

4-Point Inspection Form

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

Address Inspected: 1234 Main Street Brandon, FL 33511, Brandon, FL 33511

Actual Year Built: 2004 Date Inspected: 04/12/2026

| |
|---|
| <p>Minimum Photo Requirements</p> <p><input checked="" type="checkbox"/> Dwelling: Each side <input checked="" type="checkbox"/> Roof: Each slope <input checked="" type="checkbox"/> Plumbing: Water heater, under cabinet plumbing/drains, exposed valves</p> <p><input checked="" type="checkbox"/> Main electrical service panel with interior door label</p> <p><input checked="" type="checkbox"/> Electrical box with panel off</p> <p><input checked="" type="checkbox"/> All hazards or deficiencies noted in this report</p> <p style="text-align: center;">A Florida-licensed inspector must complete, sign and date this form.</p> |
|---|

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.

| | |
|---|---|
| <p>Main Panel Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>150 amps</u> Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)</p> | <p>Second Panel Type: <input checked="" type="checkbox"/> Circuit breaker <input type="checkbox"/> Fuse Total Amps: <u>150 amps</u> Is amperage sufficient for current usage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explain)</p> |
|---|---|

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 AlumiConn

| | |
|---|--|
| <p>Hazards Present</p> <p><input type="checkbox"/> Blowing fuses</p> <p><input type="checkbox"/> Empty sockets</p> <p><input type="checkbox"/> Loose Wiring</p> <p><input type="checkbox"/> Tripping breakers</p> <p><input type="checkbox"/> Improper grounding</p> <p><input type="checkbox"/> Corrosion</p> <p><input type="checkbox"/> Double taps</p> | <p><input type="checkbox"/> Exposed wiring</p> <p><input type="checkbox"/> Over fusing</p> <p><input type="checkbox"/> Unsafe wiring</p> <p><input type="checkbox"/> Improper breaker size</p> <p><input type="checkbox"/> Scorching</p> <p><input type="checkbox"/> Other (explain)</p> |
|---|--|

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

Supplemental information

| | | |
|--|--|--|
| <p>Main Panel Panel age: <u>22 years</u> Year last updated: <u>2004</u> Brand/Model: <u>General Electric</u></p> | <p>Second Panel Panel age: <u>22 years</u> Year last updated: <u>2004</u> Brand/Model: <u>General Electric</u></p> | <p>Wiring Type <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> NM, BX or Conduit</p> |
|--|--|--|

4-Point Inspection Form

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: 10/2019

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: 7 yearsYear last updated: 2019

(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

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Water Heater | <input type="checkbox"/> | <input checked="" 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.).

[Refer to the "Additional Comments" page for details.](#)

Supplemental Information

Age of Piping System:

 X Original to home

_____ Completely re-piped

_____ Partially re-piped

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

[All systems appear to be original.](#)

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 *Roof Inspection Form*.)

| | |
|---|--|
| <p>Predominant Roof Covering material: <u>Architectural shingle</u> Roof age (years): <u>2 years</u> Remaining useful life (years): <u>23 years</u> Date of last roofing permit: <u>2024-03-28</u> Date of last update: <u>2024-03-28</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 type="checkbox"/> Satisfactory <input checked="" 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"/> Missing/loose/cracked tabs or tiles <input type="checkbox"/> Exposed felt <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):
 This house was inspected in accordance with the InterNACHI standards. Please see the additional comments section below.

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.

| | | | |
|-------------------------------|----------------|----------------|------------|
| | InterNACHI CPI | HI9014 | 04/02/2026 |
| Inspector Signature | Title | License Number | Date |
| Safeline Home Inspections LLC | Home Inspector | 813-777-8851 | |
| Company Name | License Type | Work Phone | |

Safeline Home Inspections LLC 04/12/2026

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

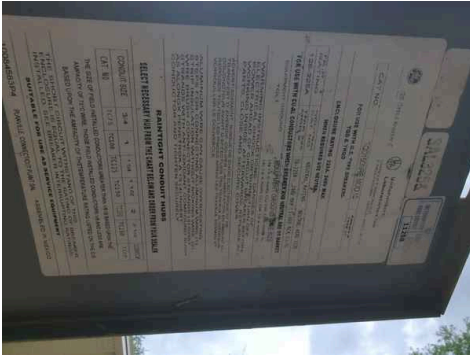
Exterior Photos



Electrical System

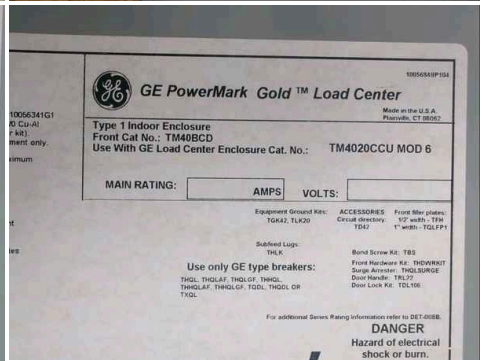
Panel Photos



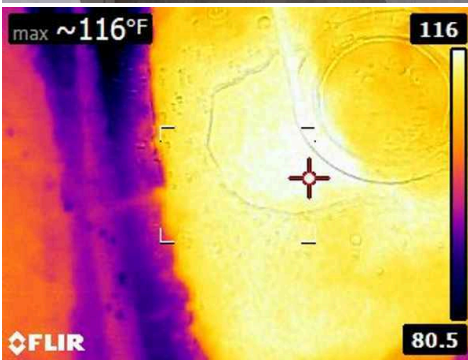


| | | | |
|----|-----------|----|---------------|
| 13 | | 14 | |
| 15 | DRYER | 16 | WIP HOUSE |
| 17 | WASHER | 18 | S/DETENTION |
| 19 | BATH/GFI | 20 | Bed w/3/KIT |
| 21 | | 22 | MASTER Bed #2 |
| 23 | W/HEATER | 24 | MASTER Bed |
| 25 | DRYER | 26 | GENERAL |
| 27 | PLUG | 28 | LV. RM. FAN |
| 29 | | 30 | GENERAL |
| 31 | A/HANDLER | 32 | MICROWAVE |
| 33 | A/C | 34 | KIT/GFI |
| 35 | | 36 | KIT/GFI |
| 37 | RANGE | 38 | DISPOSAL |
| 39 | PLUG | 40 | DISHWASHER |

300V, Class T Fuse (100A, Max)
100,000
PROVIDED BY: TRUL...
(2) 100-200 A, 2-pole only
(3) 125-225 A, 2 & 3-pole only
(4) 15-30 A, only



HVAC System



Under cabinet plumbing & drains





Roof

Photos of Each Slope



Predominant Roof

Overall Condition

No Completed or Final Permit

Additional Comments or Observations

REPAIRS PERFORMED: N/A

Electrical: N/A

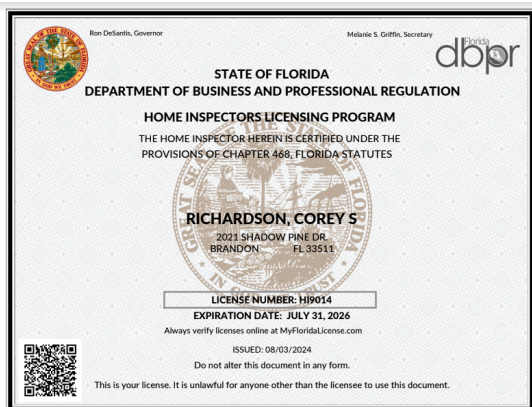
Plumbing:

1. Older Water Heater - During the inspection, it was observed that the water heater is nearing, at, or beyond the end of its service life. This indicates that the water heater may not be as reliable as it was when new. The average lifespan for electric water heaters is typically around 10 to 15 years, while gas water heaters tend to last approximately 8 to 12 years. Considering the age of the water heater and its potential to develop issues, it is advisable to budget for repairs or future replacement if it has not already been replaced. Regular maintenance can help extend the water heater's life, but it is essential to be prepared for the possibility of needing a new unit in the near future.

Roof:

1. Roof Permit Status Not Completed - The roof covering work has not received final permit completion or approval from the local building authority. This indicates the roofing project may not have been properly permitted or inspected by officials. Verify permit status with the local building department and obtain final sign-off if work was performed, as unpermitted work can affect property value, insurance coverage, and future sales.

HVAC: N/A



Thank you for choosing Safeline Home Inspections, LLC.

If you have any questions, please give us a call.

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