



4 Point Inspection Report

Inspection Prepared For
Sarita Fisher
423 48th St W
7/25/2022

Donald Shaw
HI 3192

West Florida Inspections, Inc
Don@WestFloridaInspections.com
941-981-9720

4-Point Inspection Form

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

Address Inspected: 423 48th St W Palmetto, FL 34221

Actual Year Built: 1985

Date Inspected: 7/25/2022

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: 150

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 repaired via COPALUM crimp
- Connections repaired via AlumiConn

Hazards Present

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing | <ul style="list-style-type: none"> <input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain) |
|--|---|

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

Supplemental information

Main Panel

Panel age: 37 years
 Year last updated: 1985
 Brand/Model: ITE

Second Panel

Panel age: _____
 Year last updated: _____
 Brand/Model: _____

Wiring Type

- Copper
- MN, 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: 2019

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: 3 years
 Year last updated: 2019
 (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: Utility Closet

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
 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: Asphalt shingles
 Roof age (years): 14 years
 Remaining useful life (years): 11 years
 Date of last roofing permit: 1/4/2006
 Date of last update: 2006

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.

	Owner	HI 3192	7/25/2022
Inspector Signature	Title	License Number	Date
West Florida Inspections	Home Inspector	941-981-9720	
Company Name	License Type	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.



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HI 3192

Property Inspected:

423 48th St W, Palmetto, Florida 34221

Date Inspected:

7/25/2022





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Front and Right Elevation



Rear and Right Elevation



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Rear and Left Elevation



Front and Left Elevation



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Aerial Photo



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Roof



Roof



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Roof



Roof



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Roof



Roof



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HVAC Condenser



HVAC Condenser Data Plate



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HVAC Air Handler



HVAC Air Handler Data Plate



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Hot Water Heater



Hot Water Heater Plumbing Connections



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TPR Valve



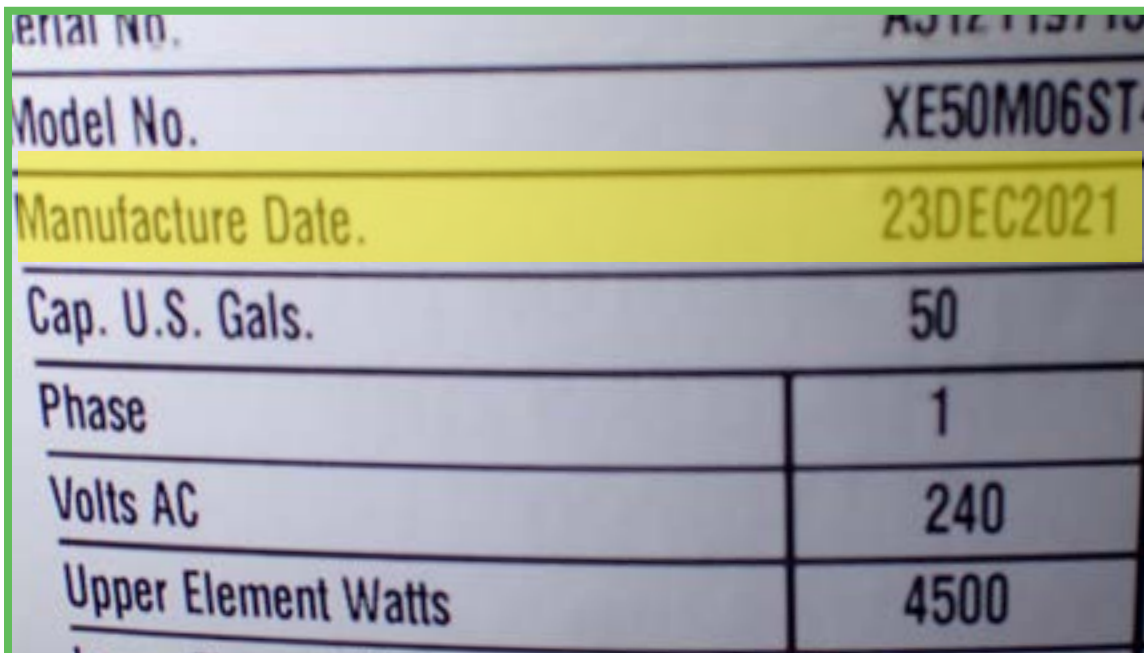
TPR Discharge Pipe



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Water Heater Data Plate



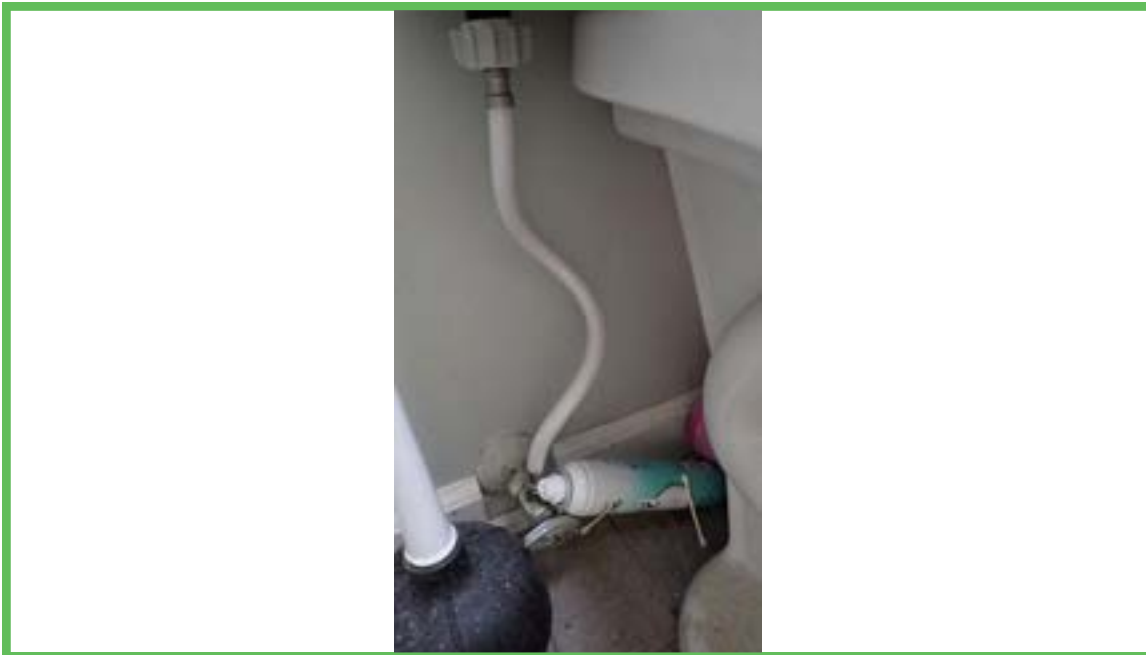
Water Heater Manufacture Date



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Under Sink1 Bath 1



Bath 1 Toilet Valve



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Under Sink1 Bath 2



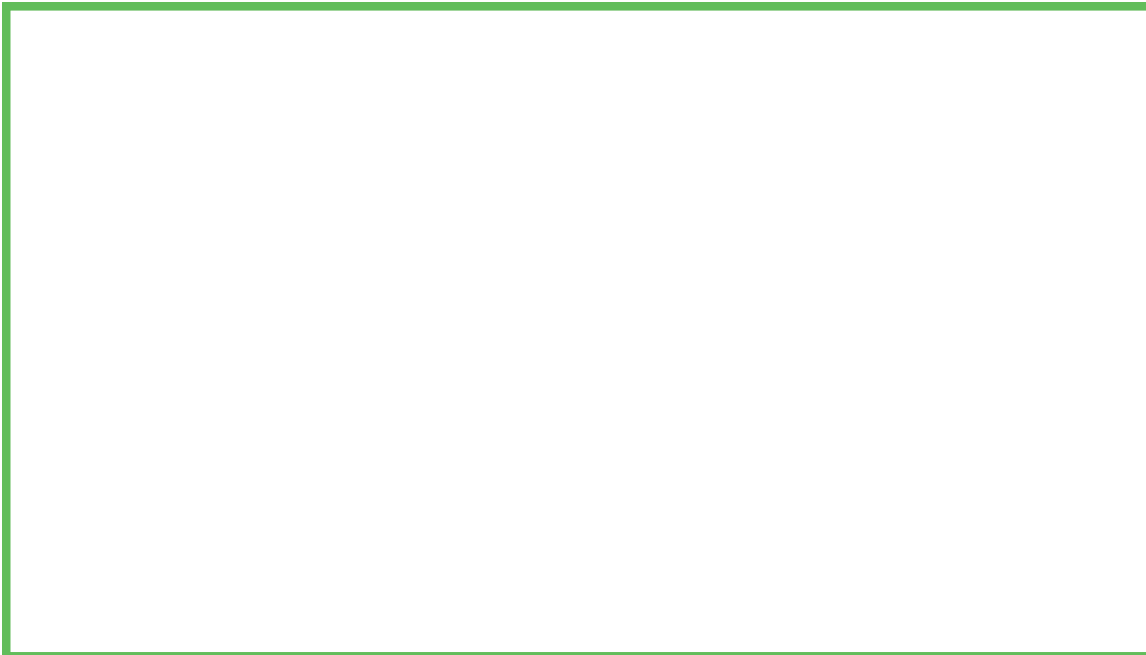
Bath 2 Toilet Valve



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Undersink Kitchen





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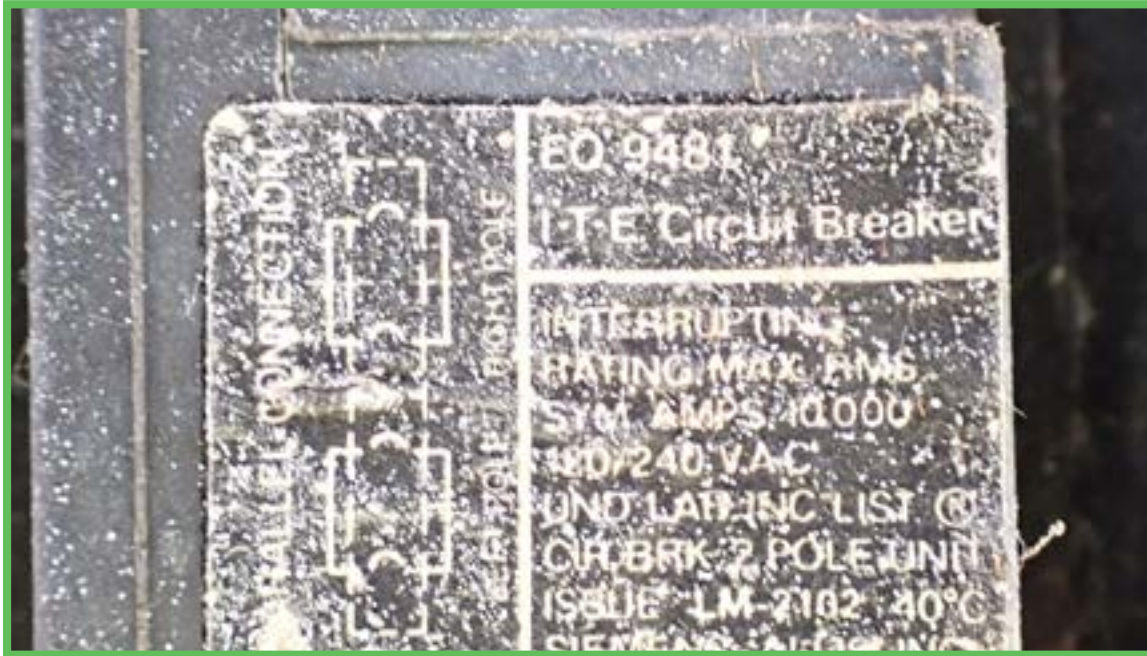
Electric Panel



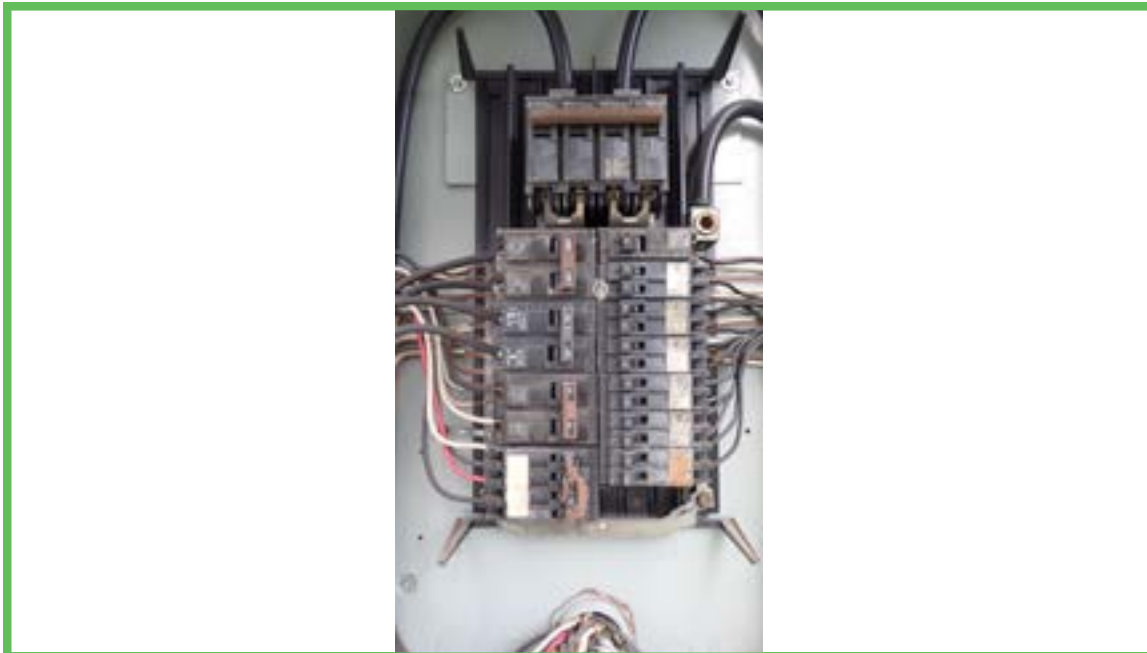
Electric Panel



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Electric Panel



Electric Panel