

# Four-Point Inspection Form

Insured/Applicant Name: Darth Maul Application / Policy #: \_\_\_\_\_  
 Address Inspected: 1234 Mockingbird Dr, Melbourne, FL 32940  
 Actual Year Built: \_\_\_\_\_ Date Inspected: 2023-11-20

A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical, and plumbing systems. 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.

**Roof** (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

**Predominant Roof**  
 Covering material: Three tab shingles  
 Roof age (years): three years  
 Remaining useful life (years): \_\_\_\_\_  
 Date of last roofing permit: \_\_\_\_\_  
 If updated:  Full replacement  Partial replacement  
 Date of last update: \_\_\_\_\_ % of \_\_\_\_\_  
 Overall condition:  Satisfactory  Unsatisfactory (explain)  
**Any visible signs of damage / deterioration?**  
 Cracking  Excessive granule loss  
 Cupping/curling  Exposed asphalt  
 Exposed felt  Missing/loose/cracked tabs/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  
  
 Roof Permit 18BC02358, applied 01/31/18, final 02/21/18

**Secondary Roof**  
 Covering material: \_\_\_\_\_  
 Roof age (years): \_\_\_\_\_  
 Remaining useful life (years): \_\_\_\_\_  
 Date of last roofing permit: \_\_\_\_\_  
 If updated:  Full replacement  Partial replacement  
 Date of last update: \_\_\_\_\_ % of \_\_\_\_\_  
 Overall condition:  Satisfactory  Unsatisfactory (explain)  
**Any visible signs of damage / deterioration?**  
 Cracking  Excessive granule loss  
 Cupping/curling  Exposed asphalt  
 Exposed felt  Missing/loose/cracked tabs/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

**Electrical System**

**Main Panel**  
 Type:  Circuit breakers  Fuses  
 Brand/Model: General Electric Total Amps: 200  
 Panel age: 23 years  
 Year last updated: \_\_\_\_\_  
 Is amperage sufficient for current usage?  Yes  No

**Second Panel**  
 Type:  Circuit breakers  Fuses  
 Brand/Model: Square D Total Amps: 200  
 Panel age: 23 years  
 Year last updated: \_\_\_\_\_  
 Is amperage sufficient for current usage?  Yes  No

**Wiring Types:**  Copper  NM, BX or Conduit  
**Indicate presence of any of the following:**  
 Cloth wiring  Active knob and tube  Rubber covered cloth wire  
 **Branch circuit single strand 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 by licensed electrician.*  
 Connections repaired via **COPALUM** crimp  Connections repaired via **AlumiConn**

**Hazards Present**  
 Blowing fuses  Over fusing  
 Tripping breakers  Double taps  
 Empty sockets  Exposed wiring  
 Loose wiring  Unsafe wiring  
 Improper grounding  Improper breaker size  
 Corrosion  Scorching  
 Other (explain) \_\_\_\_\_

**Condition of the electrical system:**  Satisfactory  Unsatisfactory

**HVAC System** (Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

Central AC:  Yes  No Central heat:  Yes  No  
 Age of system: 9 years Year last updated: 2014 If not central heat, **primary** source & fuel type: \_\_\_\_\_  
 Are the heating, ventilation, and air conditioning systems in good working order?  Yes  No

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

Date of last HVAC servicing/inspection: Unknown

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

Notes:

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

Water heater location: Garage 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

**General condition of the following plumbing fixtures and connections to appliances:**

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toilets	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refrigerator	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sinks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing machine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sump pump	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Water heater	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Main shut off valve	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showers/Tubs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	All other visible	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Water Heater Age:

Age of Piping **Supply** Systems noticed:

- Original to home  
 Completely re-piped  Partially re-piped

Age of Piping **Drain** Systems noticed:

- Original to home  
 Completely re-piped  Partially re-piped

Type of main **supply** pipe noticed:

- (check all that apply)  
 Copper  
 PVC/CPVC  
 Galvanized  
 PEX  
 Polybutylene  
 Other (specify)

Type of main **waste/vent** noticed:

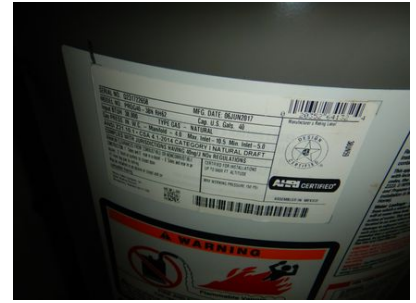
- (check all that apply)  
 PVC  
 Cast Iron  
 ABS  
 Copper  
 Brass  
 Other (specify)

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

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.*

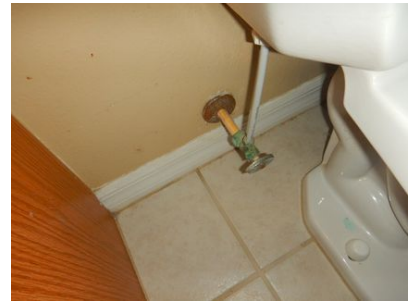
<u>John Shishilla</u>	<u>John Shishilla</u>	<u>HI-21 CRC1330745</u>	<u>2023-11-20</u>
Inspector Signature	Name/Title	License Number	Date
<u>Honor Services</u>	<u>Home Inspector</u>	<u>(321) 327-2950</u>	
Company Name	License Type	Work Phone	

# Four point pictures





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