

4-Point Inspection Form

 Insured/Applicant Name: Dale Jumpp Application / Policy #: _____

 Address Inspected: 6153 County Road 352, Keystone Heights, FL 32656

 Actual Year Built: 1960 Date Inspected: 03/30/2023

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: 200

 Is amperage sufficient for current usage? Yes No (explain)

Second Panel

 Type: Circuit breaker Fuse

 Total Amps: 200

 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 repair via COPALUM crimp
 Connections repair via AlumniConn

Hazards Present

- Blowing fuses
 Empty sockets
 Loose Wiring
 Tripping breakers
 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: 38 years

 Year last updated: 1985

 Brand/Model: Square D

Second Panel

 Panel age: 15 years

 Year last updated: 2008

 Brand/Model: Siemens

Wiring Type

- Copper
 NM, BX or Conduit

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HVAC System

Central AC: Yes NoCentral heat: Yes NoIf 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: Unknown

Hazards Present

Wood burning stove or central gas fireplace *not* professionally installed? Yes NoSpace heater used as primary heat source? Yes NoIs the source portable? Yes NoDoes 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: See CommentYear last updated: 2016

(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 NoIs there any indication of an active leak? Yes NoIs there any indication of a prior leak? Yes NoWater heater location: Garage, Bathroom, Master Closet

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

 X Partially re-piped

(Provide year and extent of renovation in the comments below)

1985 Addition added PVC/CPVC accounts for approximately 55% of the homes plumbing. 2008 approximately 35% distribution re-pipe with PVC/CPVC. Approximately 10% of the original plumbing remains.

Type of pipes (check all that apply).

 Copper PVC/CPVC Galvanized PEX Polybutylene Other (specify)


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4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the <i>Roof Inspection Form.</i>)	
<p>Predominant Roof Covering material: <u>Metal Panel</u> Roof age (years): <u>Est. 19</u> Remaining useful life (years): <u>Est. 16</u> Date of last roofing permit: <u>N/A</u> Date of last update: <u>2014</u> If updated (check one):</p> <p><input checked="" type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement % of replacement _____</p> <p>Overall condition:</p> <p><input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage / deterioration? (check all that apply and explain below)</p> <p><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>Any visible signs of leaks <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attic/underside of decking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interior ceilings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Secondary Roof Covering material: _____ Roof age (years): _____ Remaining useful life (years): _____ Date of last roofing permit: _____ Date of last update: _____ If updated (check one):</p> <p><input type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement % of replacement _____</p> <p>Overall condition:</p> <p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain below)</p> <p>Any visible signs of damage / deterioration? (check all that apply and explain below)</p> <p><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>Any visible signs of leaks <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>

Additional Comments/Observations(use additional pages if needed):
 AC Condenser and Air Handler 1 were manufactured in 2008 and are 15 years old. AC Condenser and Air Handler 2 were manufactured in 2016 and are 7 years old. The front section of the roof was updated with new metal panels in 2014. Water Heater 1 Age 15 years old, Water Heater 2 Age 43 years old, Water Heater 3 Age 10 years old. Roof age estimated off of historical satellite images.

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>Inspector</u>	<u>HI10926</u>	<u>03/30/2023</u>
Inspector Signature	Title	License Number	Date
<u>Moore Property Inspections, Inc.</u>	<u>Home Inspector</u>	<u>904-436-8880</u>	
Company Name	License Type	Work Phone	

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The 43-year-old hot water heater was replaced on 04/14/2023.

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.

Photos, Additional Comments or Observations

Exterior Photos



Address



Front



Front Right Corner



Right Side 1



Right Side 2



Right Rear Corner



Rear



Left Rear Corner



Left Side 1



Left Side 2



Left Side 3



Front Left Corner

Electrical System

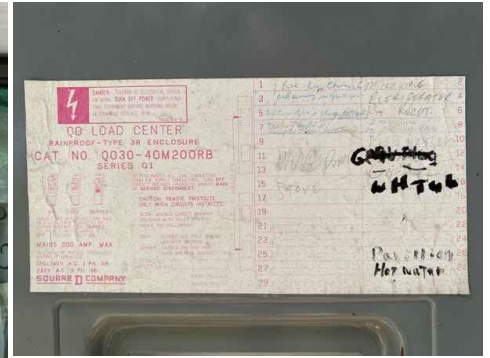
Panel Photos



Main Panel Closed



Main Panel Open



Main Panel Label



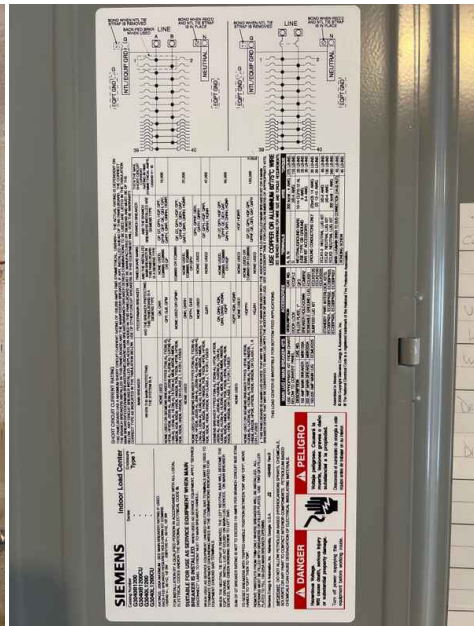
Main Panel Serial Number



Second Panel Closed



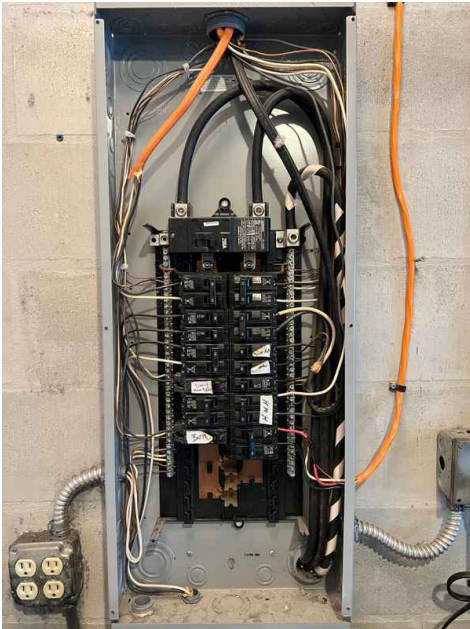
Second Panel Open



Second Panel Label



Date of Manufacture



Second Panel Front Cover Removed

HVAC System

HVAC Equipment



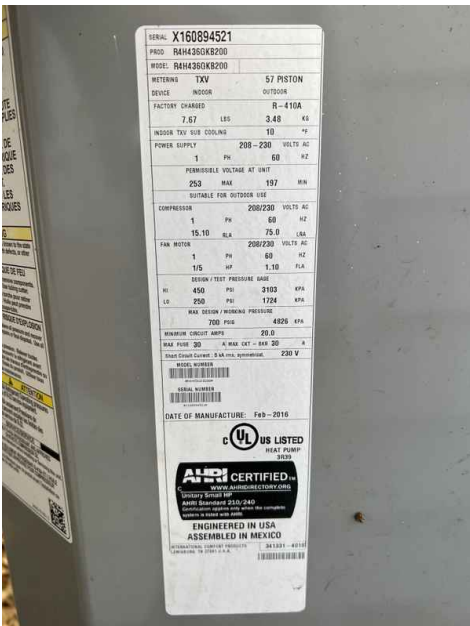
AC Condenser 1



AC Condenser 1 Label



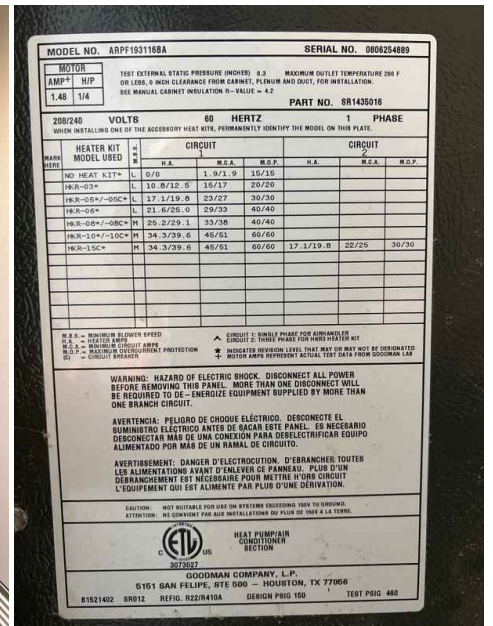
AC Condenser 2



AC Condenser 2 Label



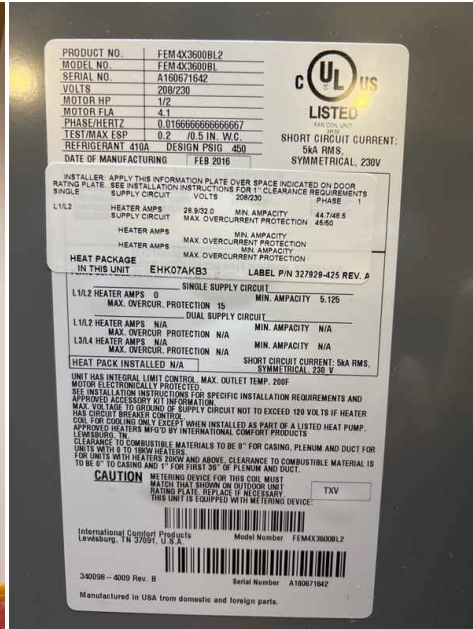
Air Handler 1



Air Handler 1 Label



Air Handler 2



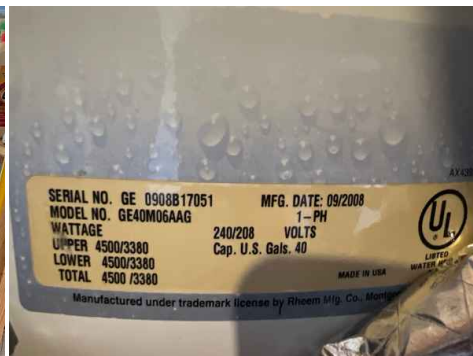
Air Handler 2 Label

Plumbing System

Water Heater



Water Heater 1



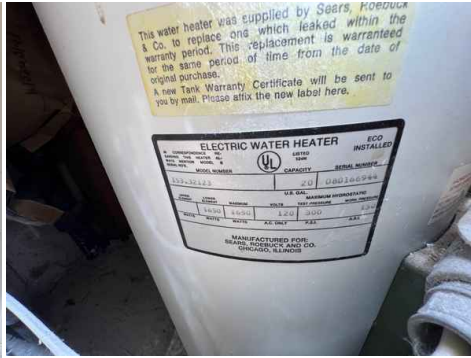
Water Heater 1 Label



Water Heater 1 TPR Valve



Water Heater 2



Water Heater 2 Label



Water Heater 2 TPR Valve



Water Heater 3



Water Heater 3 Label



Water Heater 3 TPR Valve

Under cabinet plumbing & drains



Kitchen Sink Drain



Kitchen Sink Valves



Bathroom 1 Sink Left



Bathroom 1 Sink Right



Bathroom 2 Sink



Bathroom 3 Sink Drain



Bathroom 3 Sink Valves

Exposed Valves



Main Water Shut Off



Exterior Spigot 1



Exterior Spigot 2



Exterior Spigot 3



Exterior Spigot 4



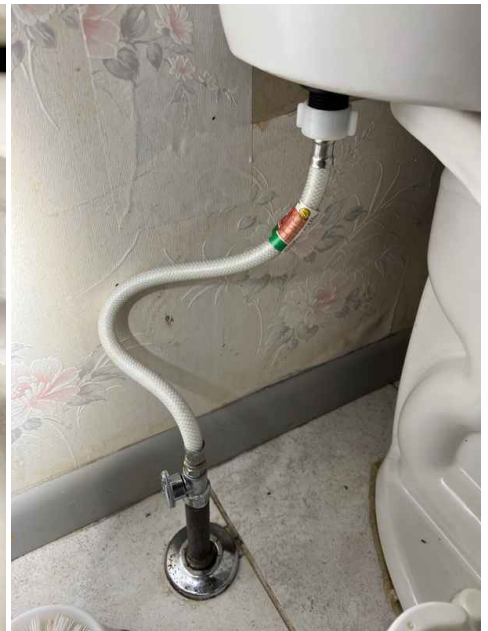
Laundry Connections



Toilet 1



Toilet 2



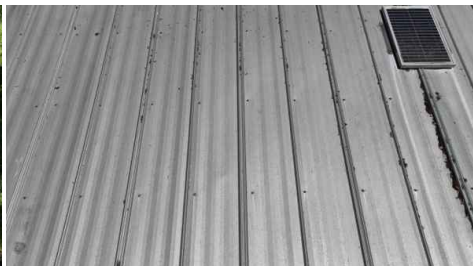
Toilet 3

Roof

Photos of Each Slope



Roof Overhead



Predominant Roof Material Close Up



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof



Predominant Roof