

Commercial Electrical Inspection Form

Applicant/Insured Name: _____ Application/Policy#: _____
Location Address Inspected: _____ Building Number Inspected: _____
Date of Inspection: _____

Documentation: Attach inspection photos and any supplemental documentation used to confirm the age or condition of the electrical system.

Electrical System Summary	Year Built: _____	
	Yes	No
Is the electrical system in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
Does the entire electrical system meet applicable code?	<input type="checkbox"/>	<input type="checkbox"/>
Is the system sufficient for the load requirement?	<input type="checkbox"/>	<input type="checkbox"/>
Is the system properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety concerns, deficiencies, or update recommendations?	<input type="checkbox"/>	<input type="checkbox"/>

Main Electrical Panel <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuses	Secondary Electrical Panel <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuses	Branch Wiring Circuits
Manufacturer: _____ Amperage Rating: _____ Is amperage rating adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No Year of Last Panel Update: _____ Is a panel update recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please describe the last update or any recommended updates in the comment section.</i> Condition: <input type="checkbox"/> evidence of scorching <input type="checkbox"/> signs of corrosion <input type="checkbox"/> loose connections <input type="checkbox"/> improper grounding <input type="checkbox"/> GFI breakers not working correctly <input type="checkbox"/> breakers not sized correctly <input type="checkbox"/> double taps <input type="checkbox"/> open knockouts <input type="checkbox"/> missing panel cover <input type="checkbox"/> Other: _____ <input type="checkbox"/> No hazards present	Manufacturer: _____ Amperage Rating: _____ Is amperage rating adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No Year of Last Panel Update: _____ Is a panel update recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please describe the last update or any recommended updates in the comment section.</i> Condition: <input type="checkbox"/> evidence of scorching <input type="checkbox"/> signs of corrosion <input type="checkbox"/> loose connections <input type="checkbox"/> improper grounding <input type="checkbox"/> GFI breakers not working correctly <input type="checkbox"/> breakers not sized correctly <input type="checkbox"/> double taps <input type="checkbox"/> open knockouts <input type="checkbox"/> missing panel cover <input type="checkbox"/> Other: _____ <input type="checkbox"/> No hazards present	Wiring Type: <input type="checkbox"/> Aluminum (single strand) <input type="checkbox"/> Aluminum (multi strand) <input type="checkbox"/> Copper <input type="checkbox"/> Copper Clad <input type="checkbox"/> Knob and Tube <input type="checkbox"/> Other: _____ Condition: <input type="checkbox"/> ungrounded or inoperative outlets <input type="checkbox"/> missing GFCI outlets <input type="checkbox"/> overuse of outlets/power strips <input type="checkbox"/> extension cord used as permanent wiring <input type="checkbox"/> broken/unsupported light fixtures <input type="checkbox"/> Other: _____ _____ <input type="checkbox"/> No hazards present

Comments:

This Inspection Form and the information set forth in it are provided solely for the purpose of verifying that no unsafe or inadequate electrical wiring conditions / deficiencies exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other person or entity.

All Electrical Inspection Forms must be completed, signed, and dated by a Florida-licensed electrician or general contractor.
I certify that the above statements are true and correct.

Inspector Name (printed) _____ Telephone Number _____

Signature of Inspector _____ License Type _____ License Number _____ Date _____

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. 817.234"