

# 4-Point Inspection Form

Insured/Applicant Name: \_\_\_\_\_ Application / Policy #: \_\_\_\_\_

Address Inspected: \_\_\_\_\_

Actual Year Built: \_\_\_\_\_

Date Inspected: \_\_\_\_\_

**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: \_\_\_\_\_

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**

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

**General condition of the electrical system:**  Satisfactory  Unsatisfactory (explain)

## Supplemental information

**Main Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Second Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Wiring 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 (explain)  
 Date of last HVAC servicing/inspection: \_\_\_\_\_

**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 area?  
 Yes  No

**Supplemental Information**

Age of system: \_\_\_\_\_  
 Year last updated: \_\_\_\_\_  
 (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: \_\_\_\_\_

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

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

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

**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 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*.)

<p><b>Predominant Roof</b>                  Covering material: _____                  Roof age (years): _____                  Remaining useful life (years): _____                  Date of last roofing permit: _____                  Date of last update: _____                  If updated (check one):  <input type="checkbox"/> Full replacement  <input type="checkbox"/> Partial replacement                      % of replacement: _____                  Overall condition:  <input type="checkbox"/> Satisfactory  <input type="checkbox"/> Unsatisfactory (<b>explain below</b>)</p> <p><b>Any visible signs of damage / deterioration?</b>                  (check all that apply and explain below)  <input type="checkbox"/> Cracking  <input type="checkbox"/> Cupping/curling  <input type="checkbox"/> Excessive granule loss  <input type="checkbox"/> Exposed asphalt  <input type="checkbox"/> Exposed felt  <input type="checkbox"/> Missing/loose/cracked tabs or tiles  <input type="checkbox"/> Soft spots in decking  <input type="checkbox"/> Visible hail damage</p> <p><b>Any visible signs of leaks?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No                  Attic/underside of decking   <input type="checkbox"/> Yes   <input type="checkbox"/> No                  Interior ceilings   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Secondary Roof</b>                  Covering material: _____                  Roof age (years): _____                  Remaining useful life (years): _____                  Date of last roofing permit: _____                  Date of last update: _____                  If updated (check one):  <input type="checkbox"/> Full replacement  <input type="checkbox"/> Partial replacement                      % of replacement: _____                  Overall condition:  <input type="checkbox"/> Satisfactory  <input type="checkbox"/> Unsatisfactory (<b>explain below</b>)</p> <p><b>Any visible signs of damage / deterioration?</b>                  (check all that apply and explain below)  <input type="checkbox"/> Cracking  <input type="checkbox"/> Cupping/curling  <input type="checkbox"/> Excessive granule loss  <input type="checkbox"/> Exposed asphalt  <input type="checkbox"/> Exposed felt  <input type="checkbox"/> Missing/loose/cracked tabs or tiles  <input type="checkbox"/> Soft spots in decking  <input type="checkbox"/> Visible hail damage</p> <p><b>Any visible signs of leaks?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No                  Attic/underside of decking   <input type="checkbox"/> Yes   <input type="checkbox"/> No                  Interior ceilings   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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**Additional Comments/Observations** (use additional pages if 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.*

Inspector Signature	Title	License Number	Date
Company Name	License Type	Work Phone	

## 4-Point Inspection Form

**Special Instructions:** This sample *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 report 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 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 accepted, all inspection forms must be completed, signed and dated by a verifiable 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 full details/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 may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.