

4-Point Inspection-Personal Lines (edition 9/2012)

Insured/Applicants Name:

Application/Policy #

Address Inspected:

Actual Year Built:

Date Inspected:

Minimum Photo Requirement:
✓ Front Elevation Rear Elevation
✓ Open Main Electrical Panel and Interior Door
✓ HVAC heating systems equipment (with dated manufacture's Plate
✓ All Hazards or deficiencies noted on this report
A Florida-licensed inspector MUST complete, sign and date this form

Electrical System (*Separate Documentation of any Aluminum wiring Remediation must be provided and certified by a licensed Electrician)

<p>Age of Panel: <u>Wiring Type</u> Romex, BX or Conduit <input type="checkbox"/></p> <p>Active Knob and Tub or Cloth <input type="checkbox"/></p> <p>Aluminum* <input type="checkbox"/></p> <p>Other (specify):</p> <p><u>Hazards Present</u> Blowing Fuses or Breakers <input type="checkbox"/></p> <p>Empty Breaker Sockets <input type="checkbox"/></p> <p>Loose Wiring <input type="checkbox"/></p> <p>Improper Grounding <input type="checkbox"/></p> <p>Is the electrical system in good working order <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain:</p>	<p>Year Last Updated <u>Main Panel Amps</u> Less than 60A fuse <input type="checkbox"/></p> <p>60A fuse <input type="checkbox"/></p> <p>100A CB <input type="checkbox"/></p> <p>200A CB <input type="checkbox"/></p> <p>Other (specify):</p> <p>Over Fusing <input type="checkbox"/></p> <p>Hazardous Panel <input type="checkbox"/></p> <p>Exposed/Unsafe Wiring <input type="checkbox"/></p> <p>Other (Explain) <input type="checkbox"/></p>	<p>Total Amps <u>Panel #2</u> Less than 60A Fuse <input type="checkbox"/></p> <p>60A fuse <input type="checkbox"/></p> <p>100a CB <input type="checkbox"/></p> <p>200A CB <input type="checkbox"/></p> <p>Other (specify):</p> <p><i>*if single strand (aluminum branch) Wiring, provide details of all Remediation. Separate documentation Of all work must be provided and Certified by a licensed electrician.</i></p> <p>Entire home Rewired with copper <input type="checkbox"/></p> <p>Connections repaired via COPALUM <input type="checkbox"/></p> <p>Connections repaired via AlumiConn <input type="checkbox"/></p>
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Use the additional comments/observations section below to provide full details of all updates, hazards, etc.

Heating System	Year Last Updated:	Central HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No
Age of System:	Hazards Present	
Are the heating, ventilation and air conditioning systems in good working order?	Wood burning stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not central, indicate primary heat source and fuel type:
<input type="checkbox"/> Yes <input type="checkbox"/> No Explain	Space heater used as primary heat source? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the source portable? <input type="checkbox"/> Yes <input type="checkbox"/> No

Use the additional comments/observations section below to provide full details of all updates, hazards, etc.

Plumbing System		Deficiencies (check all that apply)
Age of System: Types of pipes Copper: <input type="checkbox"/> PVC/CPVC: <input type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> PEX: <input type="checkbox"/> Other: <input type="checkbox"/>	Year last Updated: Is the plumbing system in good working order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>

Use the additional comments/observations section below to provide full details of all updates, hazards, deficiencies, etc.

Roof-with 2 roof photos, this portion can take the place of the Roof Condition Certification Form (CIT RCF-1)

Age of Roof (years)	Predominate roof covering Material:	Roof useful Remaining life:
Date of last Update:	Date of last roofing permit:	
If updated (check one)	Any visible signs of damage/deterioration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overall Condition of Roof:
Full replacement <input type="checkbox"/>	(e.g. curling/lifted/loose/missing shingles	Excellent <input type="checkbox"/>
Partial replacement <input type="checkbox"/>	Or tiles, sagging or uneven roof deck)	Good <input type="checkbox"/>
% of replacement	Any signs of visible leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fair <input type="checkbox"/>
		Poor (explain) <input type="checkbox"/>

Use the additional comments/observations section below to provide full details of all updates, hazards, etc.

Additional comments or observations:

I certify that I personally inspected the premises at the location address listed above on the inspection date noted. I certify that the above statements are true and correct.

Inspectors Signature

Title

License Number

Date