

## 4 Point Inspection Form

 Insured/Application Name: Maclean Hess      Application / Policy #: \_\_\_\_\_

 Address Inspected: 154 - Bayside Drive, Clearwater, FL. 33767

 Actual Year Built: 1956      Date Inspected: 6-8-2022
**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 amps  
 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**

- |   |  |
|---|--|
| <input type="checkbox"/> Blowing fuses<br><input type="checkbox"/> Tripping breakers<br><input type="checkbox"/> Empty sockets<br><input type="checkbox"/> Loose wiring<br><input checked="" type="checkbox"/> Improper grounding<br><input type="checkbox"/> Corrosion<br><input type="checkbox"/> Over fusing | <input type="checkbox"/> Double taps<br><input checked="" type="checkbox"/> Exposed wiring<br><input type="checkbox"/> Unsafe wiring<br><input type="checkbox"/> Improper breaker size<br><input type="checkbox"/> Scorching<br><input type="checkbox"/> Other (explain) _____<br>_____<br>_____ |
|---|--|

**General condition of the electrical system:**    ☐ Satisfactory    ☒ Unsatisfactory (explain) See comments below.
**Main Panel**

 Panel Age: Estimated 24 years  
 Year last updated: 1998  
 Brand/Model: Square D
**Second Panel**

 Panel Age: \_\_\_\_\_  
 Year last updated: \_\_\_\_\_  
 Brand/Model: \_\_\_\_\_

**Wire Type**

- ☒ Copper  
☐ NM, BX or Conduit \_\_\_\_\_

### 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

Date of last HVAC servicing/inspection: Unknown

**General condition of the HVAC system:** ☒ Satisfactory ☐ Unsatisfactory (explain) \_\_\_\_\_

### 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 areas? ☐ Yes ☒ No

### Supplemental Information

Age of system #1: 9 years Age of system #2: N/A Age of System #3: N/A Age of System #4: N/A

Year last updated(s): 2013 System #2: \_\_\_\_\_ System #3: \_\_\_\_\_ System #4: \_\_\_\_\_

(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 #1: Garage Age: 2 years Water heater location #2: N/A Age: \_\_\_\_\_

**Additional plumbing comments:** \_\_\_\_\_

### 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 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 visible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.)**

See comments below.

### 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 supply pipes (check all that apply)

☒ Copper

☐ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify) \_\_\_\_\_

**Roof** (with photos of each roof slope, this section can take the place of the roof inspection form)

**Predominate Roof**

Covering material: Clay tiles

Roof age (years): 19 years

Remaining useful life (years): 11 years

Date of last roofing permit: 3-11-2003

Date of last update: 2003

If updated (check one)

☒ Full replacement

☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall condition:

☒ Satisfactory

☐ Unsatisfactory (explain): \_\_\_\_\_

**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: Insulated Metal Roof over Open Patio

Roof age (years): 3 years, Installed 2019

Remaining useful life (years): 30 years

Date of last roofing permit: 4-1-2019

Date of last update: 2019

If updated (check one)

☐ Full replacement

☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall condition:

☒ Satisfactory

☐ Unsatisfactory (explain): \_\_\_\_\_

**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**

See 4-Point Repair List Below

*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.*

Stephen E. Shelton

Title: Home Inspector Lic #: HI-709 Date: 6-8-2022

Stephen E. Shelton - Inspector Signature

Company Name: Shelton Home Inspections, Inc. License Type: Home Inspector Work #: 727-417-6020

**Special Instructions:** This 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**

Photo's 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 acceptable, all inspection forms must be completed, signed and dated by a verified 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 the full/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 must not submit applications for properties with electrical, heating and plumbing systems not in good working order or with existing hazards/deficiencies.

## 4-Point Repairs Listed Below

(4 Point repair pictures will be at the bottom of the photo's below and will have arrows and red description)

### 4-POINT INSURANCE ISSUES

The conditions listed below may not pass the 4-point insurance inspection report and needs service to qualify for insurance.

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### ELECTRICAL SYSTEMS

Electrical Service:

*Main Service Ground Verified:*

Ground clamp is loose or damaged at ground rod that service is needed by a professional in the electrical field.

Other Electrical Observations:

There is exposed wiring in the garage on the front wall that should be in conduit or covered and needs service by a professional in the electrical field.

*Electrical Outlets:*

The living room has an ungrounded 3-Prong outlet on the west wall that needs service by a professional in the electrical field.

*Electrical Outlets:*

The dining room has an ungrounded 3-Prong outlet on the east wall that needs service by a professional in the electrical field.

*Electrical Outlets:*

The front guest bedroom has an ungrounded 3-Prong outlet on the east wall that needs service by a professional in the electrical field.

### PLUMBING SYSTEM

Plumbing:

*Waste Piping Condition:*

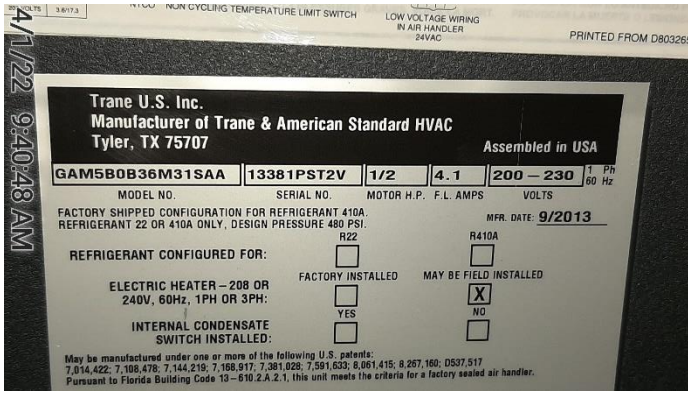
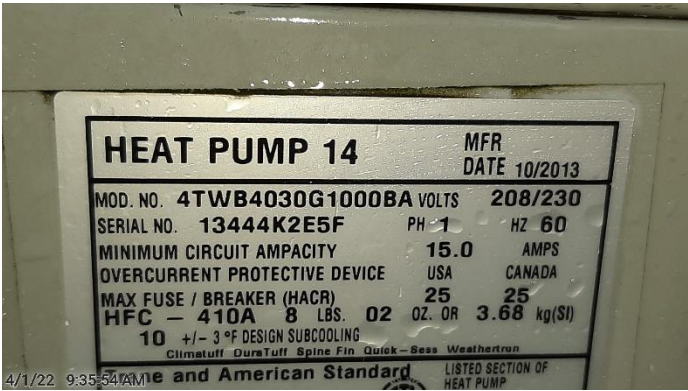
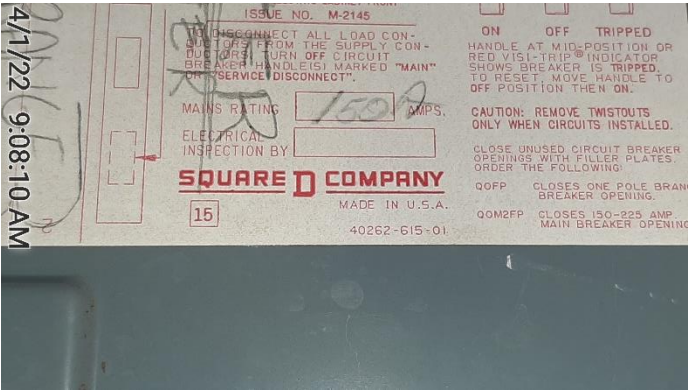
The PVC waste drain pipe in the garage is leaking and needs service by a professional in the plumbing field.

Hallway Bathroom

*Faucet and Supply Lines:*

The hallway bathroom sink shutoff valves are frozen and needs service by a professional in the plumbing field.








DEL NUMBER		SERIAL NUMBER	ITEM ID / PART NUMBER		
-40 110		206119014697	100234831		
PHASE	WATTS UPPER	WATTS LOWER	TOTAL WATTS CONNECTED	NOMINAL CAPACITY US GAL	MAX WORKING PRESSURE
1	4500	4500	4500	40	150
ALTERNATE RATINGS WATTS UPPER		WATTS LOWER	TOTAL WATTS CONNECTED	CIRCUIT	
3380		3380	3380	A6	

4/1/22 9:33:30 AM







4/1/22 10:12:58 AM



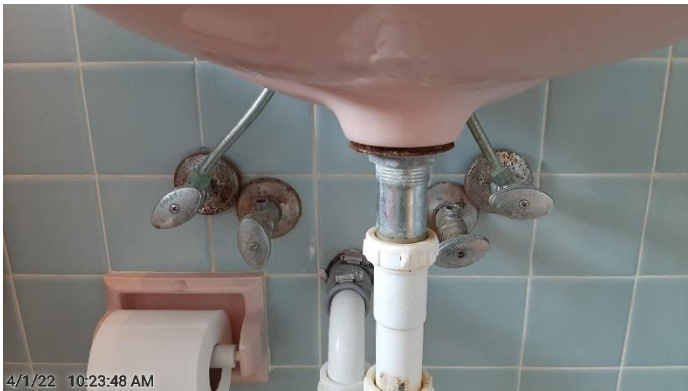
4/1/22 10:15:40 AM



4/1/22 10:16:48 AM



4/1/22 10:22:31 AM



4/1/22 10:23:48 AM



4/1/22 10:23:56 AM



4/1/22 10:24:43 AM



4/1/22 10:25:54 AM



4/1/22 10:27:26 AM



4/1/22 10:03:01 AM



4/1/22 10:04:47 AM



4/1/22 10:05:02 AM



4/1/22 12:07:36 PM



4/1/22 12:07:51 PM



4/1/22 12:07:54 PM



4/1/22 12:08:13 PM



4/1/22 12:08:18 PM



4/1/22 12:08:33 PM



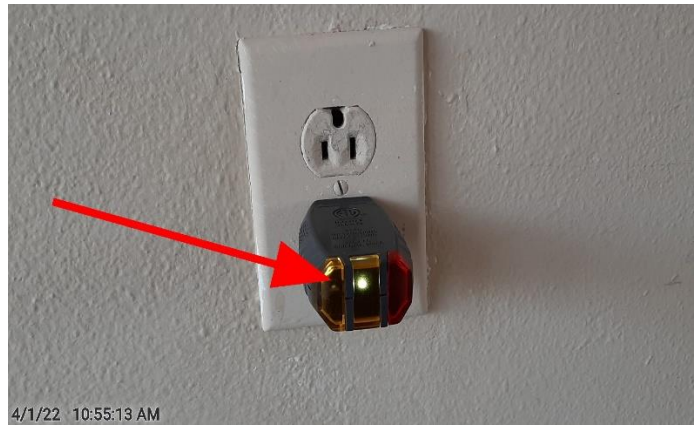
Ground clamp is loose or damaged at ground rod that service is needed by a professional in the electrical field.



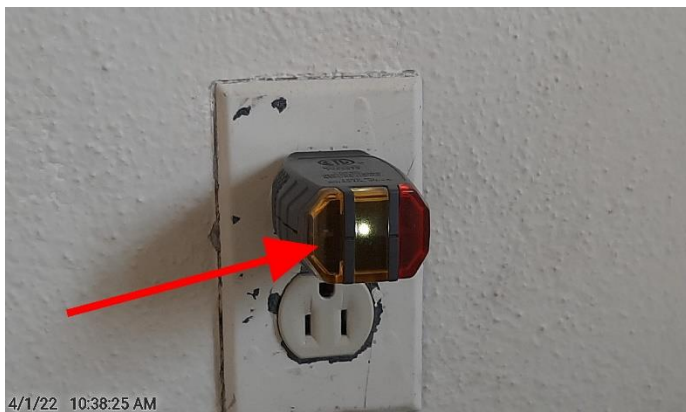
There is exposed wiring in the garage on the front wall that should be in conduit or covered and needs service by a professional in the electrical field.



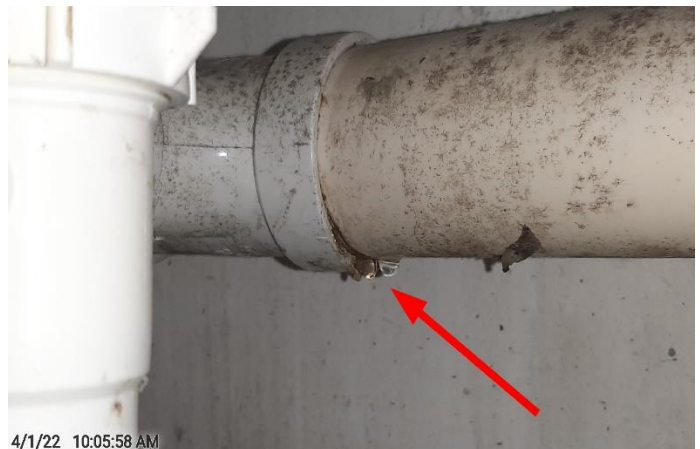
The living room has an ungrounded 3-Prong outlet on the west wall that needs service by a professional in the electrical field.



The dining room has an ungrounded 3-Prong outlet on the east wall that needs service by a professional in the electrical field.



The front guest bedroom has an ungrounded 3-Prong outlet on the east wall that needs service by a professional in the electrical field.



The PVC waste drain pipe in the garage is leaking and needs service by a professional in the plumbing field.



The hallway bathroom sink shutoff valves are frozen and needs service by a professional in the plumbing field.