

# 4-Point Inspection Form

Insured/Applicant Name: \_\_\_\_\_ Application / Policy #: \_\_\_\_\_

Address Inspected: \_\_\_\_\_

Actual Year Built: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

**Minimum Photo Requirements:**

- Dwelling: Each side  Roof: Each slope  Plumbing: Water heater (incl TPRV), 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 single strand aluminum wiring remediation must be provided and certified by a licensed electrician.

**Main Panel**

Type:  Circuit breaker  Fuse

Total Amps: \_\_\_\_\_

Is 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**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Blowing fuses</li> <li><input type="checkbox"/> Tripping breakers</li> <li><input type="checkbox"/> Empty sockets</li> <li><input type="checkbox"/> Loose wiring</li> <li><input type="checkbox"/> Improper grounding</li> <li><input type="checkbox"/> Corrosion</li> <li><input type="checkbox"/> Over fusing</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Double taps</li> <li><input type="checkbox"/> Exposed wiring</li> <li><input type="checkbox"/> Unsafe wiring</li> <li><input type="checkbox"/> Improper breaker size</li> <li><input type="checkbox"/> Scorching</li> <li><input type="checkbox"/> Other (explain)</li> </ul> |
|--|---|

**General condition of the electrical system:**  Satisfactory  Unsatisfactory (explain)

## Supplemental information

**Main Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Second Panel**

Panel age: \_\_\_\_\_

Year last updated: \_\_\_\_\_

Brand/Model: \_\_\_\_\_

**Wiring Type(s)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Copper           | <input type="checkbox"/> Copper Clad AL                | <input type="checkbox"/> NM, BX or Conduit |
| <input type="checkbox"/> Single Strand AL | <input type="checkbox"/> Cloth (Knob & Tube)           | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Multistrand AL   | <input type="checkbox"/> Cloth Jacket Rubber Insulated |  |

## 4-Point Inspection Form

### 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 order?  Yes  No (explain)

Date of last HVAC servicing/inspection: \_\_\_\_\_

#### Hazards Present

Is a wood-burning stove or central gas fireplace present?  Yes  No Was it 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 blockage or leakage, including water damage to the surrounding area?

Yes  No

### Supplemental Information

Age of system: \_\_\_\_\_

Year last updated: \_\_\_\_\_

(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  No

Is there any indication of an active leak?  Yes  No

Is there any indication of a prior leak?  Yes  No

Water heater location: \_\_\_\_\_

#### General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input 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 Supply System:

\_\_\_\_\_ Original to home

\_\_\_\_\_ Completely re-piped

\_\_\_\_\_ Partially re-piped

Age of water heater \_\_\_\_\_

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

Age of Piping Drain System:

\_\_\_\_\_ Original to home

\_\_\_\_\_ Completely re-piped

\_\_\_\_\_ Partially re-piped

#### Type of pipes (check all that apply)

Copper

PVC/CPVC

Galvanized

Cast Iron

Polybutylene

ABS

PEX Year Installed: \_\_\_\_\_

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: \_\_\_\_\_  
 Roof age (years): \_\_\_\_\_  
 Remaining useful life (years): \_\_\_\_\_  
 Date of last roofing permit: \_\_\_\_\_  
 Date of last update: \_\_\_\_\_

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 (If "yes" explain below)

Attic/underside of decking  Yes  No  
 Interior ceilings  Yes  No

**Secondary Roof**

Covering material: \_\_\_\_\_  
 Roof age (years): \_\_\_\_\_  
 Remaining useful life (years): \_\_\_\_\_  
 Date of last roofing permit: \_\_\_\_\_  
 Date of last update: \_\_\_\_\_

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 (If "yes" explain below)

Attic/underside of decking  Yes  No  
 Interior ceilings  Yes  No

**Additional Comments/Observations** (use additional pages if needed):

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.

*David Spivey*

Inspector Signature

Inspector Name

License Number

Date

**Hawk's Eye**  
 Company Name

**Home Inspector**  
 License Type

**813.990.7323**  
 Work Phone

# Hawk's Eye Inspection Photo Report



Date: Feb 19, 2026, 12:02 PM



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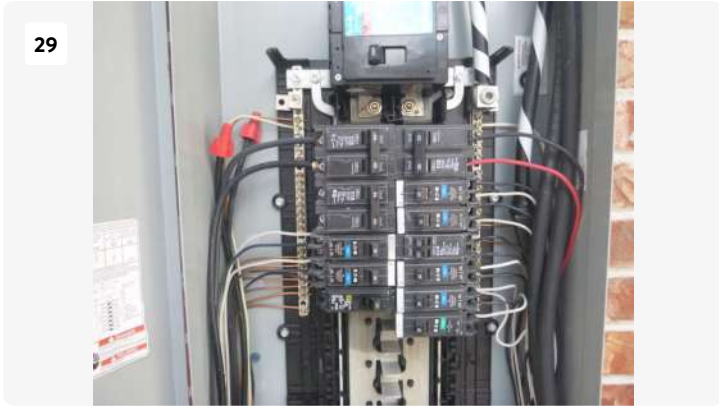


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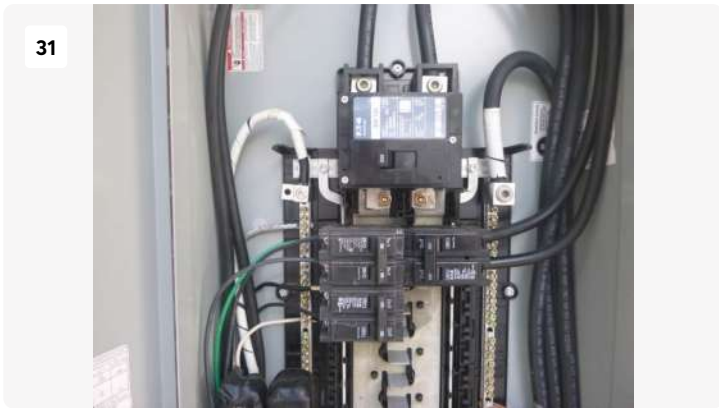
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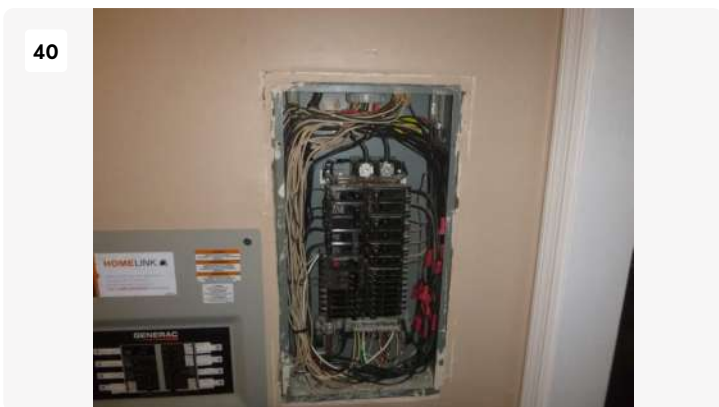
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