

APEX Home Allies, LLC
www.apexhomeallies.com

4-POINT - INSURANCE INSPECTION

Applicant Name / Insured _____

Application / Policy # _____

Year Built _____ Date Inspected _____

Check List:

1. **Roof System**
2. **Electrical System**
3. **Plumbing System**
4. **Heating & AC System**

Photos Required

- Front and Rear Elevation
- Roof -2 min.
- Electric Panel [with cover on & off]
- Plumbing [Water Heater- data plate, supply and waste lines, under Sink]
- AC & AHU [2-4- show data plate]
- All Hazards and Deficiencies

ROOF		
<p style="text-align: center;">Predominant Roof</p> <p>Age [years] _____</p> <p>Covering Material _____</p> <p>Remaining Useful Life _____</p> <p>Date of Last Permit _____</p> <p>Permit Number _____</p> <p>Date of Last Update _____</p> <p>If updated (check one):</p> <p>Full Replacement Yes__ No__</p> <p>Partial Replacement Yes__ No__</p> <p>% of Replacement _____</p> <p>Overall Condition of Roof:</p> <p>Satisfactory Yes__ No__</p> <p>Unsatisfactory Yes__ No__</p> <p>[provide explanation below]</p> <p> <i>Notes:</i></p>	<p style="text-align: center;">Secondary Roof</p> <p>Age [years] _____</p> <p>Covering Material _____</p> <p>Remaining Useful Life _____</p> <p>Date of Last Permit _____</p> <p>Permit Number _____</p> <p>Date of Last Update _____</p> <p>If updated (check one):</p> <p>Full Replacement Yes__ No__</p> <p>Partial Replacement Yes__ No__</p> <p>% of Replacement _____</p> <p>Overall Condition of Roof:</p> <p>Satisfactory Yes__ No__</p> <p>Unsatisfactory Yes__ No__</p> <p>[provide explanation below]</p> <p> <i>Notes:</i></p>	<p>Any visible signs of damage / deterioration? [Describe curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck]</p> <p>Predominant Roof: Yes__ No__</p> <p>Secondary Roof: Yes__ No__</p> <p>Any visible signs of leaks?</p> <p>Predominant Roof: Yes__ No__</p> <p>Secondary Roof: Yes__ No__</p> <p> <i>Notes:</i></p>

ELECTRICAL SYSTEM		
<p style="text-align: center;">Main Panel</p> <p>Electrical Panel Brand/Model: _____</p> <p>Panel Age: _____ Year Last Updated: _____</p> <p>Amps: Less than 60A Fuse Yes__ No__ 60A Fuse Yes__ No__ 100A Fuse Yes__ No__ 100A CB Yes__ No__ 200A CB Yes__ No__ Other (specify): _____</p>	<p style="text-align: center;">Panel # 2 [If present]</p> <p>Year Panel #2 added: _____ Purpose of Panel 2: _____ Electrical Panel Brand/Model: _____</p> <p>Panel Age: _____ Year Last Updated _____</p> <p>Amps: Less than 60A Fuse Yes__ No__ 60A Fuse Yes__ No__ 100A Fuse Yes__ No__ 100A CB Yes__ No__ 200A CB Yes__ No__ Other (specify): _____</p>	<p>Total System Amps: _____</p> <p style="text-align: center;">Wiring Type</p> <p>Copper Wiring Yes__ No__ NM, BX or Conduit Yes__ No__ Active Knob & Tube Yes__ No__ Cloth wiring Yes__ No__ Condition of cloth wiring: _____</p> <p>Aluminum Wiring* Yes__ No__ * If present, describe the usage of all aluminum wiring: _____</p> <p>Other (specify): _____</p>
<p style="text-align: center;">Hazards Present</p> <p>Blowing Fuses Yes__ No__ Tripping Breakers Yes__ No__ Empty Breakers Yes__ No__ Empty Sockets Yes__ No__ Loose Wiring Yes__ No__ Improper Grounding Yes__ No__ Over-fusing Yes__ No__ Double Taps Yes__ No__ Exposed Wiring Yes__ No__ Unsafe Wiring Yes__ No__ Electrical Panel Brand/Model Yes__ No__ Other [Explain] Yes__ No__</p> <p>Is the electrical system in good working order? Yes__ No__ (explain)</p>		<p>* If single strand (aluminum branch) wiring, provide details of all remediation.</p> <p><i>Separate documentation of all work must be provided.</i></p> <p>Entire home rewired with copper cable: Yes__ No__</p> <p>Connections repaired with COPALUM crimp: Yes__ No__</p> <p>Connections repaired with AlumiConn: Yes__ No__</p>

PUMBING SYSTEM		
<p>Age of System: _____</p> <p>Type of Pipes</p> <p>Copper: Yes__ No__</p> <p>PVC: Yes__ No__</p> <p>Galvanized: Yes__ No__</p> <p>Polybutylene: Yes__ No__</p> <p>Other (specify): _____</p>	<p>Year Last Updated: _____</p> <p>Is the plumbing system in good working order? Yes__ No__ [Explain]</p>	<p>Deficiencies:</p> <p>Active leak: Yes__ No__</p> <p>Indication of prior leak(s) Yes__ No__</p> <p>Connections/Hoses leaking or cracked: Yes__ No__</p> <p>Water heater (explain) Yes__ No__</p> <p>Other (explain) _____</p>

HEATING SYSTEM	
<p>Age of System: _____ Year Last Updated: _____</p> <p>Are the heating, ventilation and air conditioning systems in good working order? Yes__ No__ [Explain]</p> <p>Hazards Present:</p> <p>Wood-burning stove or central gas fireplace professionally installed? Yes__ No__</p> <p>Space heater used as primary heat source? Yes__ No__</p>	<p>Central HVAC Yes__ No__</p> <p>If not central, indicate: Primary heat source: _____</p> <p>Fuel type: _____</p> <p>Is the source portable? Yes__ No__</p>

Additional Comments/Observations



4-Point Inspection Form *must be completed and signed by a verifiable Florida-licensed Inspector.*
I certify that the above statements are true and correct.

Inspector Signature

Title

License Number

Date