

ATTACHMENT K

4-Point Inspection Form

Personal Lines

Insured/Applicant Name _____ Application / Policy # _____

Address Inspected: _____

Actual Year Built: _____ Date Inspected: _____

Minimum Photo Requirements:

Front elevation Rear elevation

Main electrical service panel with interior door label

Electrical box with panel off, if hazards noted (e.g., aluminum branch wiring, double taps)

HVAC heating systems equipment (with dated manufacturer's plate)

All hazards or deficiencies noted in this report

A Florida-licensed inspector must complete, sign and date this form.

Electrical System		
Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.		
<p>Main Panel:</p> <p>Panel Age: _____</p> <p>Year Last Updated: _____</p> <p>Amps: _____</p> <p>Less than 60A Fuse <input type="checkbox"/></p> <p>60A Fuse <input type="checkbox"/></p> <p>100A Fuse <input type="checkbox"/></p> <p>100A CB <input type="checkbox"/></p> <p>200A CB: <input type="checkbox"/></p> <p>Other (specify): _____</p>	<p>Panel #2 (if present):</p> <p>Year Panel #2 added: _____</p> <p>Purpose of Panel 2: _____</p> <p>Amps: _____</p> <p>Less than 60A Fuse <input type="checkbox"/></p> <p>60A Fuse <input type="checkbox"/></p> <p>100A Fuse <input type="checkbox"/></p> <p>100A CB <input type="checkbox"/></p> <p>200A CB: <input type="checkbox"/></p> <p>Other (specify): _____</p>	<p>Total System Amps:</p> <p><u>Wiring Type</u></p> <p>Copper Wiring: <input type="checkbox"/></p> <p>NM, BX or Conduit <input type="checkbox"/></p> <p>Active Knob and Tube <input type="checkbox"/></p> <p>Cloth wiring <input type="checkbox"/></p> <p>Condition of cloth wiring: _____</p> <p>Aluminum Wiring* <input type="checkbox"/></p> <p>* If present, describe the usage of all aluminum wiring: _____</p> <p>Other (specify): _____</p>
<p>Hazards Present</p> <p>Blowing Fuses <input type="checkbox"/></p> <p>Tripping Breakers <input type="checkbox"/></p> <p>Empty Breakers <input type="checkbox"/></p> <p>Empty Sockets <input type="checkbox"/></p> <p>Loose Wiring <input type="checkbox"/></p> <p>Improper Grounding <input type="checkbox"/></p>	<p>Over-fusing <input type="checkbox"/></p> <p>Double Taps <input type="checkbox"/></p> <p>Exposed Wiring <input type="checkbox"/></p> <p>Unsafe Wiring <input type="checkbox"/></p> <p>Electrical Panel _____</p> <p>Brand/Model _____</p> <p>Other (explain) _____</p>	<p>* If single strand (aluminum branch) wiring, provide details of all remediation. <i>Separate documentation of all work must be provided.</i></p> <p>Entire home rewired with copper cable <input type="checkbox"/></p> <p>Connections repaired with COPALUM crimp <input type="checkbox"/></p> <p>Connections repaired with AlumiConn <input type="checkbox"/></p>
<p>Is the electrical system in good working order? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)</p>		
<p>Use the <i>Additional Comments/Observations</i> section below to provide full details of any noted updates, hazards, deficiencies, etc.</p>		

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Heating System			
Age of System: _____	Year Last Updated: _____	Central HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Are the heating, ventilation and air conditioning systems in good working order?</u>	<u>Hazards Present</u> Wood-burning stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not central, indicate primary heat source and fuel type: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Space heater used as primary heat source? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the source portable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use the <i>Additional Comments/Observations</i> section below to provide full details of any noted updates, hazards, deficiencies, etc.			

PLUMBING SYSTEM		
Age of System: _____	Year Last Updated: _____	Deficiencies (check all that apply):
<u>Type of Pipes</u> Copper: <input type="checkbox"/> PVC: <input type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): _____	<u>Is the plumbing system in good working order?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>
Use the <i>Additional Comments/Observations</i> section below to provide full details of any noted updates, hazards, deficiencies, etc.		

ROOF (With 2 roof photos, this section can take the place of the <i>Roof Condition Certification Form</i> .)		
<p style="text-align: center;">Predominant Roof</p> <p>Covering Material: _____</p> <p>Roof Age (years): _____</p> <p>Remaining Useful Life: _____</p> <p>Date of Last Roofing Permit: _____</p> <p>Date of Last Update: _____</p> <p>If updated (check one):</p> <p>Full Replacement <input type="checkbox"/></p> <p>Partial Replacement <input type="checkbox"/></p> <p>% of Replacement _____</p> <p>Overall Condition of Roof:</p> <p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory (provide explanation below) <input type="checkbox"/></p>	<p style="text-align: center;">Secondary Roof</p> <p>Covering Material: _____</p> <p>Roof Age (years): _____</p> <p>Remaining Useful Life: _____</p> <p>Date of Last Roofing Permit: _____</p> <p>Date of Last Update: _____</p> <p>If updated (check one):</p> <p>Full Replacement <input type="checkbox"/></p> <p>Partial Replacement <input type="checkbox"/></p> <p>% of Replacement _____</p> <p>Overall Condition of Roof:</p> <p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory (provide explanation below) <input type="checkbox"/></p>	<p>Any visible signs of damage / deterioration? (Describe curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)</p> <p>Predominant Roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any visible signs of leaks?</p> <p>Predominant Roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Secondary Roof <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Use the <i>Additional Comments/Observations</i> section below to provide full details of any noted updates, hazards, deficiencies, etc. for all roof coverings.		

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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.

Inspector Signature

Title

License Number

Date

A 4-point inspection is required for all homeowner, dwelling and mobile home applications for properties more than 30 years old.

Special Instructions: The *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 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 for a 4-Point inspection include:

- Front and rear elevations
- Open main electrical panel and interior door
- Electrical box with the panel off when hazards are noted (e.g., aluminum branch wiring, double taps)
- All noted hazards or deficiencies
- HVAC heating system (with dated manufacturer's plate)

ROOF REQUIREMENTS

The *4-Point Inspection Form* may be accepted in lieu of the *Roof Condition Certification Form* if at least two photos of the roof are provided.

INSPECTOR REQUIREMENTS

To be accepted, all inspection forms must be completed, signed and dated by a Florida-licensed professional.

Note: Trade-specific, licensed professionals may sign off only on the *4-Point Inspection Form* section for their trade; e.g., a roofing inspector may sign off only on the roofing section of the form. Examples:

- A general, residential, or building contractor
- A building code inspector
- A registered architect
- A home inspector
- A professional engineer
- A building code official who is authorized by the state of Florida to verify building code compliance

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CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the 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 and descriptions if *any* of the following are noted in 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 in advance each *4-Point Inspection Form* 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. Properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies cannot be submitted.