	Ole a il de Adle avva			
Insured/Applicant Name:			Applicatio	n / Policy #:
Address Inspected: 2160	Forbes St, Jacksonv	rille, FL 32204		
Actual Year Built: 1918			Date Inspected: 01/	10/2025
Minimum Photo Require ☑ Dwelling: Each side ☑ Main electrical servic ☑ Electrical box with pa ☑ All hazards or defici	☑ Roof: Each slope ☑ e panel with interior doo nel off iencies noted in this re			
				obtained from the Florida licensed professional of e of the suitability, fitness or longevity of any of the
Electrical System Separate documentation of		remediation must be provid	ded and certified by a lice	ensed electrician.
Main Panel Type: ☑ Circuit breaker [Total Amps: 150 Is amperage sufficient for		□ No (explain)	Second Panel Type: ☑ Circuit breake Total Amps: 150 Is amperage sufficient f	or □Fuse for current usage? ☑ Yes □ No (explain)
Indicate presence of any	of the following:			
	num wiring (If present, d um branch) wiring, prov ria COPALUM crimp	escribe the usage of all al ide details of all remediation		tion of all work must be provided.
Hazards Present			☐ Double taps	
☐ Blowing fuses			Exposed wiring	
☐ Empty sockets			☐ Unsafe wiring	
☐ Loose Wiring			☐ Improper breaker	size
☐ Tripping breakers			☐ Scorching	
☐ Improper grounding			☐ Other (explain)	
Corrosion				
☐ Over fusing				
	_			
General condition of the	-	Satisfactory LI Unsatisfac	ctory (explain)	
Supplemental inform	เลเเดก			
Main Panel		Second Panel		Wiring Type ☑ Copper
Panel age: 38		Panel age: 38		□ NM, BX or Conduit
Year last updated: 1987		Year last updated: 1987		

Brand/Model: Square D

Brand/Model: Square D

HVAC System							
Central AC: ☑ Yes ☐ No							
Central heat: ☑ Yes ☐ No							
If not central heat, indicate primary heat source and fuel type:							
Are the heating, ventilation and air conditioning systems in good working o	rder? ☑ Yes ☐ No (explain)						
Date of last HVAC servicing/inspection:							
Hazards Present							
Wood burning stove or central gas fireplace not professionally installed?]Yes ☑No						
Space heater used as primary heat source? ☐ Yes ☑ No							
Is the source portable? ☐ Yes ☑ No							
Does the air handler/condensate line or drain pan show any signs of blocks ☐ Yes ☑ No	age or leakage, including water damage to the surrounding area?						
Supplemental Information							
Age of system: 3/4/17/4							
Year last updated: SeeAdd							
(Please attach photo(s) of HVAC equipment, including dated manufacturer's	s plate)						
Plumbing System							
	٦.,						
Is there a temperature pressure relief valve on the water heater? $\ \ \ \ \ \ \ \ \ \ \ \ \ $	TN0						
Is there any indication of a prior leak? ☐ Yes ☑ No							
Water heater location: Basement/2016							
General condition of the following plumbing fixtures and connections	to applicances:						
Satisfactory Unsatisfactory N/A	Satisfactory Unsatisfactory N/A						
Dishwasher ☑ ☐	Toilets ☑ □						
Refrigerator □ □	Sinks □ □						
Washing Machine ☐ ☐ ☐	Sump pump						
Water Heater ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Main shut off valve ✓ ☐ All other visible ✓ ☐						
If unsatisfactory, please provide comments/details (leaks, wet/soft spo							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,, . ,,						
Supplemental Information							
Age of Piping System:	Type of pipes (check all that apply)						
Original to home	□ Copper						
X Completely re-piped	☑ PVC/CPVC						
Partially re-piped	☐ Galvanized						
(Provide year and extent of renovation in the comments below)	□PEX						
1998	☐ Polybutylene						
	☐ Other (specify)						

Roof (With photos of each roof slo	ope, this section can take the place of	the Roof Inspection Form.)	
Predominant Roof Covering material: Modified Bitume Roof age (years): 2 Remaining useful life (years): 10 Date of last roofing permit: 3/10/22 Date of last update: 3/10/22 If updated (check one):	<u>n</u>	Secondary Roof Covering material: Architectural shin Roof age (years): 3 Remaining useful life (years): 17 Date of last roofing permit: 03/10/202 Date of last update: 03/10/2022 If updated (check one):	
☑ Full Replacement ☐ Partial Replacement % of replacement		☑ Full Replacement ☐ Partial Replacement % of replacement	
Overall condition:		Overall condition:	
☑ Satisfactory ☐ Unsatisfactory (explain below))	☑ Satisfactory ☐ Unsatisfactory (explain below)	
Any visible signs of damage / deter (check all that apply and explain below Cracking Cupping/Curling Excessive granule loss Exposed asphalt Exposed felt Missing/loose/cracked tabs or ti Soft spots in decking Visible hail damage Unknown Visible Damaged Shingles Leaking Roof Any visible signs of leaks Yes Attic/underside of decking Yes Mo	w) iles ☑ No	Any visible signs of damage / deterice. (check all that apply and explain below a Cracking Cupping/Curling Excessive granule loss Exposed asphalt Exposed felt Missing/loose/cracked tabs or tile. Soft spots in decking Visible hail damage Damaged Shingles Any visible signs of leaks Yes Attic/underside of decking Yes Mo	es No
	rvations(use additional pages 3, Repipe-7/15/98, P98-34!	if needed): 572, Electric, E87-32165, 10/	23/87, HVAC Ages
All 4-Point Inspection Forms must be I certify that the above statements are	completed and signed by a verifiable e true and correct.	Florida-licensed inspector.	
Chris Kennison	Home Inspector	Chris Kennison HI13904	01/09/2025
Inspector Signature	Title	License Number	Date
Mr. House Inspectors Company Name	Home Inspector License Type	904-673-3430 Work Phone	-

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:

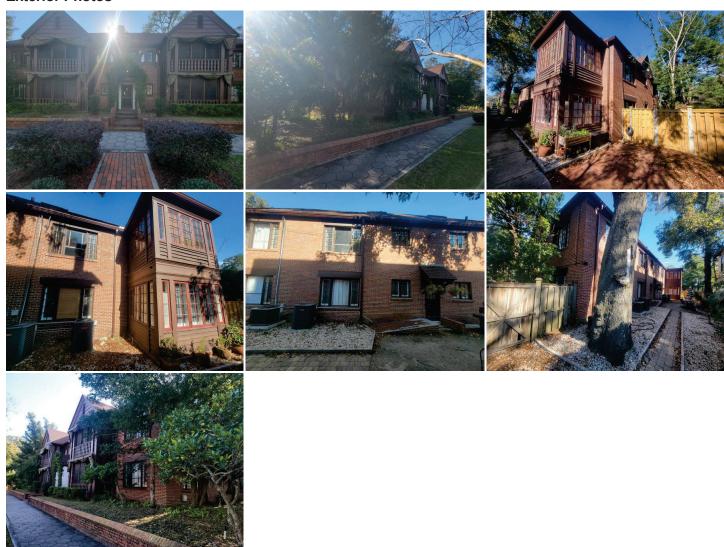
- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- · Any system determined not to be in good working order

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

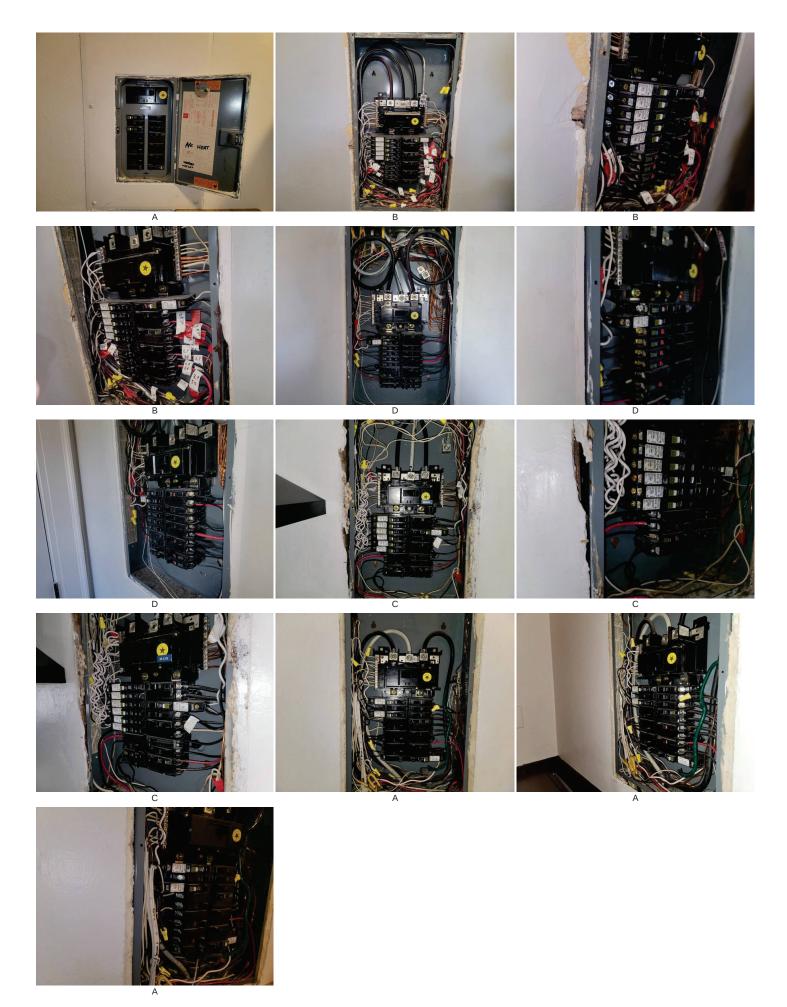
Exterior Photos



Electrical System

Panel Photos



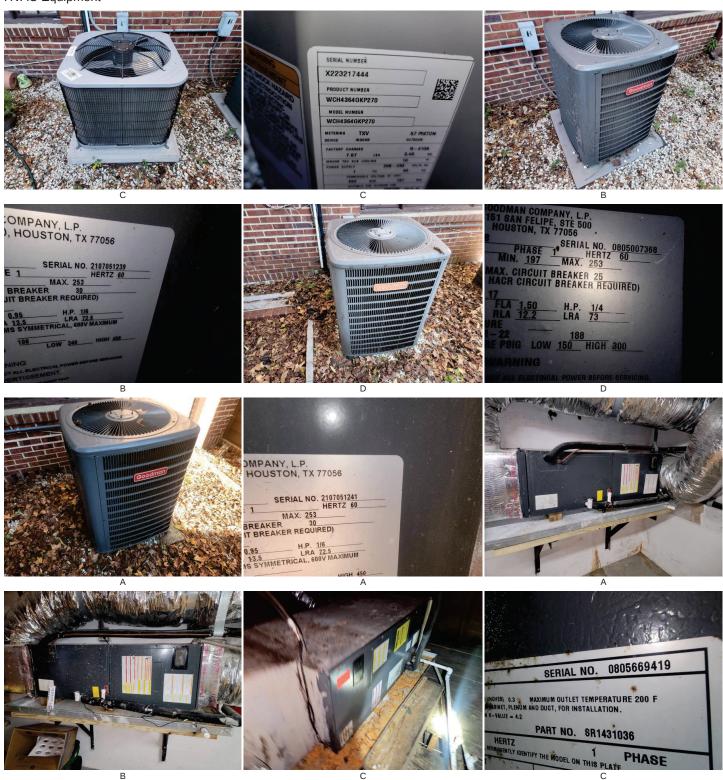


Additional Photos



HVAC System

HVAC Equipment







HB14AC			-	IAL NO:		100	The same	
OUTLET	STATIC PR T TEMPER E FROM C STALLATI	ABINET.	(INCHES): 10°F. PLENUM	0.5		BEL PART A00353	NO.:	
SSORY	HEAT KIT	60 HE		DENTIFY T		PHASE EL ON T	MLATE.	
1	CIRCUIT 1			CIRCUIT 2		SINGLE	OINT KIT	
H.A.	MCA	P.	H.A.	MCA	M.O.P.	SINGLE I	MOP	
H.A. 0.0	MCA 2.2/2.2	P. 15/15	10000		M.O.P.	THE RESIDENCE OF	M.O.P.	
H.A. 0.00 8/12.5	MCA 2.2/2.2 16/18	P. 15/15 20/20	10000		M.O.P.	THE RESIDENCE OF		1
H.A. 0/0 8/12.5 3/20.0	MCA 2.2/2.2 16/18 24/27	-	10000		M.O.P.	THE RESIDENCE OF		
H.A. 0/0 8/12.5 3/20.0	MCA 2.2/2.2 16/18 24/27 29/33	20/20	10000		M.O.P.	THE RESIDENCE OF		
H.A. 0.00 8/12.5	MCA 2.2/2.2 16/18 24/27	20/20 25/30	10000		M.O.P.	THE RESIDENCE OF		



Plumbing System

Water Heater







Under cabinet plumbing & drains



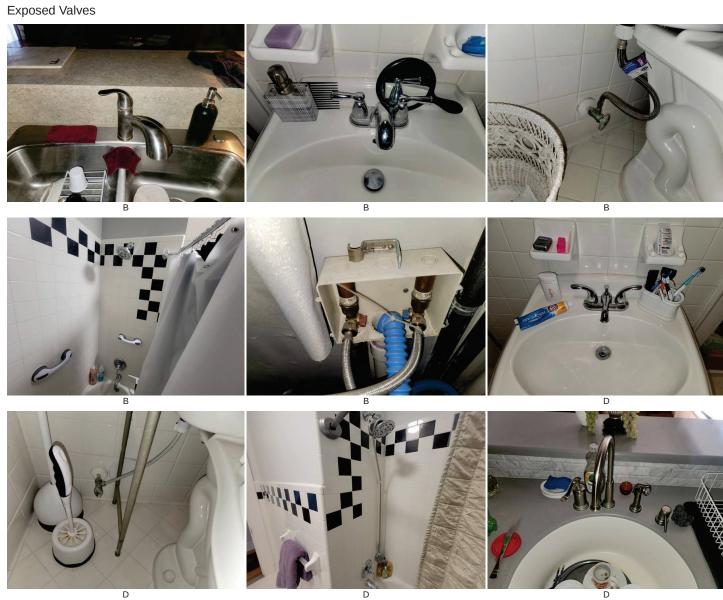


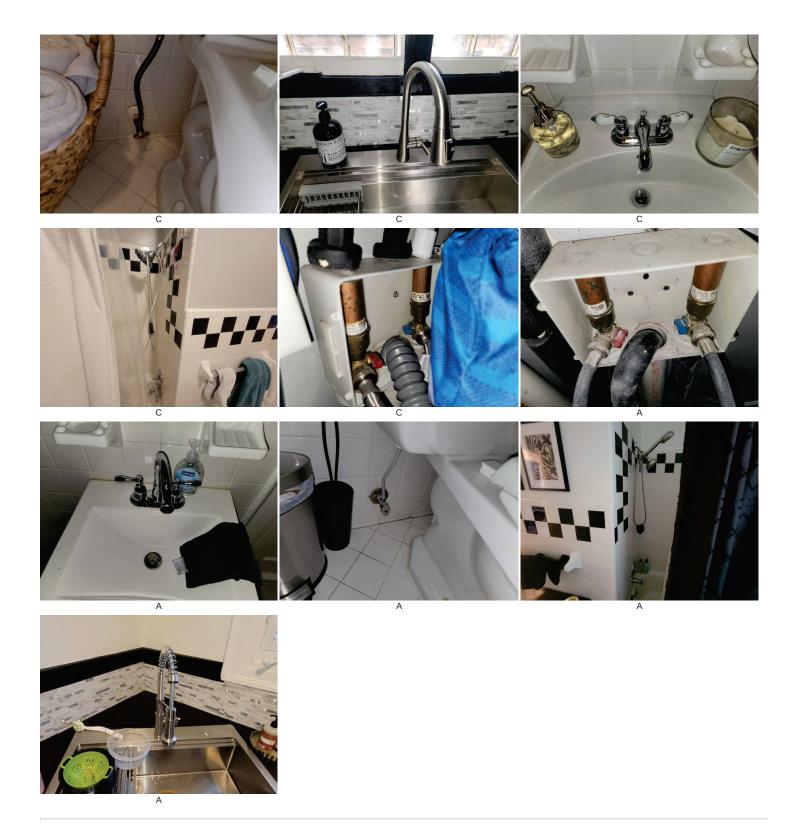


В

В







Roof

Photos of Each Slope







