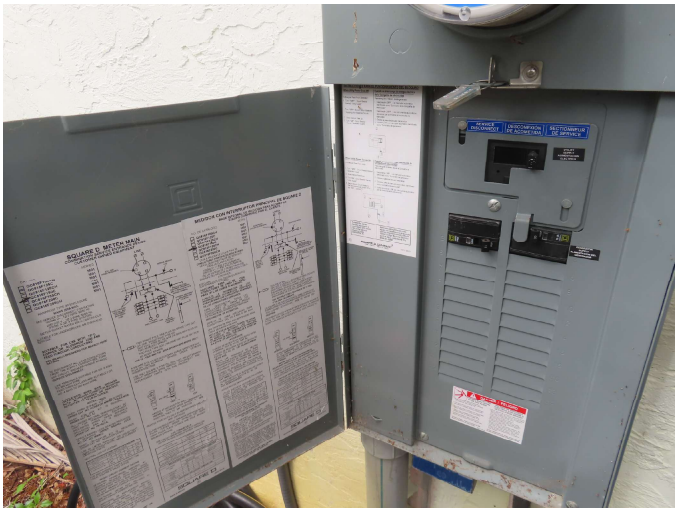
Water Heater



Water Heater label

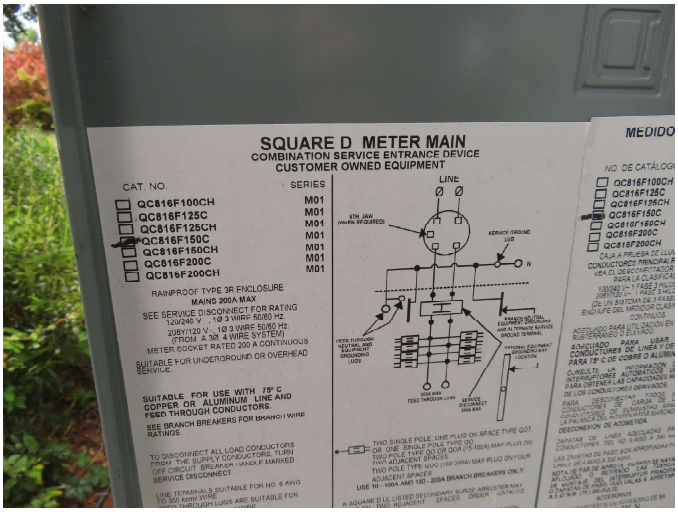
TPR Valve

Washer Connections

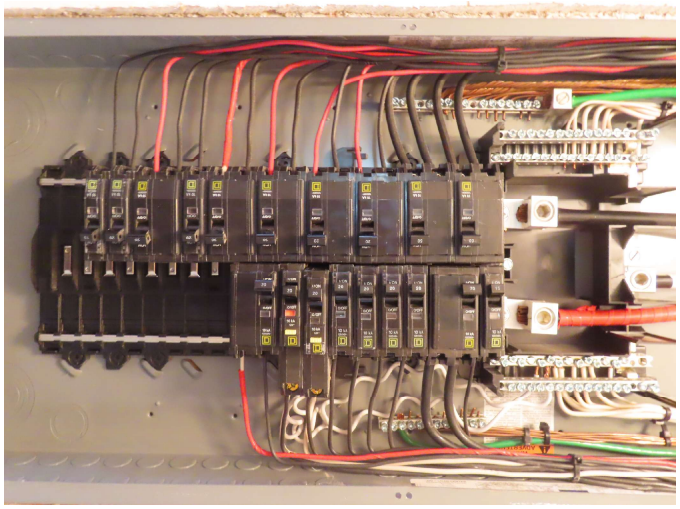


Electrical panel

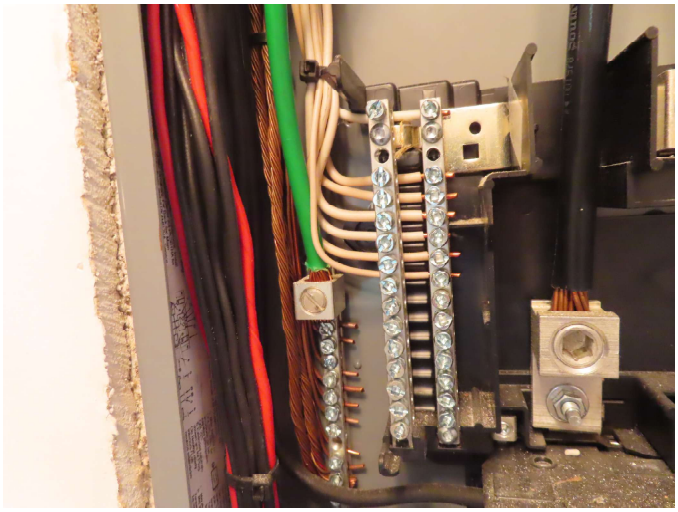
Electrical panel



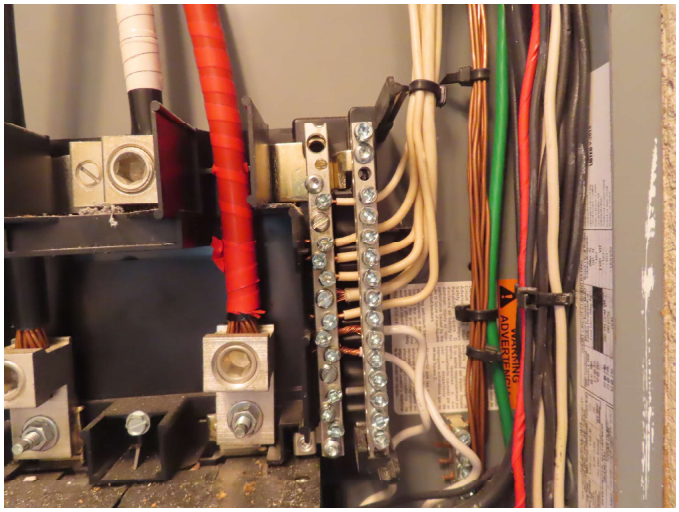
Electrical panel



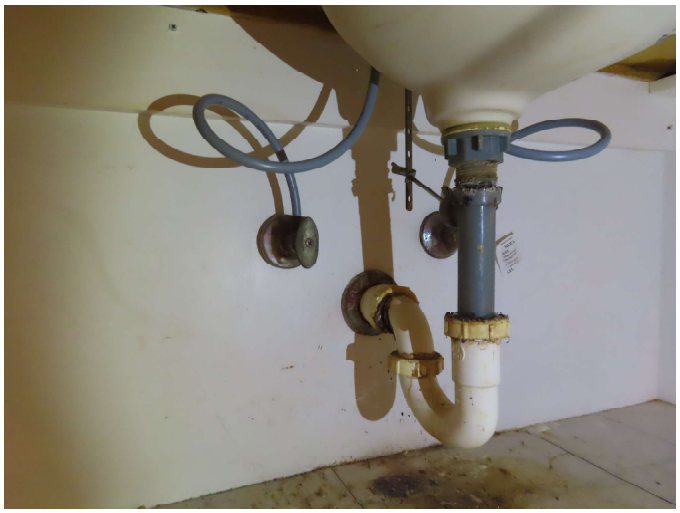
Electrical panel



Electrical panel



Electrical panel




NOZZLE NOLEN, INC.