



Tower Hill[®] Insurance

4- Point Inspection Form

Insured Name:	Inspection Date:
Policy#:	
Property Address:	
City/State/Zip:	

ROOFING
Please provide a digital color photo of front, rear and any conditions
Roof cover material: Shingle ___% Metal ___% Tile ___% Woodshake ___% Tar&Gravel ___% Other ___%
Number of roof cover layers:
Age of roof cover:
Number of years remaining on roof cover (expected life):
Roof deteriorated? (Such as shingles curling, splitting, lifting, or patched) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.
Any existing damage? (Such as shingles broken or missing) Yes <input type="checkbox"/> No <input type="checkbox"/>
Soffits/eaves/gutters in poor condition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Evidence of roof leak in the interior of home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.
Any roof updates needed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.
COMMENTS:

PLUMBING
Please provide a digital color photos of: washing machine hoses, water heater including pressure relief value, and plumbing under all sinks (kitchen, bathrooms, utility, garage, etc.)
Plumbing pipe material: Copper ___% PVC ___% Galvanized Steel ___%
PEX ___% Polybutylene ___% Other ___%
All plumbing updated? Full <input type="checkbox"/> Partial <input type="checkbox"/> If yes, year(s) updated:
Washing machine hose material: Rubber <input type="checkbox"/> Stainless Braided <input type="checkbox"/> Other <input type="checkbox"/>
Hose soft/brittle/aged? Yes <input type="checkbox"/> No <input type="checkbox"/>
Manufactured year of water heater:
Water heater pressure/temperature relief value vented to exterior of home? Yes <input type="checkbox"/> No <input type="checkbox"/>
Adverse plumbing conditions or updates needed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.
Evidence of Leakage at any plumbing location: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.
Evidence of previous water damage at any plumbing location: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.
Mold evidence: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe.
COMMENTS:

HEATING / COOLING			
Please provide a digital color photo of HVAC unit			
Furnace/heating system type:			
Heating fuel type:			
Manufactured year of heating system:			
Cooling system type:			
Any wall/window AC units present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Manufactured year of cooling system:			
Adverse conditions of heating or cooling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe.
COMMENTS:			

ELECTRICAL			
Please provide a digital color photo of electrical panel box with door open			
Breakers <input type="checkbox"/>	Fuses <input type="checkbox"/>	Other <input type="checkbox"/>	If other, describe.
Electrical panel box brand:			
Main circuit breaker amperage:			
Type of wiring: Copper ___%	Aluminum ___%	Other ___%	
Any wiring updated? Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe and provide year updated.	
Adverse conditions or updates needed? Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe.	
COMMENTS:			

I hereby certify that I am either a: *(check all that apply)*

- Resident Licensed General or Building Contractor
- Engineer in the State of Florida
- Building Code Official (duly authorized by State of Florida to verify building code compliance)
- Licensed electrician (electrical components only)
- Florida Home Inspector *Licensed by _____

* Only members of American Society of Home Inspectors (ASHI), National Association of Certified Home Inspectors (NACHI) or Florida Association of Building Inspectors (FABI) are accepted.

In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct.

Signature: _____
 License#: _____
 County: _____

Printed Name: _____
 Date: _____
 Contact#: _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.