



Four- Point Insurance Inspection Report

Date of inspection:	
Client/owner's name:	
Inspected property address:	
City, State, Zip Code:	
Insurance company/policy number:	
Actual Year Built:	
Type of home:	
Type of construction:	
Type of foundation:	
Number of stories:	
Approximate total square feet:	
Approximate living area:	
Inspector's name:	
Florida Home Inspector license #:	
InterNACHI ID #:	
Inspector's signature:	
Inspector's company name:	
Inspector's address:	
Inspector's city, state, zip code:	
Inspector's email address:	
Inspector's phone number:	

I CERTIFY THAT I PERSONALLY INSPECTED THE PREMISES AT THE LOCATION ADDRESS LISTED ABOVE ON THE INSPECTION DATE NOTED. I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Note: A Four-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy. This inspection is a limited visual verification only of the age and current condition of the Roof, A/C, Heat, Plumbing, and Electrical basic components. This Inspector does not make any determination or opinion or approve or disapprove any dwelling for insurability. No guarantee or warranty is implied or offered. Use of this report for any purpose other than to obtain Home Owners Insurance will render this report and its contents null and void. This report is not transferable and cannot be passed onto heirs or others regardless of representation.

By payment of the inspection fee, the purchaser of this report becomes the sole owner of this report and agrees to these terms."

Heating/Air Conditioning:

Type of primary heating systems:	
Estimated age of heating systems:	
Heating systems upgraded? Year?	
Condition of heating systems:	
Heating system comments:	
Types of cooling systems:	
Estimated age of cooling systems:	
Cooling systems upgraded? Year?	
Condition of cooling system:	
Cooling system comments:	

* See additional comment page(s) that provide full details of all upgrades, hazards, etc.

Plumbing:

Number of bathrooms:	
Overall water pressure:	
Main supply line material:	
Main waste/vent material:	
Fixture supply line material:	
Fixture drain line material:	
Shut off valves present:	
Water heater location?	
Water heater fuel type?	
Estimated age of water heater:	
TPR valve present?	
Washing machine hoses condition:	
Polybutylene or PEX noticed?	
Plumbing leaks noticed?	
Plumbing upgrades? Estimated Year?	
Overall plumbing condition:	
Plumbing comments:	

- See additional comment page(s) that provide full details of all upgrades, hazards, etc.

Address:

Roof:

Roof style(s):	
Type of roof(s) covering:	
Estimated age of roof(s) covering	
Number of shingle layers:	
Type of sheathing(s):	
Flashing damage noticed?	
Missing shingles or covering?	
Truss or rafter damage noticed?	
Evidence of active leaks?	
Estimated life expectancy:	
Roof comments:	

* See additional comment page(s) that provide full details of all upgrades, hazards, etc.

Electrical:

Service amps and Brand of panel:	
Size of service sufficient?	
Fuses or Circuit breakers?	
Main panel location:	
Panel & all branch circuits grounded?	
GFCIs present where required?	
Wiring type: (NM plastic - BX - Conduit - NM-cloth)	
Single-strand aluminum branch circuit?	
Active knob and tube wiring?	
Exposed or unsafe wiring noticed?	
Recent upgrades? Estimated Year?	
Overall electrical system condition:	
Electrical comments:	

- See additional comment page(s) that provide full details of all upgrades, hazards, etc.

Address:

Additional Comments

Explain any deficiencies.	
When will the deficiencies be corrected? Please provide an approximate date of completion.	
Have all deficiencies been corrected? If so, when was this work completed?	

Address: