



APEX Home Allies, LLC
4-Point Insurance Inspection Report

Client / Insured:	Date: 5/15/2020	Policy #	Type of Home:
Client Email:	Client Phone:	Number of Stories:	Type of Construction:
Address:	City:	Zip Code:	Year Built:

ROOF	
Primary Roof	Secondary Roof (Check if N/A) <input type="checkbox"/>
Covering Material:	Covering Material:
Estimated Age:	Estimated Age:
Date of Last Permit: Permit #:	Date of Last Permit: Permit #
Permit closed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Permit closed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Condition of Roof: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Condition of Roof: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
If updated check one: Full Replacement: <input type="checkbox"/> Partial Replacement: <input type="checkbox"/> % of Replacement:	If updated check one: Full Replacement: <input type="checkbox"/> Partial Replacement: <input type="checkbox"/> % of Replacement:
Estimated Remaining Life:	Estimated Remaining Life:
Visible signs of roof damage: Yes <input type="checkbox"/> No <input type="checkbox"/> Including: Cracking, cupping/curling, Excessive granule loss, Exposed asphalt, Exposed felt, Missing/loose/cracked tabs or tiles, Soft spots in decking, or visible hail damage. Please comment below if checked "Yes"	Visible signs of roof damage: Yes <input type="checkbox"/> No <input type="checkbox"/> Including: Cracking, cupping/curling, Excessive granule loss, Exposed asphalt, Exposed felt, Missing/loose/cracked tabs or tiles, Soft spots in decking, or visible hail damage. Please comment below if checked "Yes"
Visible signs of leaks: Yes <input type="checkbox"/> No <input type="checkbox"/> Roof deck? Yes <input type="checkbox"/> No <input type="checkbox"/> Interior ceilings? Yes <input type="checkbox"/> No <input type="checkbox"/>	Visible signs of leaks: Yes <input type="checkbox"/> No <input type="checkbox"/> Roof deck? Yes <input type="checkbox"/> No <input type="checkbox"/> Interior ceilings? Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Comments:	

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PLUMBING System		
Main Water Supply Material Noticed: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Galvanized <input type="checkbox"/> Polybutylene <input type="checkbox"/> PEX <input type="checkbox"/> Other (Specify)	Waste /Vent Material Noticed: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> Galvanized <input type="checkbox"/> Polybutylene <input type="checkbox"/> PEX <input type="checkbox"/> Other (Specify)	Age of Piping Supply Noticed: Original: Yes <input type="checkbox"/> No <input type="checkbox"/> Full re-pipe: <input type="checkbox"/> Partial: <input type="checkbox"/> Year & extent of work:
Indication of active leaks: Yes <input type="checkbox"/> No <input type="checkbox"/> Indication of prior leaks: Yes <input type="checkbox"/> No <input type="checkbox"/>	Water Heater Location:	Age of Piping Drain Noticed: Original: Yes <input type="checkbox"/> No <input type="checkbox"/> Full re-pipe: <input type="checkbox"/> Partial: <input type="checkbox"/> Year & extent of work:
Plumbing System is in good working order: Yes <input type="checkbox"/> No <input type="checkbox"/> (If no explain)	Temperature/Pressure Relief Valve properly installed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Shutoff valves present: Yes <input type="checkbox"/> No <input type="checkbox"/>

General condition of appliances, connections and fixtures:

	Satisfactory	Unsatisfactory	N/A
<i>Dishwasher</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Refrigerator</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Washing Machine</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Water Heater</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shower/Tubs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Toilets</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sinks</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Main shut-off valve</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sump Pump</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>All other visible</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

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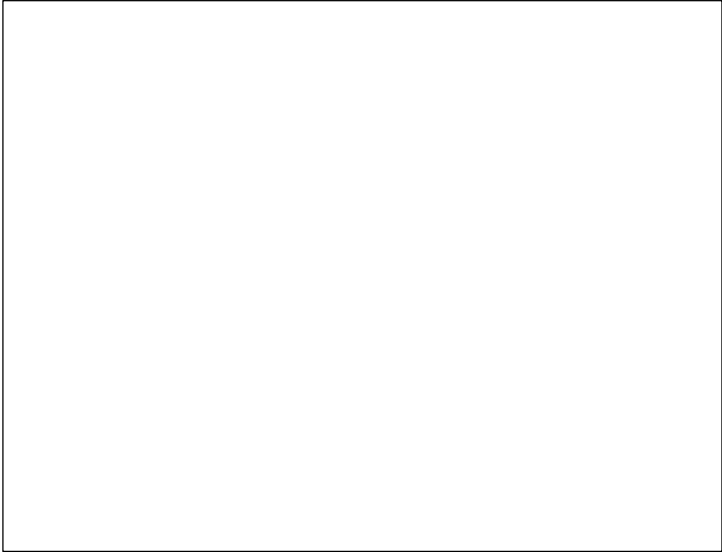
HVAC System	
Central Heating System: Yes <input type="checkbox"/> No <input type="checkbox"/>	Central Cooling System: Yes <input type="checkbox"/> No <input type="checkbox"/>
If not Central Heat Indicate: Primary Heat Source: Fuel Type: Is source portable: Yes <input type="checkbox"/> No <input type="checkbox"/> Supplemental Heat System: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age of system: Year last updated: Approximate date of last service or inspection:
Hazards Present: <input type="checkbox"/> Wood-burning stove or gas fireplace not professionally installed <input type="checkbox"/> Space heater used as primary heat source <input type="checkbox"/> Air handler/condensate line shows signs of blockage, including water damage in surrounding areas.	HVAC system is in good working order: Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, explain)
Additional Comments:	

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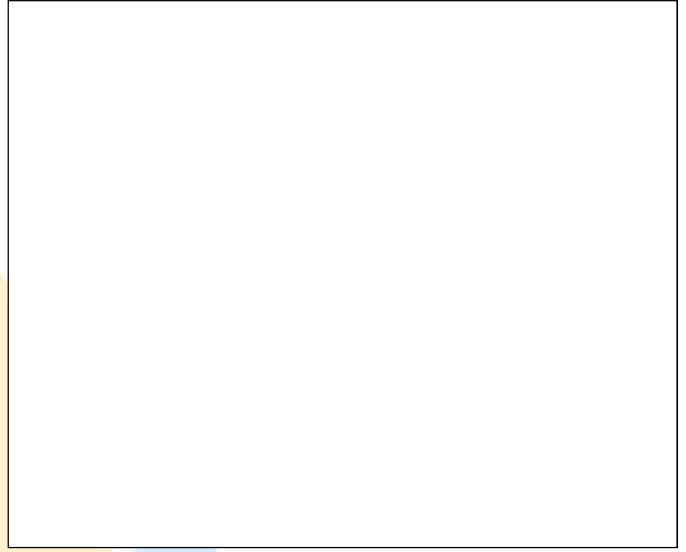
ELECTRICAL System		
Service Amps:	Type: Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/>	Panel Type(s):
Wiring Type(s): <input type="checkbox"/> Copper <input type="checkbox"/> Multi-strand AL, Non-Metallic "Romex" <input type="checkbox"/> Single strand AL* <input type="checkbox"/> Cloth sheathed wiring <input type="checkbox"/> BX, Conduit <input type="checkbox"/> Active knob and tube wiring *Separate documentation attached of remediation done	Hazards Present: <input type="checkbox"/> Double tapped breakers <input type="checkbox"/> Empty Breaker Slots <input type="checkbox"/> Oversize fusing <input type="checkbox"/> Improper breaker size <input type="checkbox"/> Unprotected/unsafe wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/> Corrosion <input type="checkbox"/> Loose wiring <input type="checkbox"/> Scorching <input type="checkbox"/> Tripping breakers <input type="checkbox"/> Other (Explain)	Main Panel Brand/Model: Location: Panel Age: Year last updated: Panel #2 (If present) N/A <input type="checkbox"/> Purpose: Brand/Model: Location: Panel Age: Year last updated:
Estimated Age of System:	Is the electrical system in good working order? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain)	Is amperage sufficient for usage? Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Comments: <div style="text-align: center; opacity: 0.5; font-size: 4em; margin-top: 20px;"> </div>		

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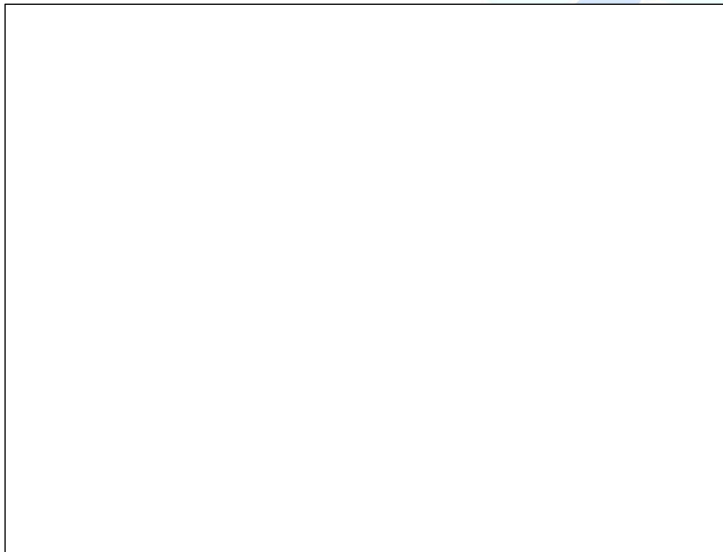
Supporting Photos



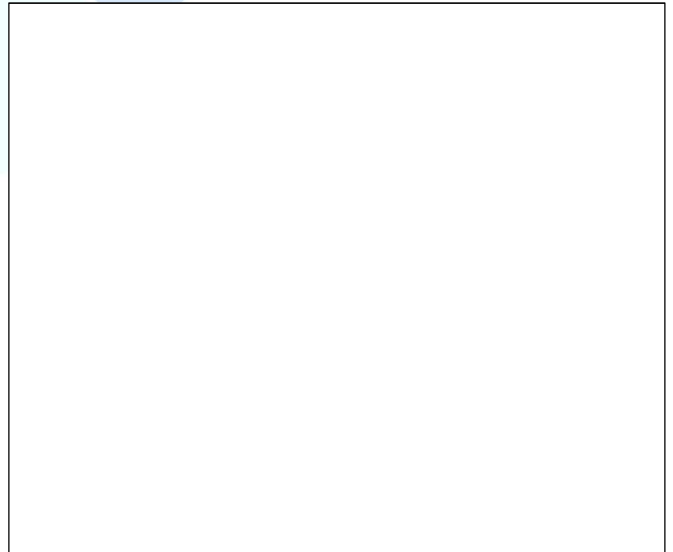
Front Elevation



Rear Elevation

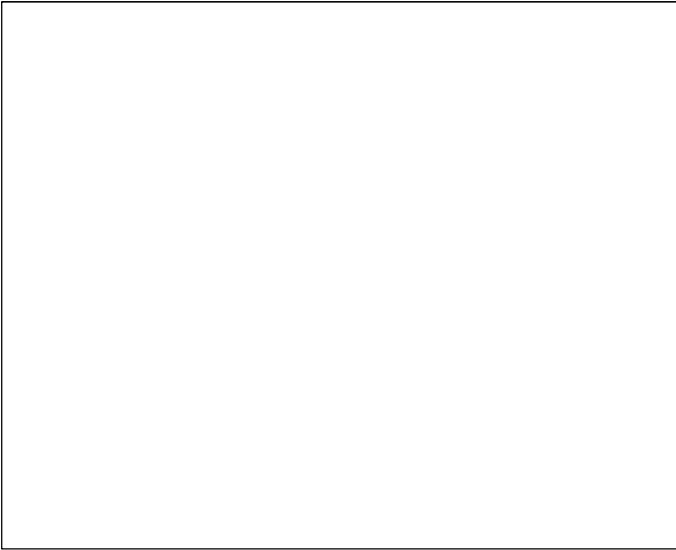


Left Elevation

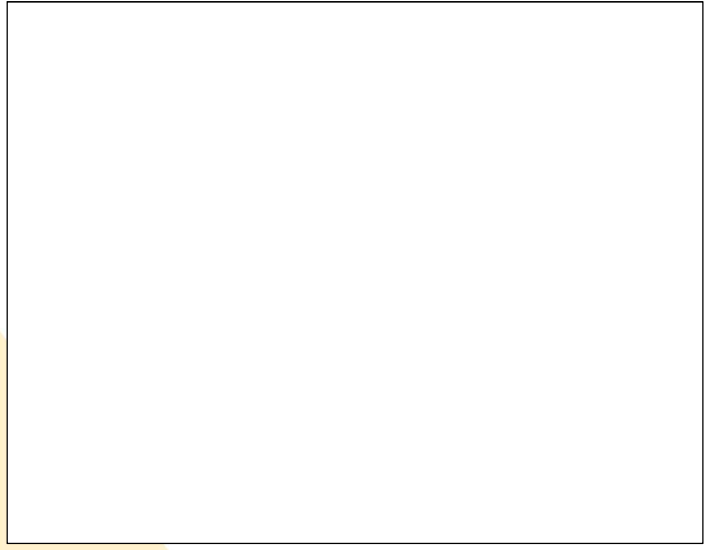


Right Elevation

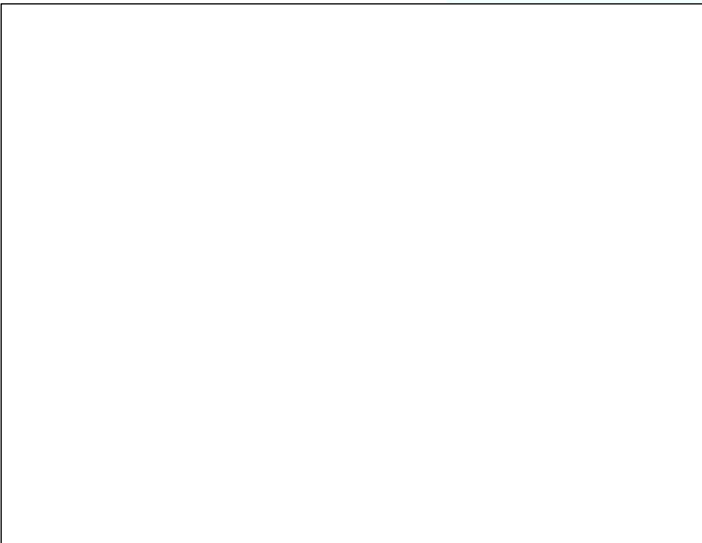
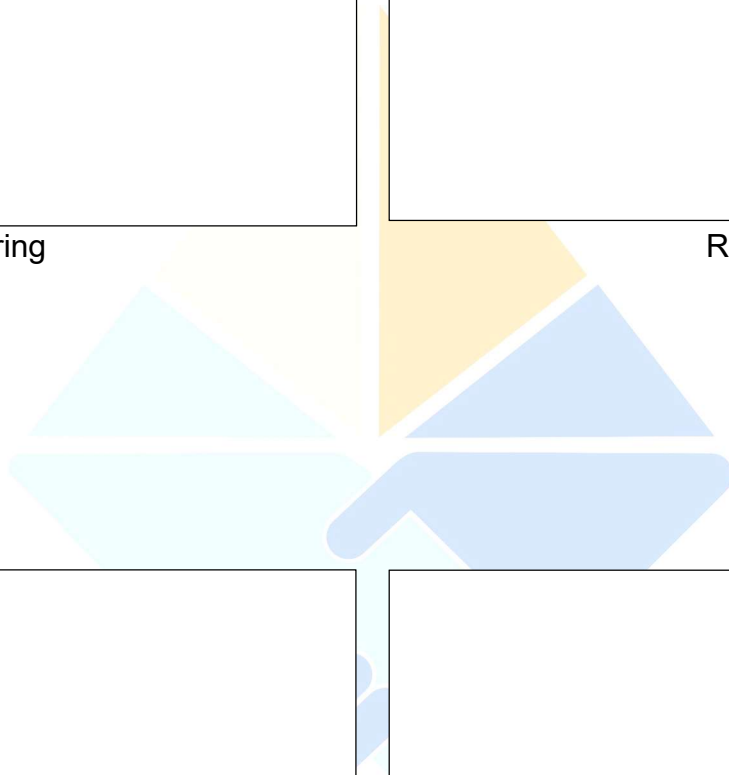
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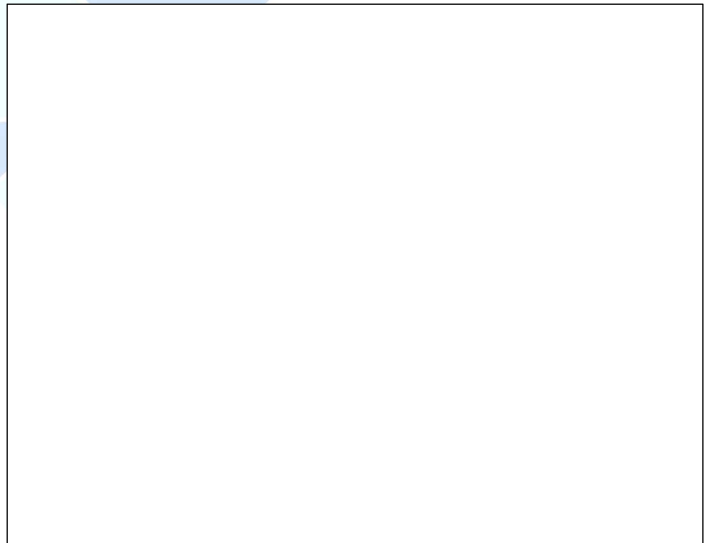
Roof Covering



Roof Covering



Roof Covering

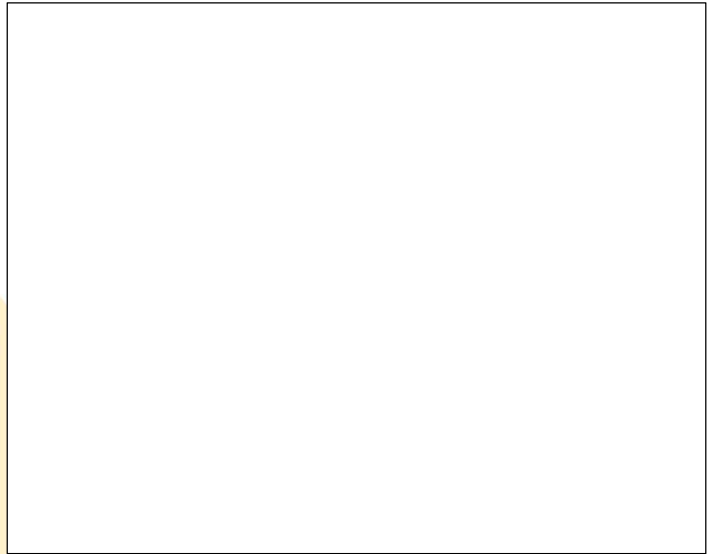


Roof Covering

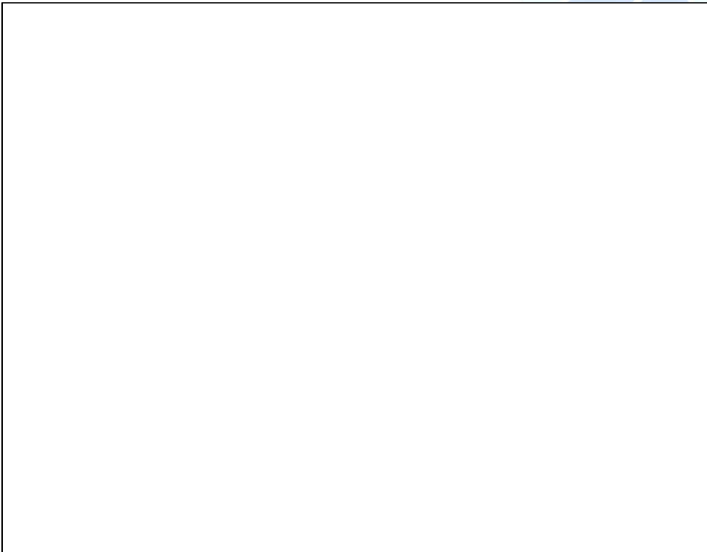
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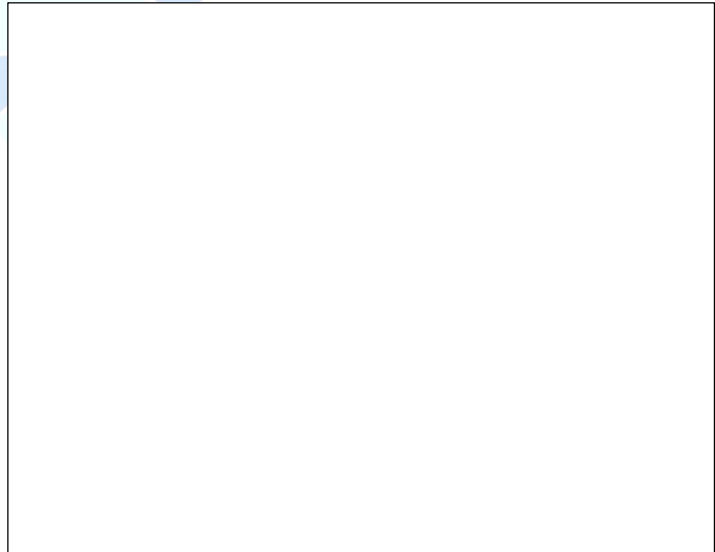
Plumbing Supply



Plumbing Supply

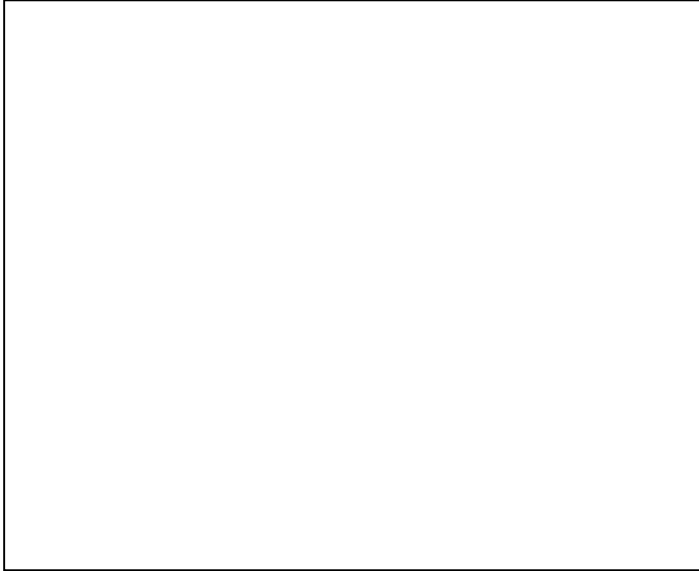


Plumbing Waste

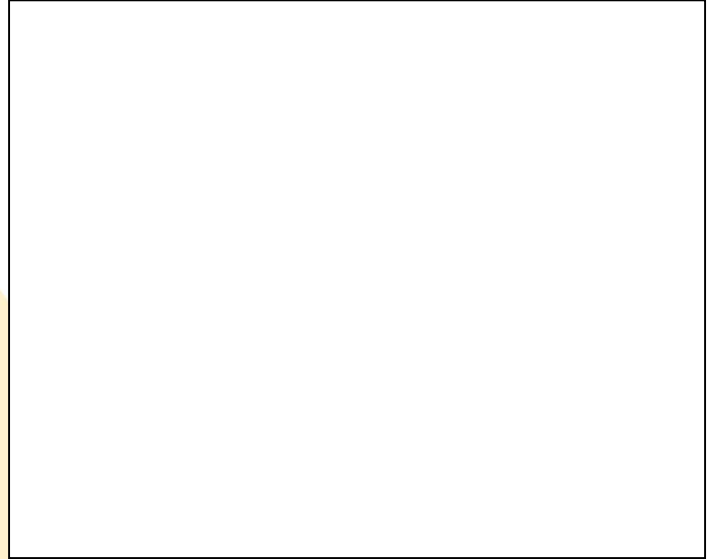


Plumbing Waste

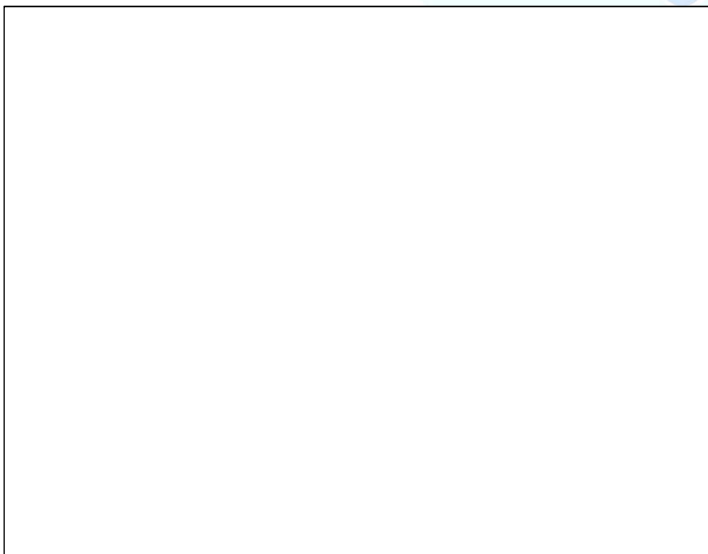
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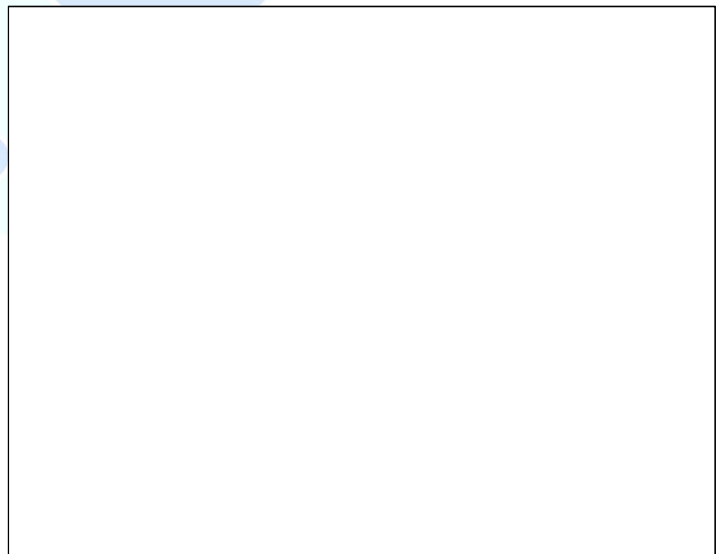
Plumbing Shut-off



Plumbing Shut-off



Water Heater



Water Heater Data Plate

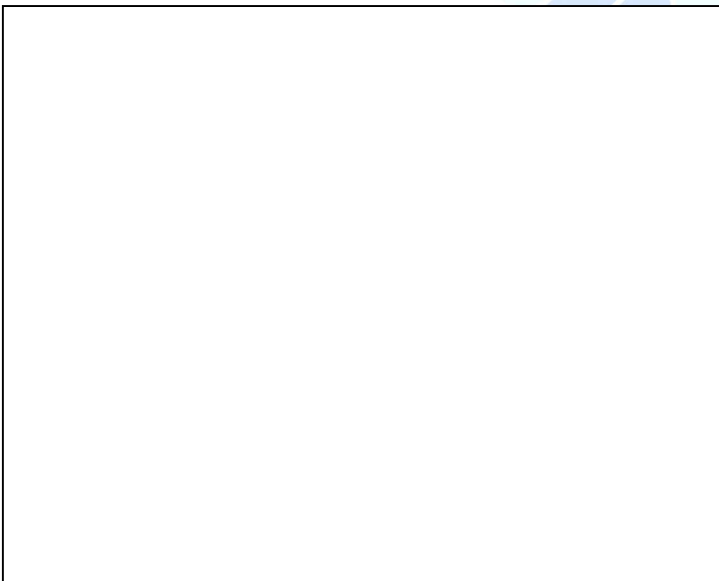
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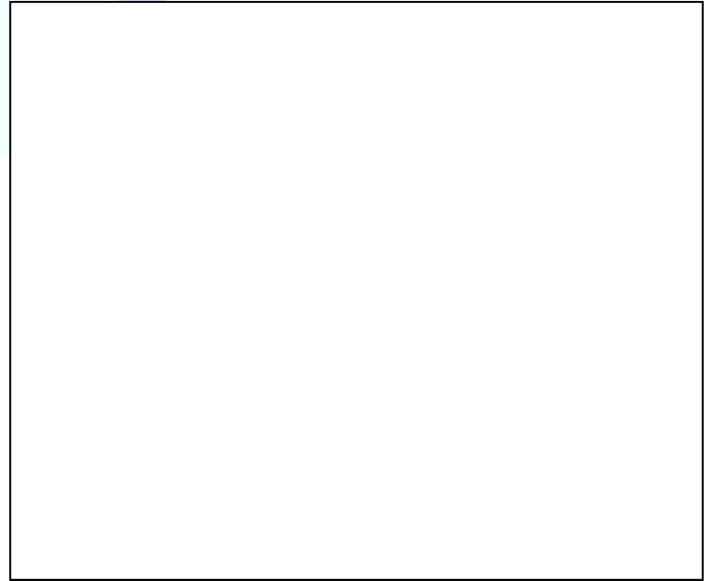
TPR valve and extension



Washing Machine Hoses



Under Sink



Under Sink

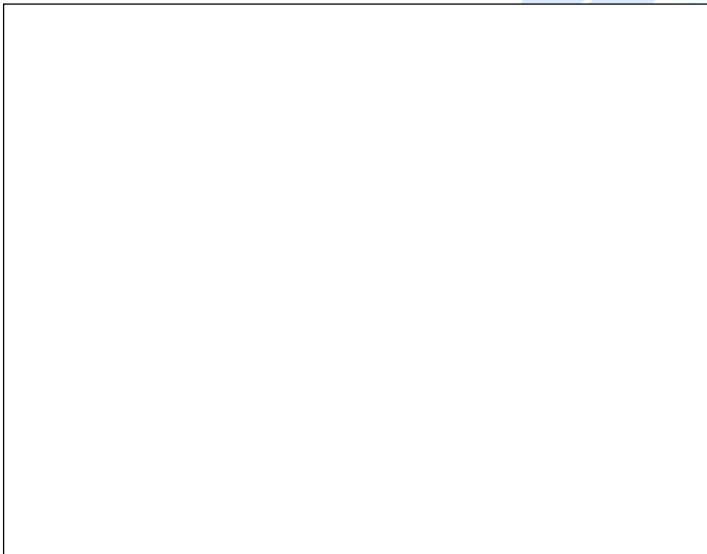
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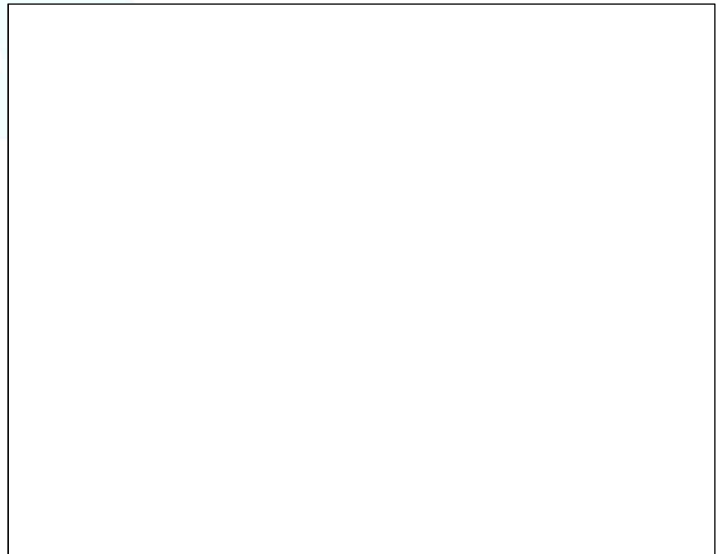
Under Sink



Under Sink



HVAC—Air Handler

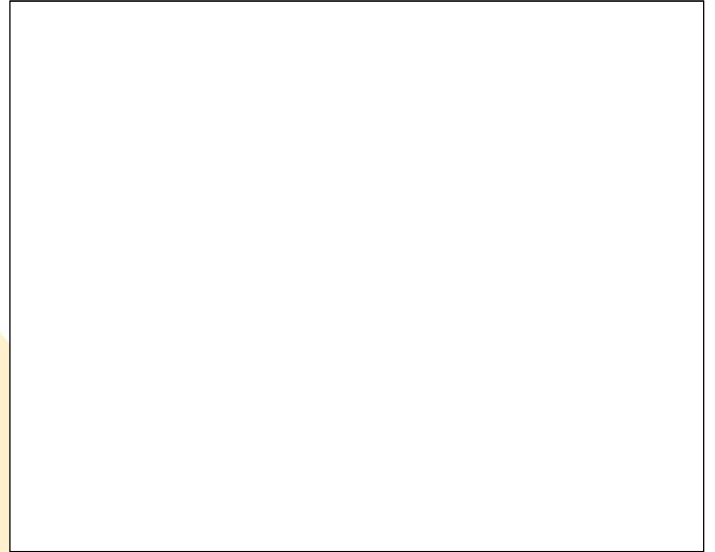


Air Handler Data Plate

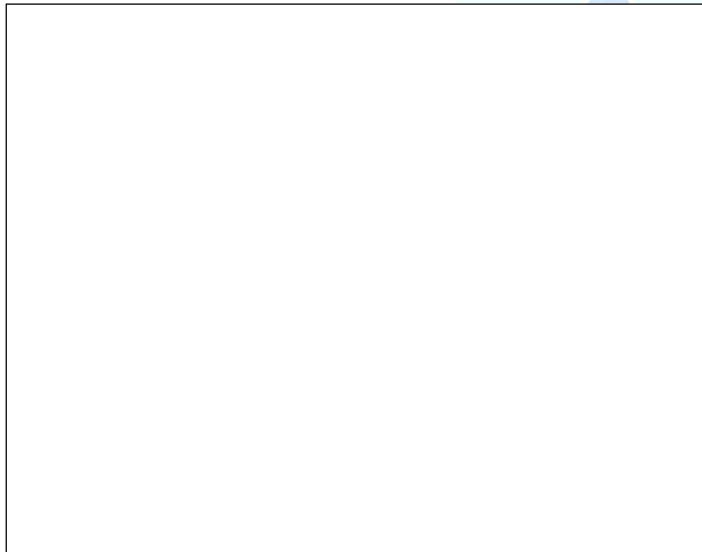
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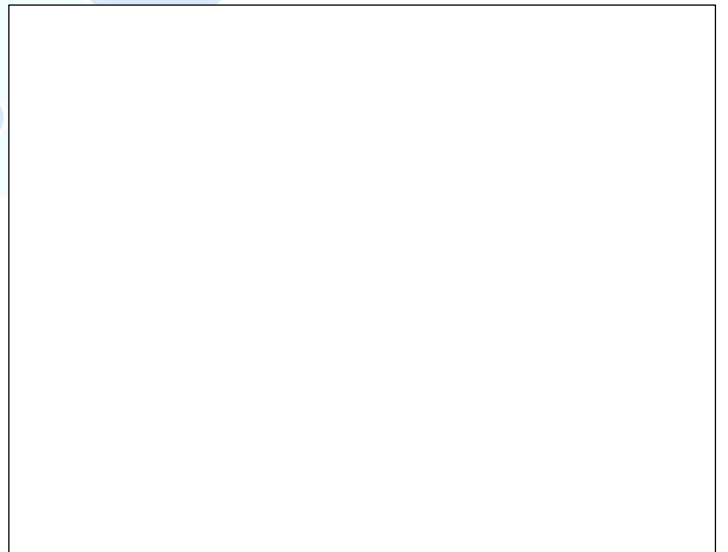
HVAC –Condenser



Condenser Data Plate



Electrical panel with front cover



Electrical panel with front cover removed

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ISSUES TO REPAIR

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4-Point Insurance Inspection Report

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

I hereby certify that I meet the requirements as defined by the State of Florida insurance industry to conduct 4-Point Inspections and submit inspection reports.

I certify that I, Seymour Fletcher, or my appropriately qualified representative as specified by the State of Florida insurance industry inspected the property at the address listed above on the inspection date noted. The content of the report, to the best of my knowledge, is true and correct at time of inspection.

Qualified Inspector Signature:

Date: [Click here to enter a date.](#)

Licensed Type: Florida Home Inspector License Number: HI10481

Contact Information:



APEX Home Allies, LLC

Phone: 813 486 0947

Email: service@apexhomeallies.com