

4-Point Inspection Form

Insured/Applicant Name: Alma Willis Application / Policy #: _____

Address Inspected: 295 NW Berea Avenue, Keystone Heights

Actual Year Built: 1970 Date Inspected: 4-11-24

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: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>150</u> Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Second Panel Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>N/A</u> Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)	
Indicate presence of any of the following: <input type="checkbox"/> Cloth wiring <input type="checkbox"/> Active knob and tube <input type="checkbox"/> Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring): * If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i> <input type="checkbox"/> Connections repaired via COPALUM crimp <input type="checkbox"/> Connections repaired via AlumiConn		
Hazards Present <input type="checkbox"/> Blowing fuses <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Empty sockets <input type="checkbox"/> Loose wiring <input type="checkbox"/> Improper grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Over fusing	<input type="checkbox"/> Double taps <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Unsafe wiring <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Scorching <input type="checkbox"/> Other (explain)	
General condition of the electrical system: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain)		
Supplemental information		
Main Panel Panel age: <u>54 years</u> Year last updated: <u>Unknown</u> Brand/Model: <u>Square D</u>	Second Panel Panel age: <u>N/A</u> Year last updated: _____ Brand/Model: _____	Wiring Type <input checked="" type="checkbox"/> Copper <input type="checkbox"/> NM, BX or Conduit

4-Point Inspection Form

HVAC System
Central AC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Central heat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not central heat, indicate primary heat source and fuel type: _____ Are the heating, ventilation and air conditioning systems in good working order? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain) Date of last HVAC servicing/inspection: <u>Unknown</u>
Hazards Present Wood-burning stove or central gas fireplace <i>not</i> 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 Is the source portable? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Supplemental Information Age of system: <u>4 years</u> Year last updated: <u>2019</u> (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there any indication of an active leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any indication of a prior leak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water heater location: <u>Under sink in kitchen (2024)</u>																																																
General condition of the following plumbing fixtures and connections to appliances: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 16.6%;">Satisfactory</th> <th style="width: 16.6%;">Unsatisfactory</th> <th style="width: 16.6%;">N/A</th> <th style="width: 50%;"></th> <th style="width: 16.6%;">Satisfactory</th> <th style="width: 16.6%;">Unsatisfactory</th> <th style="width: 16.6%;">N/A</th> </tr> </thead> <tbody> <tr> <td>Dishwasher</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Toilets</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sinks</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Washing machine</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sump pump</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Water heater</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Main shut off valve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Showers/Tubs</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>All other visible</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.). All showers and sinks draining properly. All toilets working properly. No leaking noticed.																																																
Supplemental Information <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> Age of Piping System: _____ Original to home _____ Completely re-piped _____ Partially re-piped (Provide year and extent of renovation in the comments below) Updates to supply lines since original construction. </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> Type of pipes (check all that apply) <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> Other (specify) Metal braid, plastic hose fixture supply lines </td> </tr> </table>	Age of Piping System: _____ Original to home _____ Completely re-piped _____ Partially re-piped (Provide year and extent of renovation in the comments below) Updates to supply lines since original construction.	Type of pipes (check all that apply) <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC/CPVC <input type="checkbox"/> Galvanized <input type="checkbox"/> PEX <input type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> Other (specify) Metal braid, plastic hose fixture supply lines																																														
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4-Point Inspection Form

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

Predominant Roof

Covering material: Dimensional
 Roof age (years): 23
 Remaining useful life (years): 6 plus
 Date of last roofing permit: 2000
 Date of last update: 2000

If updated (check one):

- Full replacement
 Partial replacement
 % of replacement: 100

Overall condition:

- Satisfactory
 Unsatisfactory (explain below)

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: Tar & gravel
 Roof age (years): 23
 Remaining useful life (years): 6 plus
 Date of last roofing permit: 2000
 Date of last update: 2000

If updated (check one):

- Full replacement
 Partial replacement
 % of replacement: 100

Overall condition:

- Satisfactory
 Unsatisfactory (explain below)

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

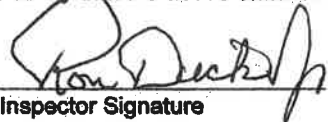
Attic/underside of decking Yes No

Interior ceilings Yes No

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

Dimensional asphalt shingles on gable surface & tar & gravel on flat roof. Age is as per homeowner, permits are not listed on Clay County property appraiser's website. No water intrusion noticed from in attic decking inspection. Roof surface too steep for surface walkover.

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

President

Title

028483 & 4751

License Number

4-11-24

Date

Coastal Exterior and Design

Company Name

CRC & HI

License Type

386-462-3493

Work Phone

**Alma Willis
295 NW Berea Avenue
Keystone Heights, FL**

Front



Right



Rear



Left 1



Left 2

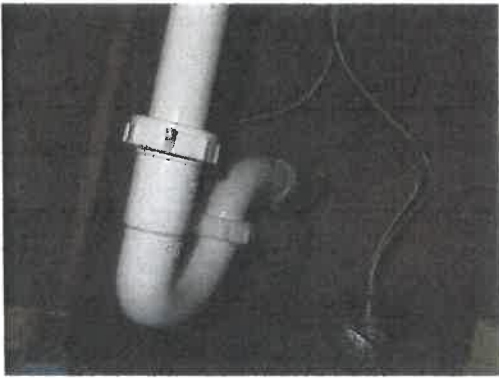


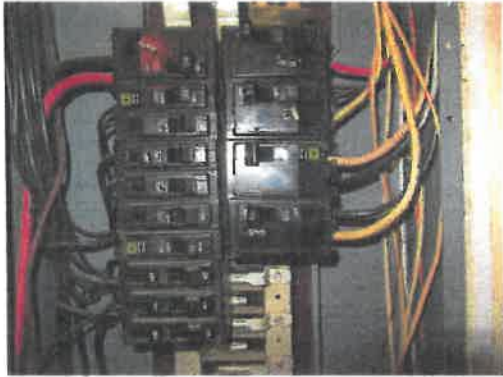
Address











Detached garage



