

4-Point Inspection Form

Insured/Applicant Name: G.I. Joe Application/Policy #: _____

Address Inspected: 101 Anywhere St, Tampa Fl

Actual Year Built: 1954 Date Inspected: 6/11/2019

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

Second Panel

Type: Circuit breaker Fuse
 Total Amps- 200 AMP
 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)-
 BCAW feeds main sub panel on rear of home. All BCAW is NM sheathed with no signs of corrosion. All aluminum wiring in both panels is recently protected with an anti-oxidation coating. See receipt from owner.
 * 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- Estimated 30yr
 Year last updated- 2017
 Brand/Model- Square D / MODEL UNK

Second Panel

Panel age- Estimated 30yr
 Year last updated- 2017
 Brand/Model- General Electric / TM2020RCU MOD2

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- 2017 _____

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- 2 yr _____

Year last updated- 2017 _____

(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 _____

Water heater age- 2018/ 1 yr _____

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

Type of pipes (check all that apply)

4-Point Inspection Form

<p>_____ Completely re-piped <u>5yr</u> Partially re-piped</p> <p>(Provide year and extent of renovation in the comments below) All visible piping in home is PVC. Based on the condition of the piping it is estimated to be 5-8yr old</p>	<p><input 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)</p>
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Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form.*)

<p>Predominant Roof Covering material- <u>Asphalt shingles</u> Roof age (years)- <u>10YR</u> Remaining useful life (years)- <u>8-10 years</u> Date of last roofing permit- <u>05/30/2008</u> Date of last update- <u>05/30/2008</u></p> <p>If updated (check one): <input type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement</p> <p>% of replacement- <u>25%</u></p> <p>Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage/deterioration? (check all that apply and explain below) <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>Any visible signs of leaks? <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>Secondary Roof Covering material- <u>Roll roofing</u> Roof age (years)- <u>10yr</u> Remaining useful life (years)- <u>8-10 years</u> Date of last roofing permit- <u>05/30/2008</u> Date of last update- <u>05/30/2008</u></p> <p>If updated (check one): <input type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement</p> <p>% of replacement- <u>25%</u></p> <p>Overall condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage/deterioration? (check all that apply and explain below) <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>Any visible signs of leaks? <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>
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Additional Comments/Observations (use additional pages if needed):

4-Point Inspection Form

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.

	Reddick 4 Point Inspection 705 S Westshore Blvd	HI11344	6/11/2019
Inspector Signature	Title	License Number	Date
Handy Vet Inspections LLC	Home Inspector	931-542-8144	
Company Name	License Type	Work Phone	

Special Instructions: This *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:

4-Point Inspection Form

- 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.

Elevation Photos



Front Elevation



Rear Elevation



Right Elevation



Left Elevation

4-Point Inspection Form

Roof Photos



4-Point Inspection Form



Roof Photos

Plumbing Photos

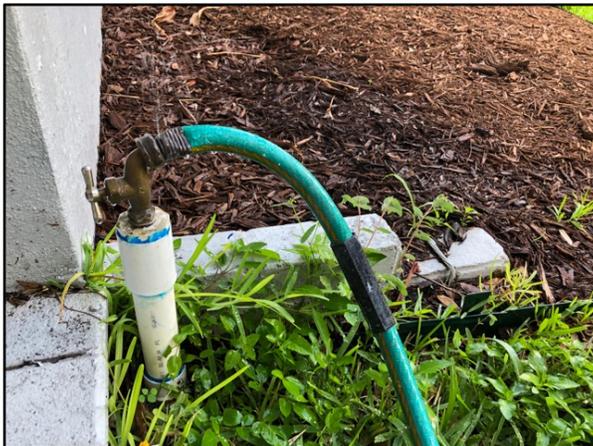
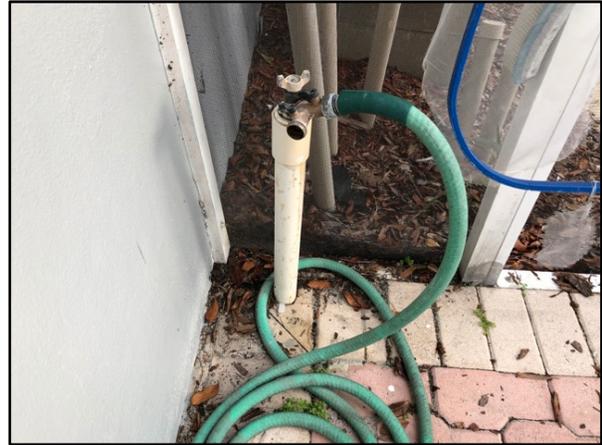


Water Heater

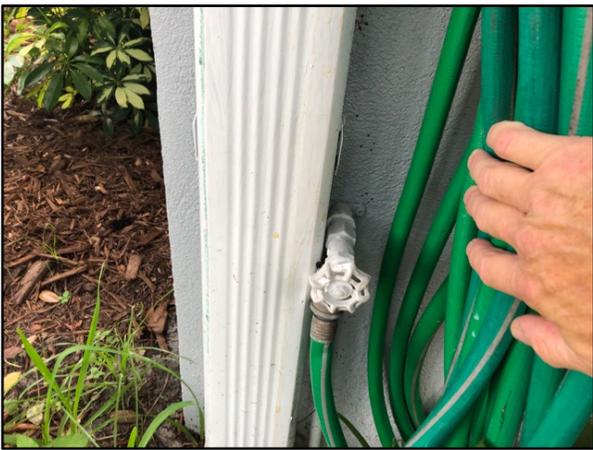
4-Point Inspection Form



Water Heater Label



4-Point Inspection Form



Exposed valves



4-Point Inspection Form



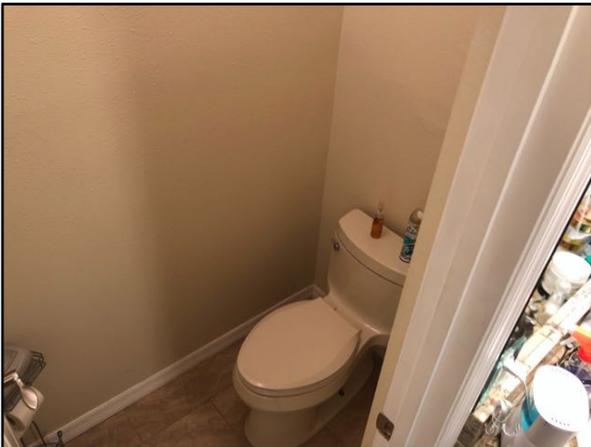
Under cabinet plumbing/drains



T&P Valve

4-Point Inspection Form

Bathrooms (Typical)



Typical Bathroom

4-Point Inspection Form



View Below Bathroom Sink

4-Point Inspection Form

Kitchen and Appliances



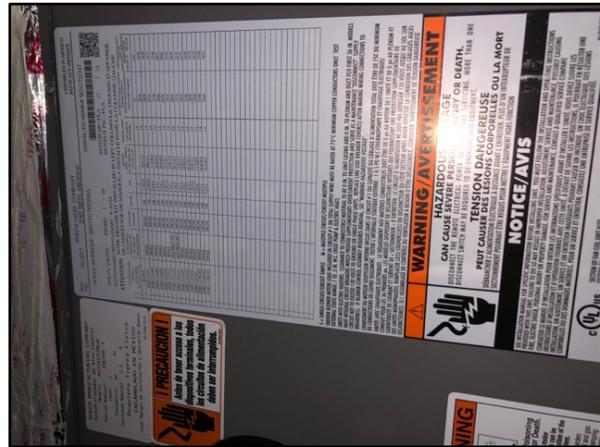
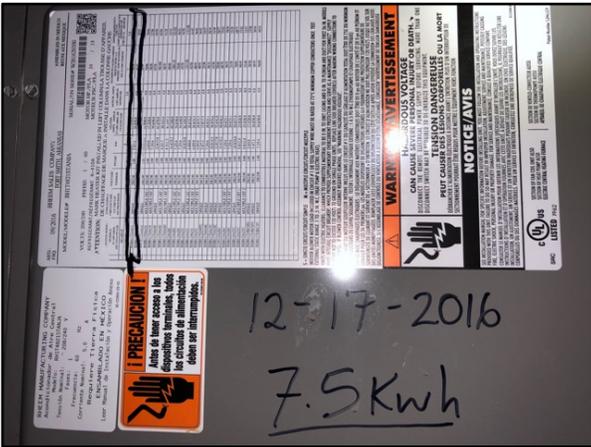
Kitchen and Appliances

4-Point Inspection Form

HVAC Photos



AC Air-handler

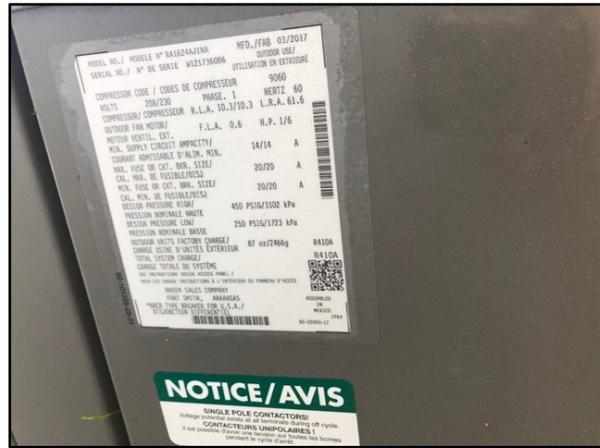
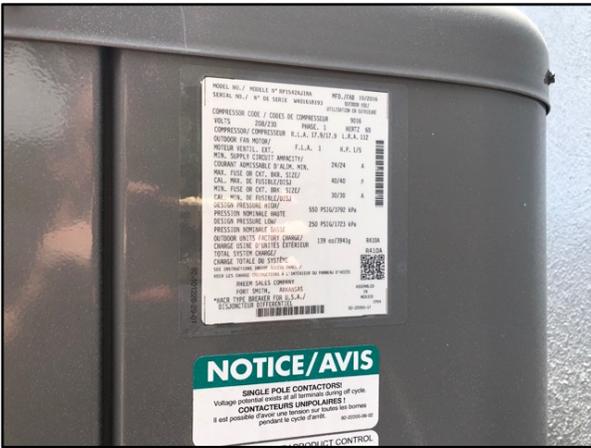


AC Air-handler Data Label

4-Point Inspection Form



AC Condenser



AC Condenser Data Label

4-Point Inspection Form

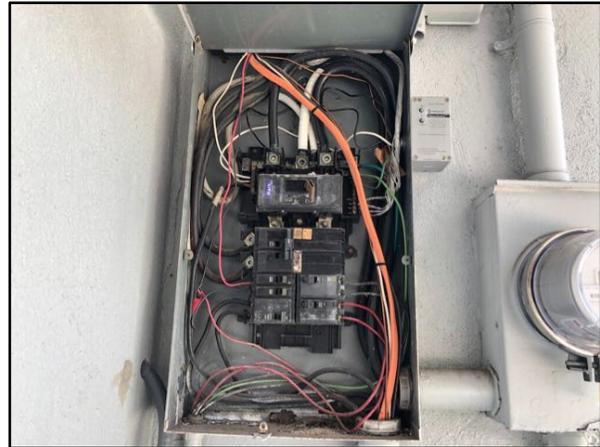
Electrical Photos



G.L. POLK & COMPANY, INC.		JOB INVOICE	
P.O. BOX 274066 TAMPA, FLORIDA 33686-4066 813-888-9106 813-880-7545 Fax 5713001274		PO# XXXXXXXXXX DATE: 6/15/17	
TO: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX Tampa, FL 33609		<input type="checkbox"/> CASH WORK <input checked="" type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA SAME (813)524-2341 DATE: 6/15/17	
CITY	MATERIAL	PRICE	AMOUNT
	3) Install GFCI outlets on all two wire outlets 4) Install aluminum oxidation inhibitor on aluminum wiring in sub panel above outdoor kitchen 5) Installed knock-out seals to all knocked out openings in main panel. 6) Install breaker blanks in main panel and sub panel as needed.		
	*Electrical work due to home inspection report: 1) Install aluminum oxidation inhibitor on aluminum Service Entrance Conductors. 2) Sub panel under main electrical panel to have branch ground wires installed and neutrals and grounds to be separated OTHER CHARGES FOR CODE. Breaker blanks to be installed.		
		TOTAL LABOR	AMOUNT
		Labor: <u>Wesley Anron</u> Paid w/ check # <u>3350</u>	
		TOTAL LABOR	TOTAL MATERIALS
		TOTAL OTHER	TOTAL TAX
		TOTAL	TOTAL
			\$125.00
DATE: 6/15/17 SIGNATURE: XXXXXXXXXXXXXXXXXXXX J.P.		Thank You	

Main electrical service panel with interior door label

Located on front of home, Primary Data on label unreadable. Based on the visible information this panel is rated for 200 amps.



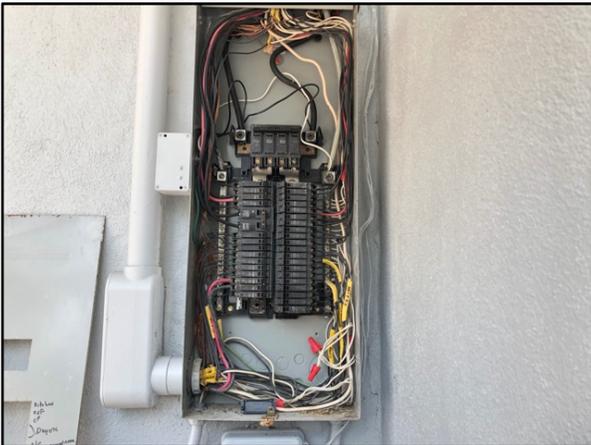
Electrical box with panel off

4-Point Inspection Form



Subpanel(s)

Located on rear of home - 200amp panel



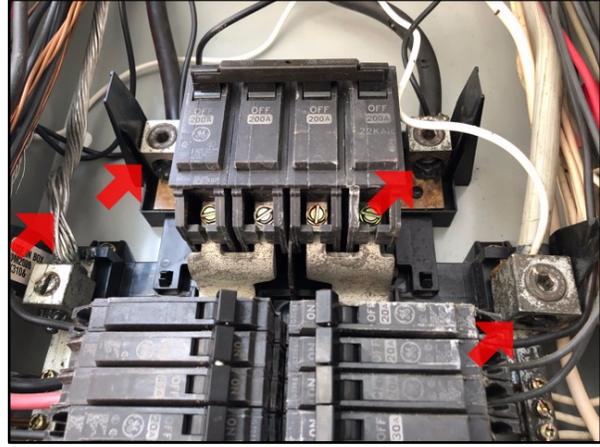
Subpanel(s) with panel off



4-Point Inspection Form

Smoke Detector

Electrical Upgrade Photos



BCAW feeds main sub panel on rear of home. All BCAW is NM sheathed with no signs of corrosion. All aluminum wiring in both panels is recently protected with an anti-oxidation coating. See receipt from owner.