



PO BOX 620508, OVIEDO, FL 32762

"Remove the doubt, have Maverick Inspections check it out."

Four Point Report



99 Sample St, Somewhere FL, 12345

**Company Name: Maverick Inspection Services, LLC****Address: PO Box 620508****Oviedo, FL 32762****Email: inspector@maverickinspections.com****Phone: 321-303-4338**

Disclosure: A Four-Point Insurance Inspection is a limited, visual only, non-invasive inspection of a dwelling performed by a licensed home inspector for the purpose of obtaining home owners insurance, or to renew an existing insurance policy. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection report is a limited visual survey of the roof, heating & air conditioning, electrical, and plumbing systems.

The Inspector does not make any determination, form opinion, or approve or disapprove of any dwelling for insurability. No guarantee or warranty is implied or offered. The information found in this report is used solely for the purpose of providing insurance companies information to determine insurability, and is not a warranty or assurance of the suitability, fitness or longevity of any of the structures or the systems present in the dwelling. Use of this report for any purpose other than to obtain homeowners Insurance will render this report and its contents null and void. This report is not transferable and cannot be assigned or passed onto heirs or others, regardless of representation.

By payment of the inspection fee, the purchaser of this report becomes the sole owner of this report and fully agrees with these terms.

Customer Name: John Doe Date: October 19, 2022

Property Address: 99 Sample St, Somewhere FL, 12345

"All 4-Point Inspection Forms must be completed and signed by a Florida-licensed home inspector. I certify that I am so licensed, and that to the best of my knowledge the following statements are correct and true based on what was visible and accessible at the time of inspection."

A handwritten signature in black ink that reads "Michael Vergara".

Michael Vergara, CMI

Certified Master Inspector®

FL Licensed Inspector: HI1344

4-Point Inspection Form

Insured/Applicant Name: John Doe Application / Policy #: _____Address Inspected: 99 Sample St, Somewhere FL, 12345Actual Year Built: 2005 Date Inspected: October 19, 2022**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 PanelType: ☒ Circuit breaker ☐ FuseTotal Amps: 200Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)**Second Panel**Type: ☐ Circuit breaker ☐ Fuse

Total Amps: _____

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 repaired via COPALUM crimp
☐ Connections repaired via AlumiConn

Hazards Present

- ☐ Blowing fuses
☐ Tripping breakers
☐ Empty sockets
☐ Loose wiring
☐ 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 PanelPanel age: 17 yearsYear last updated: OriginalBrand/Model: Square D**Second Panel**

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☒ Copper
☐ NM, BX or Conduit

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: **Within the last year.**

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: **Less than 1 year**Year last updated: **2022**

(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** **Manufacture Date: 2008**

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 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☐ Partially re-piped

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

Type of pipes (check all that apply)

☐ Copper☒ PVC/CPVC☐ Galvanized☐ PEX☐ Polybutylene☐ Other (specify)

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: **Architectural shingle**

Roof age (years): **1 year**

Remaining useful life (years): **19 years**

Date of last roofing permit: **08/19/2021**

Date of last update: **2021**

If updated (check one):

☒ Full replacement

☐ Partial replacement

% of replacement: _____

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: **Modified bitumen**

Roof age (years): **1 year**

Remaining useful life (years): **19 years**

Date of last roofing permit: **08/19/2021**

Date of last update: **2021**

If updated (check one):

☒ Full replacement

☐ Partial replacement

% of replacement: _____

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

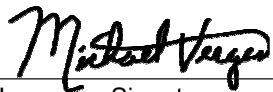
Any visible signs of leaks? ☐ Yes ☒ No

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

Additional Comments/Observations (use additional pages if needed): **Wood rot and evidence of moisture intrusion in the attic indicate a potential leak.**

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

Home Inspector

Title

#HI1344

License Number

October 19, 2022

Date

Maverick Inspection Services

Company Name

Home Inspector

License Type

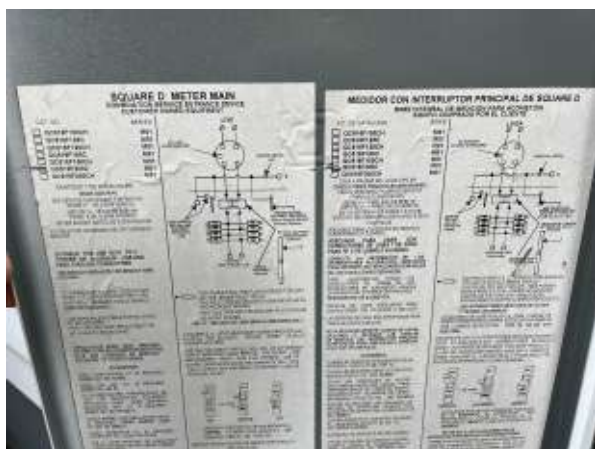
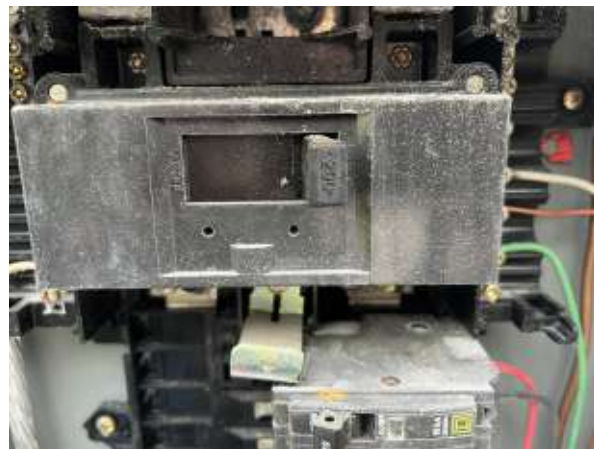
321-303-4338

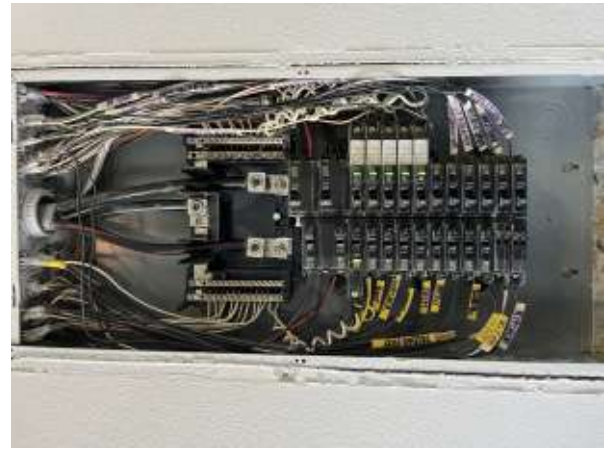
Work Phone

Exteriors:



Electrical:





HVAC:

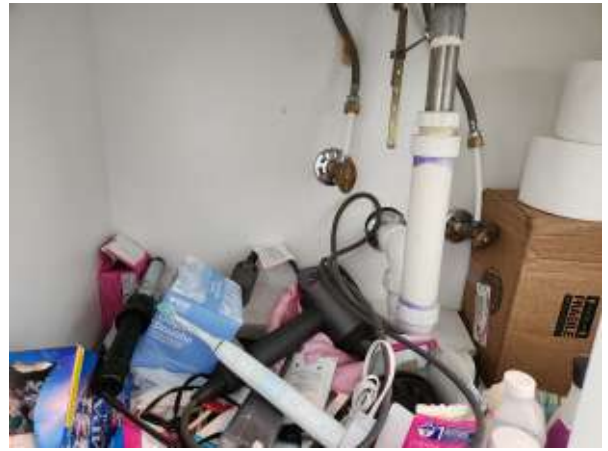


Water Heater:



Plumbing:





Roof:











Evidence of moisture intrusion.



