Insured/Applicant Name Jacobus, Cynthia	a Appli	cation / Policy #			
Address Inspected _515 NW Lake Lona L	oop, Lake City, Fl 32055.				
Actual Year Built: 1983.	d:5/5/2022.				
✓ Main electrical service panel with interior of ✓ Electrical box with panel off ✓ All hazards or deficiencies noted in this re					
Be advised that Underwriting will rely on the licensed professional of your choice. This is suitability, fitness or longevity of any of the	nformation only is used to determine insura	lar form, that is obtained from the Florida bility and is not a warranty or assurance of the			
Electrical System Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.					
Main Panel: Type: ✓ Circuit breaker ☐ Fuse Total Amps: 400A CB. Is amperage sufficient for current usage? ✓	Total Amps: 200	Second Panel: Type: ▼ Circuit breaker Fuse Total Amps: 200A CB. Is amperage sufficient for current usage? ▼ Yes No (explain)			
Indicate the 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 with COPALUM crimp Connections repaired with AlumiConn					
□ Blowing Fuses □ Ex □ Tripping Breakers □ Ur ✔ Empty Sockets □ Im ✔ Loose Wiring □ Sc		✓ Double Taps			
Supplemental Information					
Main Panel: Panel Age: 39. Year Last Updated: 1983. Brand/Model: Murray.	Second Panel Panel Age: 39. Year Last Updated: 1983. Brand/Model: Cutler Hammer.	Wiring Type ✓ Copper NM, BX, or Conduit			

HVAC System					
Central AC: ✓ Yes No					
Central heat: ✓ Yes No					
If not central, indicate primary heat source and fuel type:					
Are the heating, ventilation and air conditioning systems in good working	ng order? ▼ Yes				
Date of last HVAC servicing/inspection: Unknown.					
Hazards Present					
Wood-burning stove or central gas fireplace <i>not</i> professionally installe	d? ☐ Yes 🗹 No				
Space heater used as primary heat source? ☐ Yes ✔ No					
Is the source portable? Yes Mo	ockage or leakage, including water damage to the surrounding area?				
Does the air handler/condensate line or drain pan showany signs of blockage or leakage, including water damage to the surrounding area? Yes Mo					
Supplemental Information					
Age of system: _2002,2001.					
Year last updated: 20 Years.					
(Please attach photos(s) of HVAC equipment, including dated manufa	cturer's plate)				
DI LI O					
Plumbing System					
Is there a temperature relief valve on the water heater? Yes	☐ No				
Is there any indication of an active leak? Yes V No					
Is there any indication of a prior leak? Yes V No					
Water heater location: Exterior and crawlspace.					
General condition of the following plumbing fixtures and connection	ctions to appliances:				
Satisfactory Unsatisfactory N/A	Satisfactory Unsatisfactory N/A				
Dishwasher ✓	Toilets				
Refrigerator	Sinks				
Washing machine	Sump Pump				
Water heater	Main shut off valve				
Shower/Tubs	All other visible				
If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.) Toilet shut off valve is leaking. Laundry valves leaking.					
Supplemental Information					
Age of Piping System: Types of pipes (check all that apply)					
✓ Original to home ☐ Copper					
Completely re-piped	▼ PVC/CPVC				
Partially re-piped Galvanized					
(Provide year and extent of renovation in the comments below)					
39.	Polybutylene Other (specify)				
Cther (specify)					

Roof (With photos of each roof slope, this section can take the place of the Roof Inspection Form.)					
Predominant Roof:	Sec	ondary Roof:			
Covering material: Composition.		ering material:			
Roof age (years): 1		fage (years):			
Remaining useful life: 29.	Rem	naining useful life:			
Date of Last Roofing Permit:		of Last Roofing Permit:			
Date of Last Update:2022.		e of Last Update:			
If updated (check one):		odated (check one):			
✓ Full replacement		Full replacement			
Partial replacement		Partial replacement			
% of replacement: 100%		% of replacement:			
·					
Overall condition:	Ove	rall condition:			
✓ Satisfactory	<u> </u>	Satisfactory			
Unsatisfactory (explain below)		Unsatisfactory (explain below)			
Any visible signs of damage / deterioration?	Anv	visible signs of damage / deterio	oration?		
		eck all that apply and explain below)			
Cracking Cracking					
Cupping/curling		Cupping/curling			
Excessive granule loss		Excessive granule loss			
Exposed asphalt		Exposed asphalt			
Exposed felt	L	Exposed felt			
Missinng/loose/cracked tabs or tiles		Missinng/loose/cracked tabs or tiles			
Soft spots in decking		Soft spots in decking			
visible hail damage		visible hail damage			
Any visible signs of leaks? ☐ Yes ✓ No	Any	visible signs of leaks? Yes	☐ No		
Attic/underside of decking ☐ Yes ✔ No	Attic	underside of decking Yes	No		
		or ceilings Yes No	ceilings Yes No		
Additional Comments/Observation	s (use additional page	es as needed):			
HVAC: whole home all units are inoperated	`	•			
·					
Plumbing: Water heater is a 2003 Tankless ranai. Water heater is a 19 gallon whirlpool 2003.					
All 4-Point inspection Forms must be comp	leted and signed by a veri	fiable Florida-licensed Inspector			
I certify that the above statements are true and correct.					
$\Omega \rightarrow \omega \Omega M$					
Kodney a. Dass					
	Inspector.	HI5201.	05/05/2022.		
Inspector Signature	Title	License Number	Date		
Above And Beyond Home Inspection	FL-licensed Inspector.	386-697-1356			
Company Name	License Type	Work Phone			

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 include:

- Dwelling: each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drainss, 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: Trade-specific, licensed professionals may sign off only on the *4-Point 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 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 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.

Sides of Dwelling









Roof













Plumbing











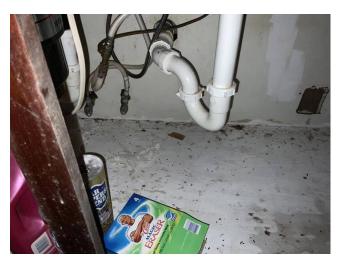


Plumbing







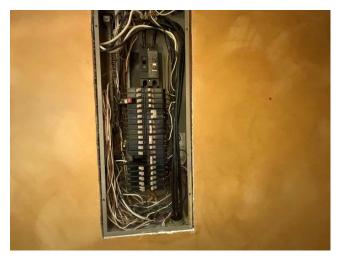


Electrical panels









HVAC





Hazards and deficiencies

