

4-Point Inspection Form

Insured/Applicant Name: TEST REPORT

Application / Policy #: pol 123-1234

Address Inspected: 123 ABC DR, NAVARRE, FL 32566

Actual Year Built: 1999 24YRS

Date Inspected: October 25, 2023

Minimum Photo Requirement:

- Dwelling: Each Side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/draines, exposed valves
- Open main electrical panel and interior door
- Ecectrical box panel off
- All hazardes or deficieccies 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 or the suitability, fitness or longevity or ant 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 Fused

Total Amps: 150 AMPS

Is Amps sufficient for current usage ? Yes No (explain)

Second Panel

Type: Circuit breaker Fused

Total Amps: _____

Is Amps sufficient for current usage ? Yes No (explain)

Indicate presence of any of the following:

- Cloth wiring
- Active Knob and tube
- Branch circuit aluninum 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 .
- Connection repair via COPALUM crimp
- Connections repair via AlumiConn

Hazards Present

- Blowing fuses
- Tripping breakers
- Empty sockets
- Loose wiring
- Open main electrical pane
- Corrosion
- Over fusing
- Double Taps
- Exposed wiring
- Unsafe wiring
- Improper breaker size
- Scorching
- Other (explain)

General condition of electrical system : Satisfactory Unsatisfactory (explain)

Supplemental information

Main Panel

Panel age: 24yrs
Year Last Updated: 1999
Brand/Model: Cutler-Hammer

Second Panel

Panel age: _____
Year Last Updated: _____
Brand/Model: _____

Wiring Type

- Copper
- NM, BX, 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. GAS

Are the heating, ventilation and air condition system in good working order? Yes No (explain)

Date of last HVAC service/inspection: July 12, 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

Dose the air handler/condensate line or drain pan show any sings of blockage or leakage, including water damage to the surrounding area?
 Yes No

Supplemental information

Age of system: 10 years

Year last updated: 2013

(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		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"/>	Sink	<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 visble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, please please provided comments/details (leaks, wet/soft, mold, corrosion, grout/caulk, ets.).

Supplemental information

Age of piping System:

1999 Original to home

_____ Completely re-piped

_____ Partially re-piped

(Provided 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: Architectural
 Roof Age (years): 4yrs
 Remaining Useful Life (years): 20+ Yrs
 Date of Last Roofing Permit: 3/12/19
 Date of Last Update: 3/12/19

If updated (check one):

- Full Replacement
 Part Replacement
 % of Replacement: _____

Overall Condition:

- Satisfactory
 Unsatisfactory (explain below)

Any visible signs of damage / deterioration ?
 (checkall that apply and explain below)

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

Any visible signs of leaks? Yes No
 Attic/underside of decking? Yes No
 Interior ceiling? 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
 Part Replacement
 % of Replacement: _____

Overall Condition:

- Satisfactory
 Unsatisfactory (explain below)

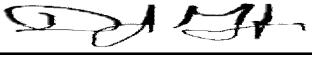
Any visible signs of damage / deterioration ?
 (checkall that apply and explain below)

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

Any visible signs of leaks? Yes No
 Attic/underside of decking? Yes No
 Interior ceiling? Yes No

Additional Comments/Observations (use additional pages if needed):

All 4-Point Inspection Forms must be completed and signed by a verified Florida-licensed inspector
 I certify that the above statements are true and correct.

	<u>Owner</u>	<u>HI7589</u>	<u>October 25, 2023</u>
Inspector Signature	Title	License Number	Date
<u>The Inspector FWB</u>	<u>Home Inspector</u>	<u>TheInspectorFWB@Gmail.com</u>	
Company Name	License Type	Work Phone	

ELECTRICAL PHOTOS

The Inspector FWB

2035 Wind Trace Dr

Navarre Fl 32566

850-737-1832

TheInspectorFWB@gmail.com

David Greene , Inspector

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MAIN



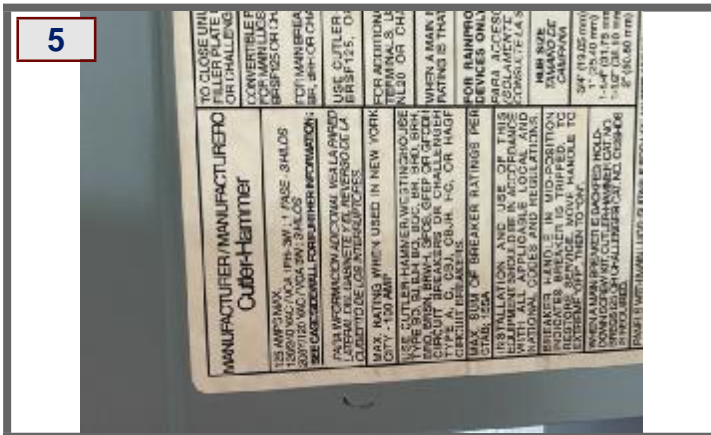
PANEL



BREAKERS



WIRE



LABEL



WIRE

ELECTRICAL PHOTOS

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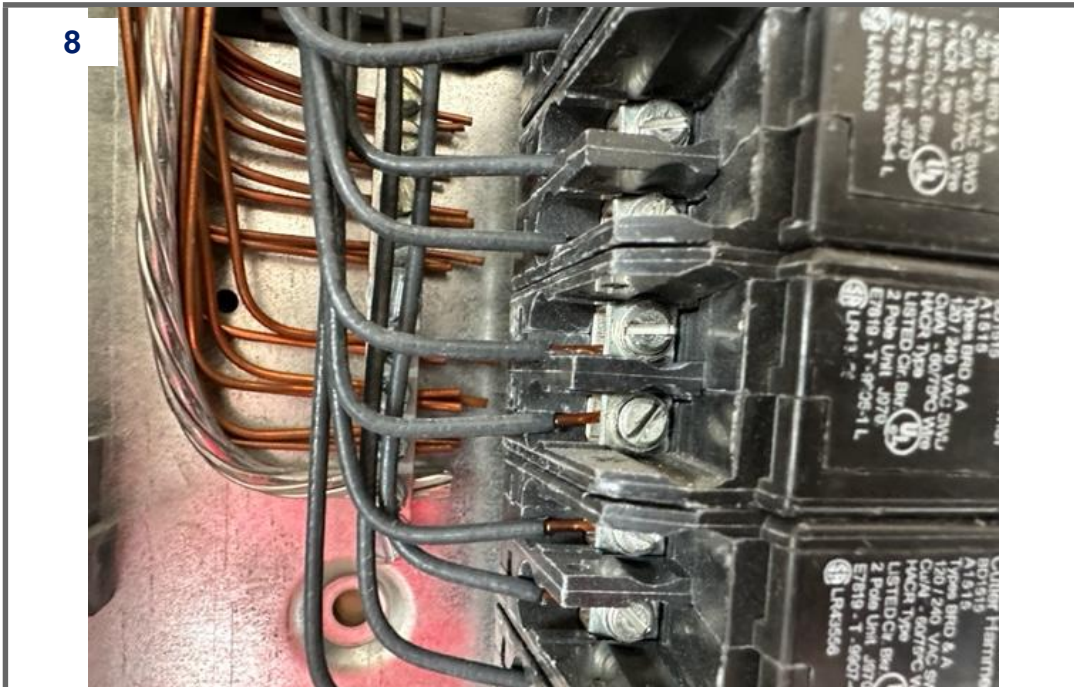
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WIRE



WIRE

HEATING & AC PHOTOS

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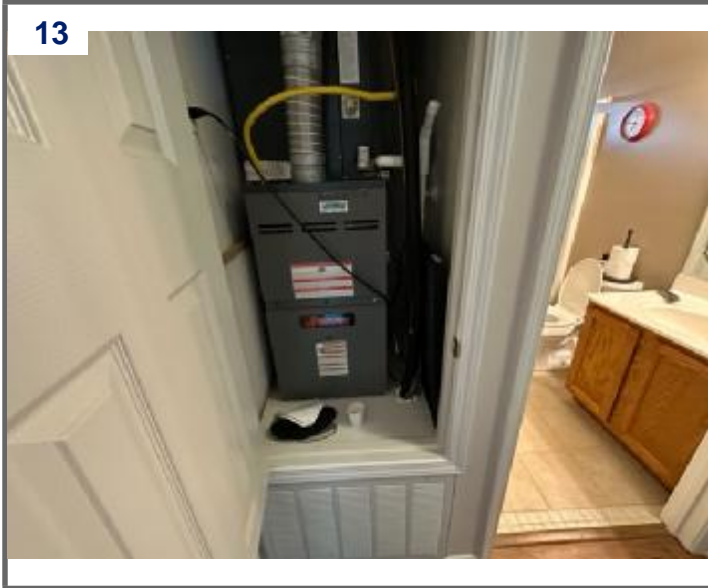
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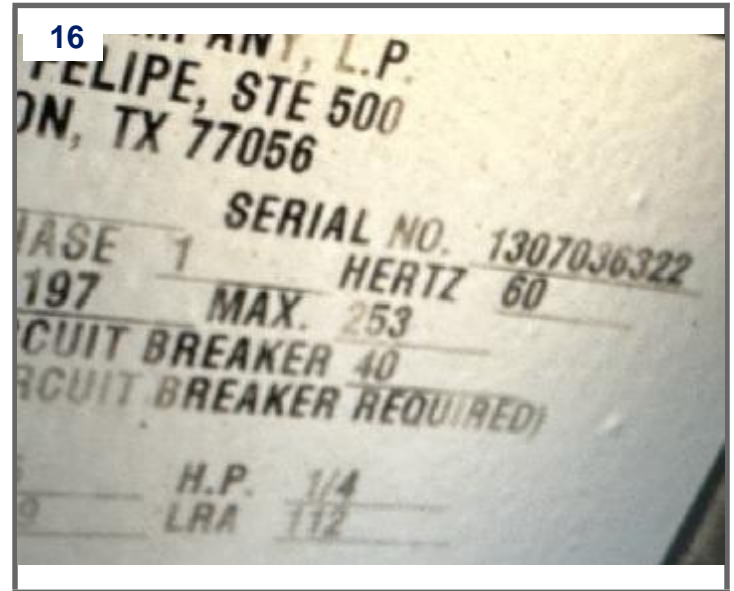
HVAC



HVAC LABEL



A/C



A/C LABEL

PLUMBING PHOTOS

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WATER HEATER



LABEL



PRV



WASHER VALVES



TOILET



SINK

PLUMBING PHOTOS

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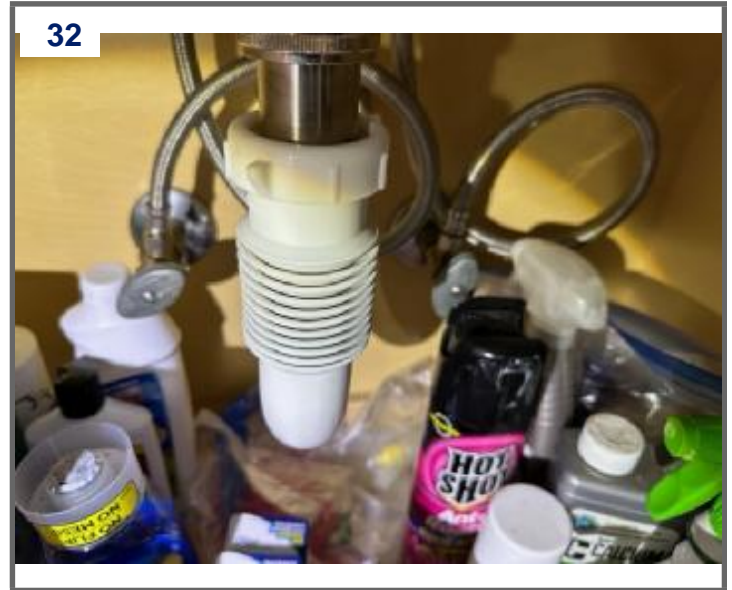
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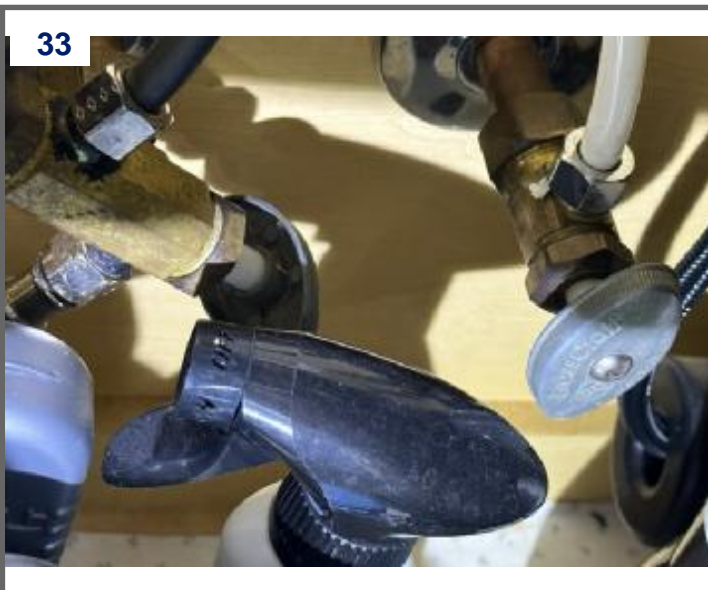
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SINK



SINK



SINK



TOILET

ROOF / ATTIC PHOTOS

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ROOF



ROOF



ROOF



ROOF



ROOF



ROOF

ROOF / ATTIC PHOTOS

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43

Permit Number	Type	Description	Area	Amount
1400009	0443	1210000	0000000	04421
1400017	0509	0000	0000000	00000
1400024	0504	1440000	0000000	00000
1400025	0504	1440000	0000000	00000
1400026	0504	1440000	0000000	00000
1400027	0504	1440000	0000000	00000
1400028	0504	1440000	0000000	00000
1400029	0504	1440000	0000000	00000
1400030	0504	1440000	0000000	00000
1400031	0504	1440000	0000000	00000
1400032	0504	1440000	0000000	00000
1400033	0504	1440000	0000000	00000
1400034	0504	1440000	0000000	00000
1400035	0504	1440000	0000000	00000
1400036	0504	1440000	0000000	00000
1400037	0504	1440000	0000000	00000
1400038	0504	1440000	0000000	00000
1400039	0504	1440000	0000000	00000
1400040	0504	1440000	0000000	00000

2023 Property Record Card

Tax Collector

ROOF PERMIT



EXTERIOR



EXTERIOR



EXTERIOR



EXTERIOR



EXTERIOR