

4-Point Inspection Form

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

Address Inspected: _____

Actual Year Built: 2022

Date Inspected: 06/09/2023

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, descr be 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: 2022

Year last updated: 2022

Brand/Model: Square D

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- Copper
- NB, 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

Date of last HVAC servicing/inspection: 08/2022

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

Manufacture
d date

Age of system: 08/2022

Year last updated: 2022

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

HVAC System Comments

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, manufactured date 07/2022

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.).

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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 the apply)

- Copper
 PVC/CPVC
 Galvanized
 PEX
 Polybutylene
 Other (specify)

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

Covering Material: Asphalt

Roof age (years): 1 year

Remaining useful life (years): 19 years

Date of last roofing permit: 2022

Date of last update: 2022

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

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

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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.

	Home inspector	██████████	07/23/2023
Inspector Signature	Title	License Number	Date
Homegenix home inspections llc	Home inspector	727-282-4047	
Company Name	License Type	Work Phone	

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.

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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:

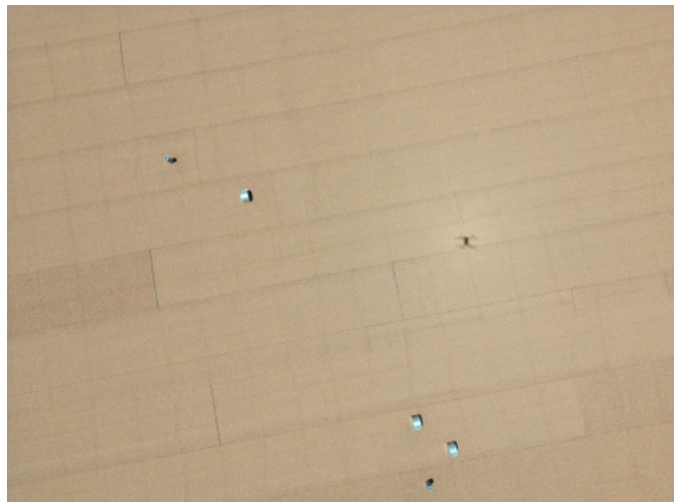
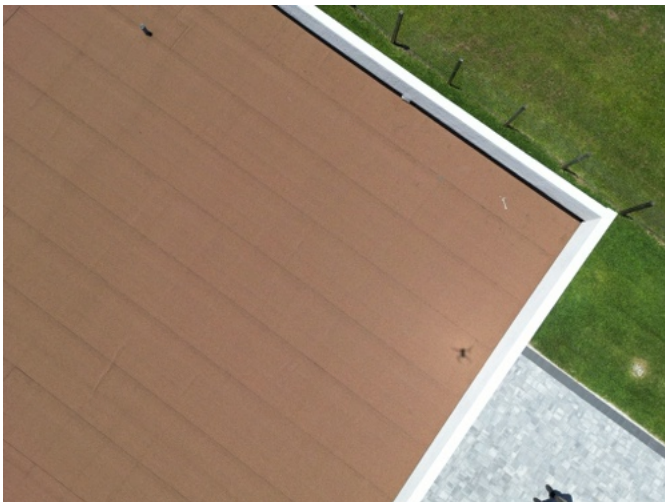
- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

Note to All Agents

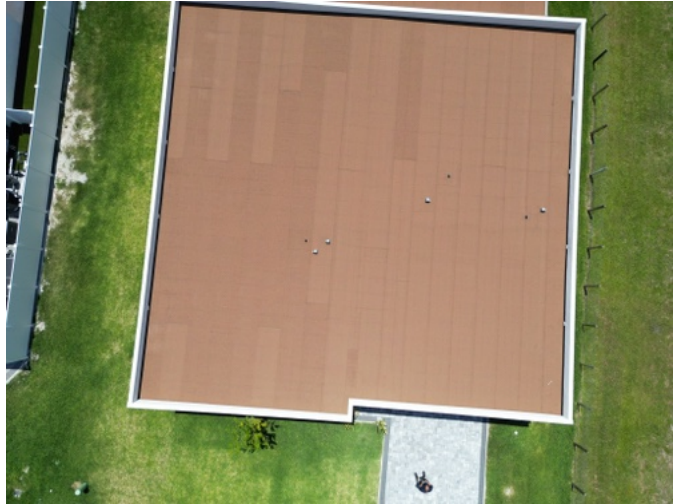
The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies

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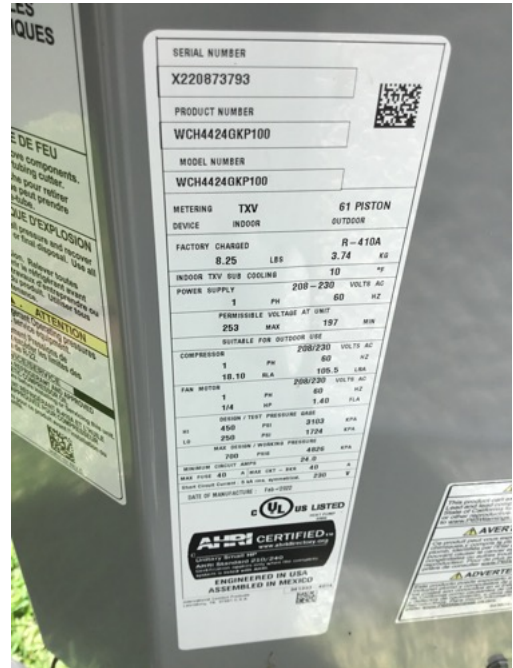
Photos



4-Point Inspection Form



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PRODUCT NO.	WAHL 47880E
MODEL NO.	W481218
SERIAL NO.	F20420541
VOLTS	208/230
MOTOR HP	1/2
MOTOR FLA	4.1
PHASE/HERTZ	1/60
TEST STATIC	0.2 IN. W.C.
REFRIGERANT 410A	DESIGN P510 450
DATE OF MANUFACTURE	JAN 2022

Approved Electric Heater Accessories

EHK05AKN*	EHK07AKN*	EHK07AKB*
EHK05AKC*	EHK10AKN*	EHK15AKF*
EHK15AKS*	EHK15AKN*	EHK15AKB*
EHK05AKS*	EHK15AKN*	EHK20AKF*

ELECTRICAL INFORMATION FOR THIS UNIT
FOR FIELD INSTALLED ELECTRIC HEATERS APPLY ELECTRICAL INFORMATION PLATE SUPPLIED WITH HEATER IN THIS BLOCK.

INSTALLER APPLY THIS INFORMATION PLATE OVER SPACE INDICATED ON DOOR

RATING PLATE SEE INSTALLATION INSTRUCTIONS FOR 1" CLEARANCE REQUIREMENTS

SINGLE SUPPLY CIRCUIT	VOLTS	208/230	PHASE	1
HEATER AMPS	18 1/2 @ 0	MIN. AMPACITY	28 SQS 4	
SUPPLY CIRCUIT	MAX. OVERCURRENT PROTECTION		3000	
HEATER AMPS	MIN. AMPACITY			
HEATER AMPS	MAX. OVERCURRENT PROTECTION			
HEATER AMPS	MIN. AMPACITY			
HEATER AMPS	MAX. OVERCURRENT PROTECTION			

HEAT PACKAGE EHK05AKN4 LABEL P/N 327928-401 REV. A

IN THIS UNIT

UNIT HAS INTERNAL LINE CURRENT, MAX. UNIT/FLY TEMP. 400°F
 MOTOR ELECTRONICALLY PROTECTED.
 SEE INSTALLATION INSTRUCTIONS FOR SPECIFIC INSTALLATION REQUIREMENTS AND APPROVED ACCESSORY KIT INFORMATION.
 MAX. VOLTAGE TO GROUND OF SUPPLY CIRCUIT NOT TO EXCEED 120 VOLTS IF HEATER HAS CIRCUIT BREAKER CONTROL.
 COIL FOR COOLING ONLY EXCEPT WHEN INSTALLED AS PART OF A LISTED HEAT PUMP SECTION AND FROM EQUIPMENT MANUFACTURER.
 CLEARANCE TO COMBUSTIBLE MATERIALS TO BE 6" FOR CASING, PLENUM AND DUCT FOR UNITS WITH 8 TO 12W HEATERS.
 CLEARANCE TO COMBUSTIBLE MATERIALS TO BE 8" FOR CASING, PLENUM AND DUCT FOR UNITS WITH HEATERS 20W AND ABOVE. CLEARANCE TO COMBUSTIBLE MATERIAL IS TO BE 8" TO CASING AND 1" FOR FIRST 36" OF PLENUM AND DUCT.
 METERING DEVICE FOR THIS COIL MUST MATCH THAT SHOWN ON OUTDOOR UNIT RATING PLATE. REPLACE IF NECESSARY.
 THIS UNIT IS EQUIPPED WITH METERING DEVICE.

CAUTION

TXV

International Comfort Products
 Lewisburg, TN 37091 U.S.A.

342557-4962
 ENGINEERED IN USA
 ASSEMBLED IN MEXICO

UL LISTED FOR COIL UNIT



SA ELECTRIC STORAGE TANK WATER HEATER **UL LISTED 932N**

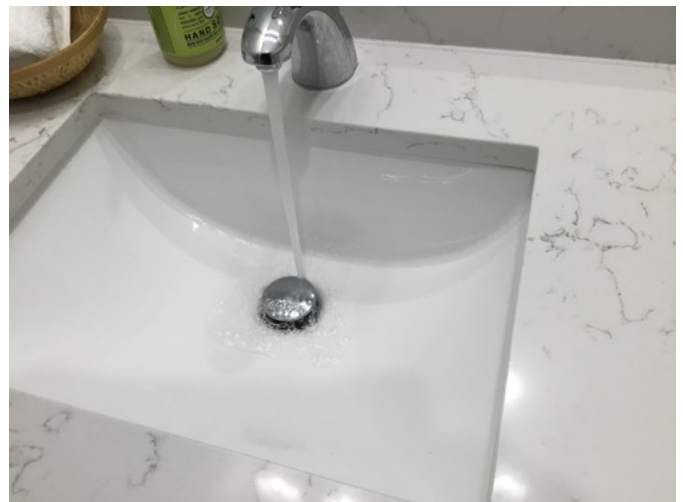
MODEL NUMBER	SERIAL NUMBER	ITEM ID / PART NUMBER
ENT-50 130	2207128243760	100336474

STATS AC PHASE	WATTS UPPER	WATTS LOWER	TOTAL WATTS CONNECTED	NOMINAL CAPACITY (GAL)	MAX WORKING PRESSURE
240	1 4500	4500	4500	50	150

ALTERNATE RATING: WATTS UPPER	WATTS LOWER	TOTAL WATTS CONNECTED	CIRCUIT
208	3380	3380	A6

A. O. SMITH CORPORATION
 MCBEE, SC. USA

Model Number: ENT-50-130
 1600
 Serial Number: 2207128243760



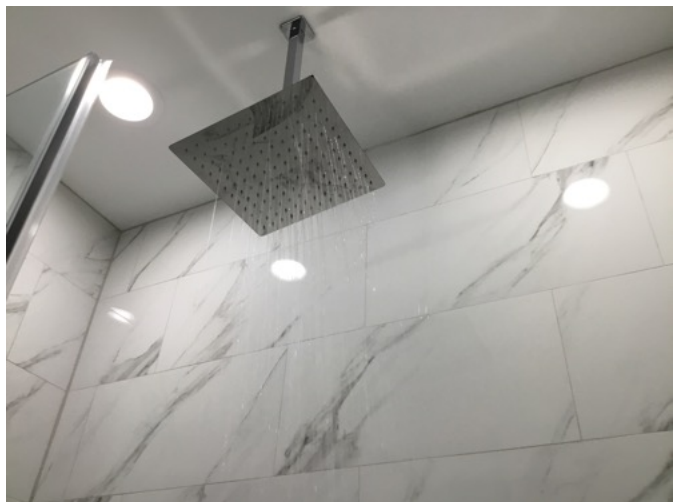
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