

4-Point Inspection Form

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

Address Inspected: _____

Actual Year Built: _____

Date Inspected: _____

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: _____

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:

N / A

- 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: _____

Year last updated: _____

Brand/Model: _____

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- Copper
- MN, BX or Conduit

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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: _____

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: _____
 Year last updated: _____

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: _____

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input 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
 _____ Completely re-piped
 _____ 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: _____
 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

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)

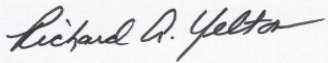
- Cracking
- Cupping/curling
- Excessive granule loss
- Exposed asphalt
- Exposed felt
- Missing/loose/cracked tabs or tiles
- Soft spots in decking
- Visible hail damage

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 _____ Title _____ License Number _____ Date _____

Company Name _____ License Type _____ Work Phone _____