

4-Point Inspection Form

Personal Lines

Insured/Applicant Name STEPHANIE SOFF & JUSTIN ROUZAUD Application / Policy # _____

Address Inspected: 620 SW 16 STREET FORT LAUDERDALE FL 33315

Actual Year Built: 1949 Date Inspected: 11-25-2015

Minimum Photo Requirements:

- ☒ Front elevation ☒ Rear elevation
- ☒ Main electrical service panel with interior door label
- ☒ Electrical box with panel off, if hazards noted (e.g., aluminum branch wiring, double taps)
- ☒ HVAC heating systems equipment (with dated manufacturer's plate)
- ☒ All hazards or deficiencies noted in 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.

Main Panel:

9 YEARS

Panel Age: 2006
 Year Last Updated: _____
 Amps: _____
 Less than 60A Fuse ☐
 60A Fuse ☐
 100A Fuse ☐
 100A CB ☐
 200A CB: ☐
 Other (specify): 150A CB

Panel #2 (if present):

Year Panel #2 added: _____
 Purpose of Panel 2: _____
 Amps: _____
 Less than 60A Fuse ☐
 60A Fuse ☐
 100A Fuse ☐
 100A CB ☐
 200A CB: ☐
 Other (specify): _____

Total System Amps:

Wiring Type

Copper Wiring: ☒
 NM, BX or Conduit ☐
 Active Knob and Tube ☐
 Cloth wiring ☐
 Condition of cloth wiring: _____
 Aluminum Wiring* ☐

* If present, describe the usage of all aluminum wiring: _____

Other (specify): _____

Hazards Present

Blowing Fuses ☐
 Tripping Breakers ☐
 Empty Breakers ☐
 Empty Sockets ☐
 Loose Wiring ☐
 Improper Grounding ☐

Over-fusing ☐
 Double Taps ☐
 Exposed Wiring ☐
 Unsafe Wiring ☐
 Electrical Panel ☐
 Brand/Model MURRAY

Other (explain) _____

* If single strand (aluminum branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*

Entire home rewired with copper cable ☐
 Connections repaired with COPALUM crimp ☐
 Connections repaired with AlumiConn ☐

Is the electrical system in good working order? ☒ Yes ☐ No (explain) _____

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc.

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Heating System

Age of System: <u>9 YEARS</u>	Year Last Updated: <u>2006</u>	Central HVAC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Hazards Present Wood-burning stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not central, indicate primary heat source and fuel type: _____
		Is the source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc.

PLUMBING SYSTEM

Age of System: <u>66 YEARS</u>	Year Last Updated: <u>2012</u>	Deficiencies (check all that apply):
Type of Pipes	Is the plumbing system in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/>
Copper: <input checked="" type="checkbox"/>		Indication of prior leak(s) <input type="checkbox"/>
PVC: <input type="checkbox"/>		Connections/Hoses leaking or cracked <input type="checkbox"/>
Galvanized: <input type="checkbox"/>		Water heater (explain) <input checked="" type="checkbox"/>
Polybutylene: <input type="checkbox"/>		Other (explain) <input type="checkbox"/>
Other (specify): _____		

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc.

ROOF (With 2 roof photos, this section can take the place of the *Roof Condition Certification Form*.)

Predominant Roof	Secondary Roof	Any visible signs of damage / deterioration? (Describe curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)
Covering Material: <u>ASPHALT SHINGLE</u>	Covering Material: _____	
Roof Age (years): <u>9 YEARS</u>	Roof Age (years): _____	
Remaining Useful Life: <u>0</u>	Remaining Useful Life: _____	
Date of Last Roofing Permit: <u>JAN 2006</u>	Date of Last Roofing Permit: _____	
Date of Last Update: <u>2006</u>	Date of Last Update: _____	
If updated (check one):	If updated (check one):	Predominant Roof <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Replacement <input type="checkbox"/>	Full Replacement <input type="checkbox"/>	Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Partial Replacement <input checked="" type="checkbox"/>	Partial Replacement <input type="checkbox"/>	
% of Replacement: _____	% of Replacement: _____	Any visible signs of leaks?
Overall Condition of Roof:	Overall Condition of Roof:	Predominant Roof <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Unsatisfactory (provide explanation below) <input checked="" type="checkbox"/>	Unsatisfactory (provide explanation below) <input type="checkbox"/>	

Use the *Additional Comments/Observations* section below to provide full details of any noted updates, hazards, deficiencies, etc. for all roof coverings.

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

ROOF PERMIT ON FILE JANUARY 2006
FLORIDA NORTH ROOF AREA RECENTLY REPLACED
OVERALL ROOF CONDITIONS POOR
EVIDENCE OF LEAKS PRESENT AT CARPORT NORTH AREA, OVER LIVING ROOM AREA / OVER STORAGE ROOM AREA / MULTIPLE OVERHANG AREAS
LEAKAGE HAS ROTTED MULTIPLE DECLING / FASCIA AND SOFFIT AREAS
DUE TO CONDITION OF ROOF SYSTEM REPLACEMENT IS RECOMMENDED
BATHROOM AND KITCHEN UPDATED PAST 10-15 YEARS
WATER HEATER REPLACED 2012 / UNIT WIRING EXPOSED, WIRING NOT INSTALLED IN CONDUIT

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.

Inspector Signature	CERTIFIED INSPECTOR Title	FL LIC #HI3633 License Number	11-25-2015 Date
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A 4-point inspection is required for all homeowner, dwelling and mobile home applications for properties more than 30 years old.

Special Instructions: The *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 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 for a 4-Point inspection include:

- Front and rear elevations
- Open main electrical panel and interior door
- Electrical box with the panel off when hazards are noted (e.g., aluminum branch wiring, double taps)
- HVAC heating system (with dated manufacturer's plate)
- All noted hazards or deficiencies

ROOF REQUIREMENTS

The *4-Point Inspection Form* may be accepted in lieu of the *Roof Condition Certification Form* if at least two photos of the roof are provided.

INSPECTOR REQUIREMENTS

To be accepted, all inspection forms must be completed, signed and dated by a Florida-licensed professional.

Note: Trade-specific, licensed professionals may sign off only on the *4-Point Inspection Form* section for their trade; e.g., a roofing inspector may sign off only on the roofing section of the form. Examples:

- A general, residential, or building contractor
- A building code inspector
- A registered architect
- A home inspector
- A professional engineer
- A building code official who is authorized by the state of Florida to verify building code compliance

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CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the 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 and descriptions if *any* of the following are noted in 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 in advance each *4-Point Inspection Form* 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. Properties with electrical, heating or plumbing systems not in good working order *or* with existing hazards/deficiencies cannot be submitted.