

MAILING ADDRESS:  
P O Box 661005  
Miami Springs, FL  
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INSURANCE INSPECTION CO.,

561-703-5206

www.u.saveflorida.org

Max Perez  
Senior Consultant Inspector

Charles Cuipepper P E  
Consulting Engineer  
Architectural, Civil, Electrical, Fire Protection, Mechanical & Structural

The Four Ambassadors,  
801 Brickell Bay Drive, lobby Suite 7  
FL 33131

## RESIDENTIAL INSURANCE INSPECTION

Name: TRUST INVESTMENT GRP

Address: 1524 NE 27 ST

City: POMPANO BCH 33064

Date of Inspection: 10/26/2011

Telephone: 954-274-2524

Building Type: SINGLE FAMILY

Property Address: SAME

Insurance Agency:

Agent

Inspector: M DAVIS

### 1. ELECTRICAL SYSTEM

YES

1995

GOOD

COPPER

a) Has the system been updated?

Estimated Year:

Condition: BREAKERS

Wiring type: 15

b) Main Service:

Amps: YES

Type of circuit protector:

Remaining life: NO

Years

c) Is electrical system properly grounded?

Is there any visible knob and tube wiring?

### 2. ROOF

Covering: ASPHALT SHINGLE

Condition: GOOD

VISIBLE LEAKS AT TIME OF INSPECTION? NO

a) Estimated year : 2002

Type:

b) Remaining life: 15 Years

### 3. AIR CONDITIONING / HEATING

a) Estimated year: YES

Type: SPLIT CENTRAL

Make: RHEEM

b) Adequate Heating & Cooling:

Condition: GOOD

Remaining life: 10 Years

### 4. PLUMBING

YES

GOOD

Has the system been updated?

Estimated year: 2011

Condition:

Remaining life: 15 Years

Age and condition of water heater: 1

a) Main Line C

Condition:

b) Supply lines PVC

Condition: GOOD

c) Waste lines

Condition: GOOD

### COMMENTS:

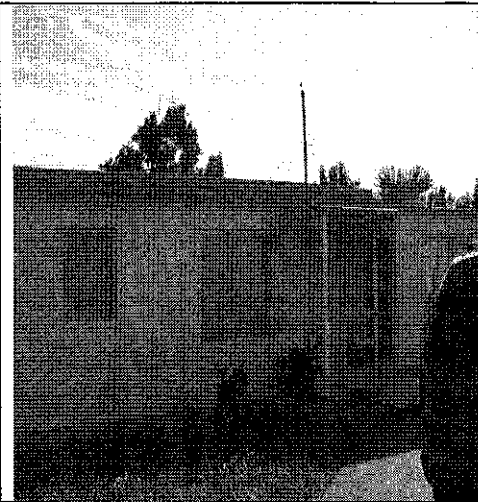
#### PRE INSPECTION AGREEMENT

U-Save Insurance Inspection Co. agrees to conduct an inspection for the purpose of informing the CUSTOMER of major deficiencies in the condition of the property subject to the UNCONDITIONAL RELEASE AND LIMITATIONS OF LIABILITY below. The inspection and report are performed and prepared for the sole use, purpose and possession of the CUSTOMER. The written report will include the following: Electrical, Roof and Mechanical age approximations. It is understood and agreed that this inspection will be performed in readily accessible areas of the building and is limited to visual observation of apparent conditions during the time of the inspection only. Maintenance and other items will not be discussed. This report is not a compliance inspection or certification for any governmental order or regulation of any kind.

UNCONDITIONAL RELEASE AND LIMITATION OF LIABILITY  
It is understood that U-Save insurance inspection Co. is not an insurer and that the inspection and the report are not intended to be a guarantee or warranty of adequacy, performance or condition of any structures, items or systems at the property address. The CUSTOMER hereby releases U-Save insurance inspection Co. any of its agents, officers and employees from all liability and responsibility for the cost of replacing any unspecified defects or deficiencies and for any consequential damage or personal injury of any kind. In the event that U-Save insurance inspection Co. any of its agents, officers and employees are found liable due to breach of contract, breach of warranty, negligence, negligent misrepresentation, or any other form of liability, then the liability of U-Save insurance inspection Co. any of its agents officers and employees is limited to the amount of the fee paid by the CUSTOMER for the inspection and report.

MARC J DAVIS  
STATE LICENSED  
HOME INSPECTOR #HI 1288

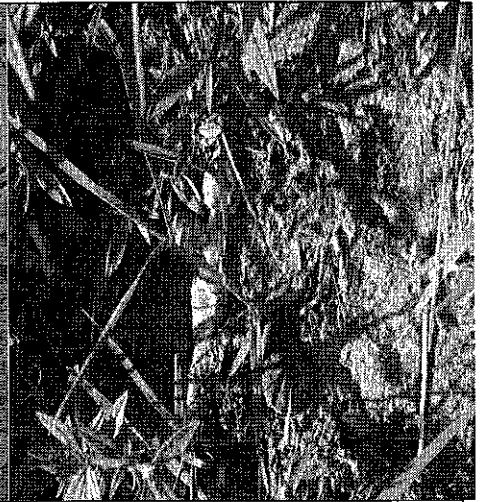
**INSPECTION PICTURES FOR TRUST INV GRP 1524**



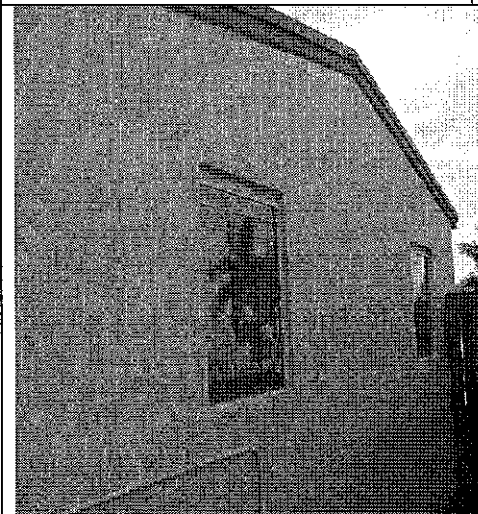
**FRONT**



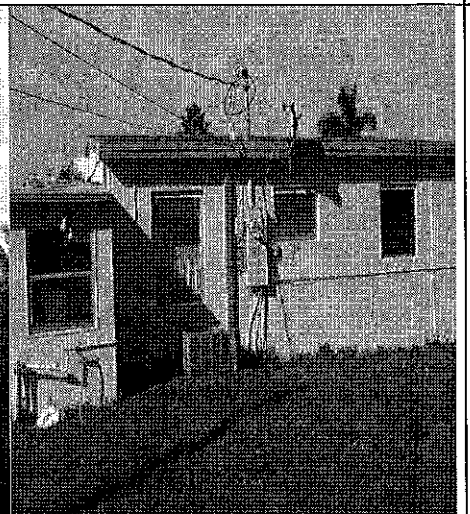
**ROOF**



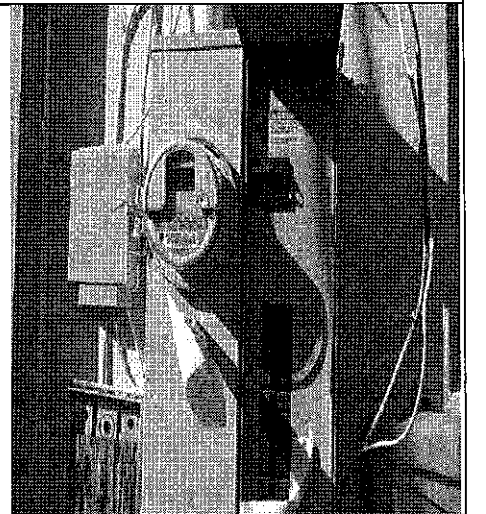
**ELECTRICAL GROUND**



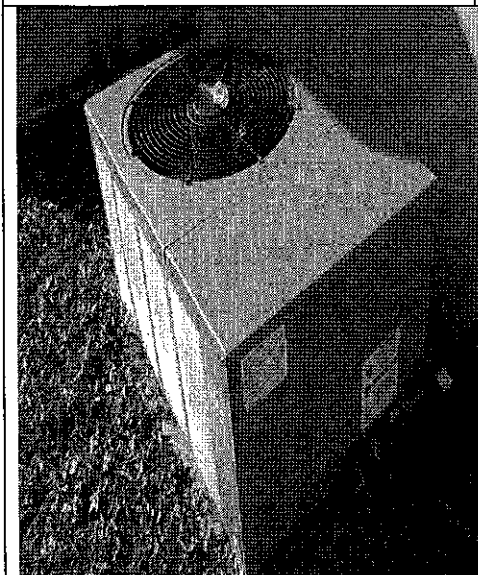
**SIDE**



**REAR**



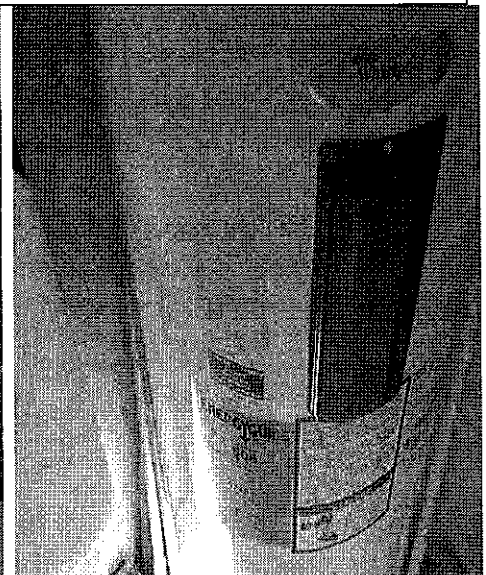
**ELECTRICAL PANEL**



**CONDENSING UNIT**



**CU WATER MAIN**



**WATER HEATER**



## Roof Condition Certification Form

APPLICANT/INSURED NAME: TRUST INVESTMENT GRP APPLICATION/POLICY #: \_\_\_\_\_

ADDRESS INSPECTED: 1524 NE 27 ST POMPAÑO BEACH 33064

DATE OF INSPECTION: 10/26/2011

This form is provided to assist you in complying with certain Citizens eligibility rules. The following "qualified inspectors" may complete the form:

- A Florida licensed general, residential, building, or roofing contractor;
- A licensed building inspector;
- A registered architect;
- An engineer in the State of Florida; or
- A building code official (who is duly authorized by the State of Florida or its county's municipalities to verify building code compliance).

(Note: This form **does not** verify loss mitigation features. Use Uniform Mitigation Verification Form, OIR-B1-1802.)

### Certification Information

Roof Covering: ASPH SHINGLE/ ROLLED

Approximate remaining useful life of the roof: 15

Age of roof (in years): 9

Date last updated? 2002

What, if any, updates were completed?

☒ Full Replacement

☐ Partial Replacement

Are there any visible signs of damage or deterioration (such as curling/lifted/loose/missing shingles or tiles, sagging or uneven roof deck, etc.)? ☐ Yes ☒ No. If yes, explain \_\_\_\_\_

Are there any visible signs of leaks? ☐ Yes ☒ No. If yes, explain \_\_\_\_\_

Two photos representing the roof's condition are required to be submitted with this form.

#### Florida Fraud Statement

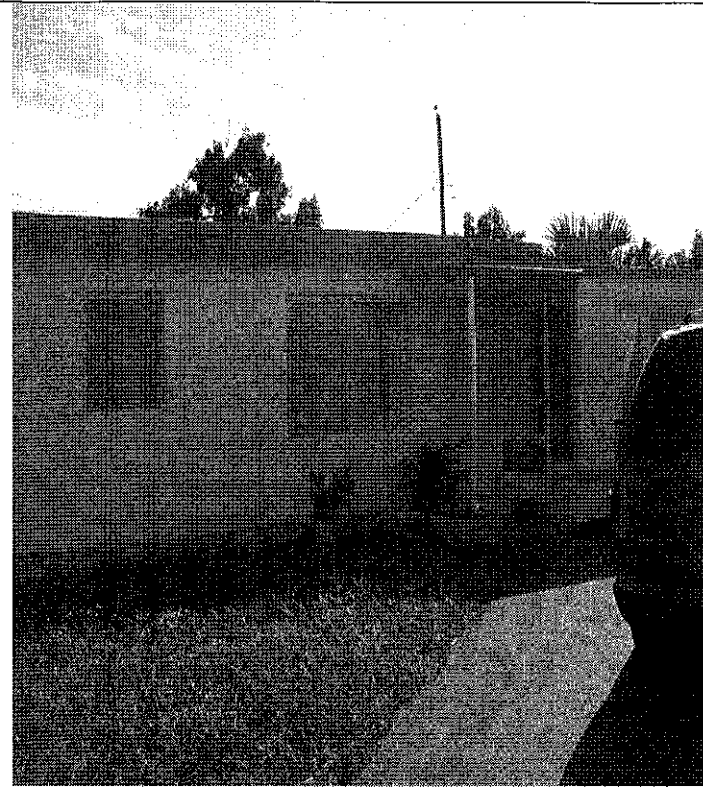
Any person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Marc Davis 561-703-5206  
Inspector Name (printed) Telephone Number

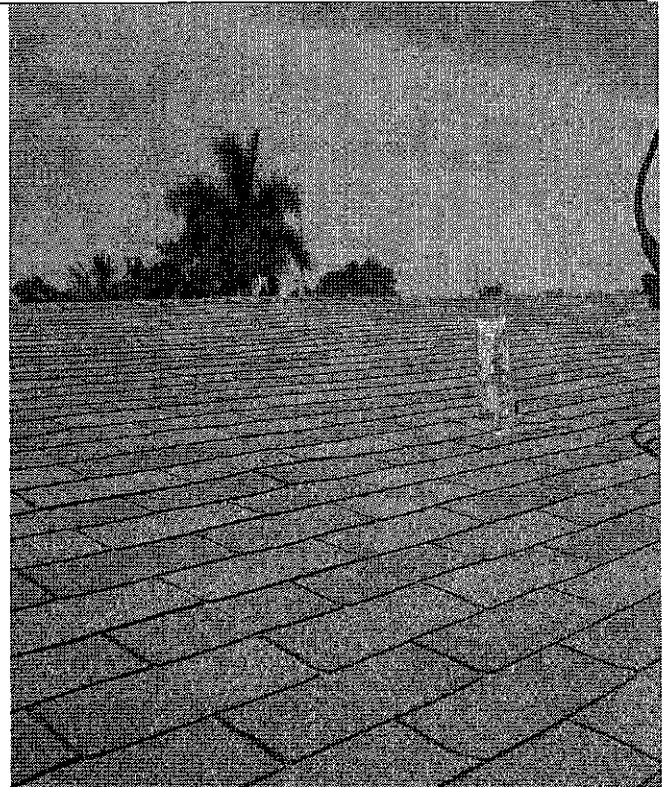
[Signature] Home Inspector HI 1288 10/26/2011  
Signature of Inspector License Type License Number Date



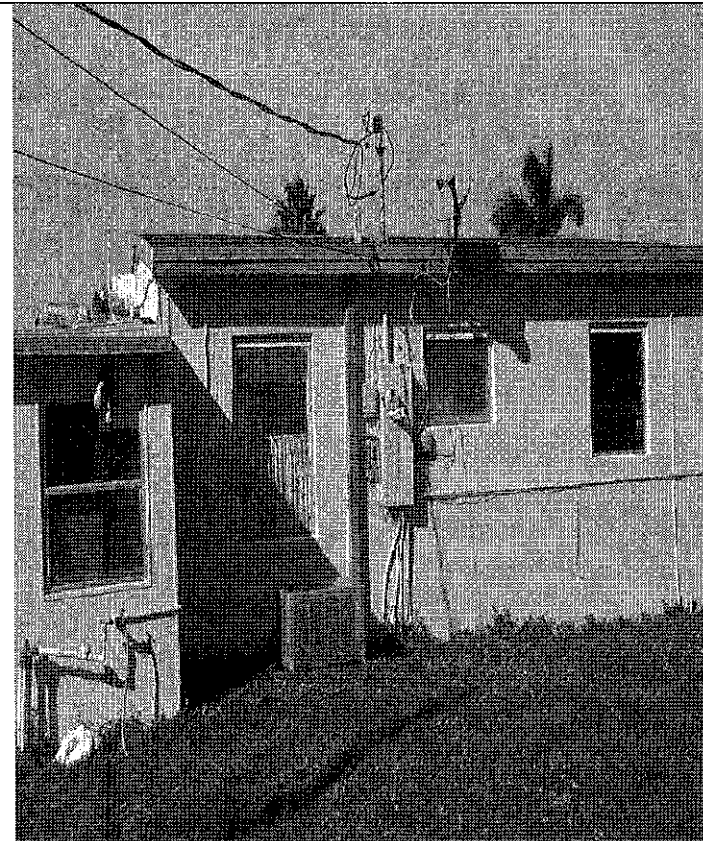
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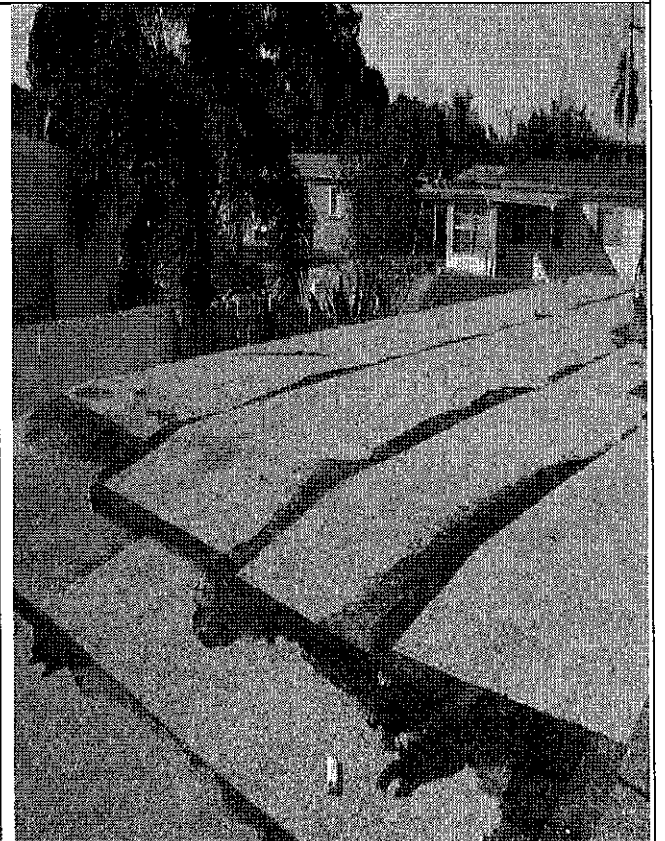
FRONT



ROOF



REAR



ROOF