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| INSURED/APPLICANT NAME: Misha Wallace | APPLICATION / POLICY #: 263527253 |
| ADDRESS INSPECTED: Suite 8, 18 Broadway, New Market | |
| ACTUAL YEAR BUILT: 1990 | DATE INSPECTED: 03/20/2016 |

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| **Minimum Photo Requirement** |
| C:\Temp\checkbox\unchecked.png Front elevation C:\Temp\checkbox\checked.png Y Rear elevation |
| C:\Temp\checkbox\unchecked.png Main Electrical Service Panel with interior door label |
| C:\Temp\checkbox\checked.png HVAC heating systems equipment (with dated manufacturer's plate) |
| C:\Temp\checkbox\checked.png ALL hazards or deficiencies noted in this report |
| **A Florida-licensed inspector MUST complete, sign and date this form** |

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| **Electrical System** (\*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN) | | |
| |  |  | | --- | --- | | **Main Panel:** | | |  |  | | Panel Age: | 1990 | | Year Last Updated: | 2000 | | Amps: | | | Less than 60A Fuse | C:\Temp\checkbox\checked.png | | 60A Fuse | C:\Temp\checkbox\unchecked.png | | 100A Fuse | C:\Temp\checkbox\unchecked.png | | 100A CB | C:\Temp\checkbox\unchecked.png | | 200A CB | C:\Temp\checkbox\unchecked.png | | Other (specify): | Other | | |  |  | | --- | --- | | **Panel #2 (if present):** | | | Year Panel #2  added: | 1995 | | Purpose of Panel 2: | 2001 | | Amps: | | Less than 60A Fuse | C:\Temp\checkbox\unchecked.png | | 60A Fuse | C:\Temp\checkbox\unchecked.png | | 100A Fuse | C:\Temp\checkbox\checked.png | | 100A CB | C:\Temp\checkbox\unchecked.png | | 200A CB | C:\Temp\checkbox\unchecked.png | | Other (specify): | Nothing | | |  |  | | --- | --- | | Total System Amps: 100A | | |  |  | | Wiring Type |  | | Cooper Wiring, NM, BX, Conduit: | C:\Temp\checkbox\checked.png | | Active Knob & Tube or cloth wiring: | C:\Temp\checkbox\unchecked.png | | Aluminium Branch Wiring\*: | C:\Temp\checkbox\unchecked.png | |  |  | | Other (specify): Nothing |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Hazards Present | | | | | Blowing Fuses or Breakers | C:\Temp\checkbox\unchecked.png | Over Fusing | C:\Temp\checkbox\unchecked.png | | Empty Breaker Sockets | C:\Temp\checkbox\checked.png | Double Taps | C:\Temp\checkbox\unchecked.png | | Lose Wiring | C:\Temp\checkbox\unchecked.png | Exposed/Unsafe Wiring | C:\Temp\checkbox\unchecked.png | | Improper Grounding | C:\Temp\checkbox\unchecked.png | Electrical Panel Brand/Model | Some brand | |  |  | Other (Explain) | Nothing actually | |  |  |  |  | | Is the electrical system in good working order? C:\Temp\checkbox\checked.png Yes C:\Temp\checkbox\unchecked.png No (Explain) | | | | | | |  |  | | --- | --- | | \*if single strand (aluminium branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided* | | |  |  | | Entire home rewired with copper | C:\Temp\checkbox\unchecked.png | | Connections repaired via COPALUM® crimp | C:\Temp\checkbox\checked.png | | Connections repaired via AlumiConn® | C:\Temp\checkbox\unchecked.png | |
| ***Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.*** | | |

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| **Heating System** | | |
| Age of System: 10  Are the heating, ventilation and air conditioning systems in good working order?  C:\Temp\checkbox\checked.png Yes C:\Temp\checkbox\unchecked.png No | Year Last Updated: 2003   |  |  | | --- | --- | | Hazards Present | | | Wood Burning Stove or central gas fireplace not professionally installed? | C:\Temp\checkbox\checked.png Yes C:\Temp\checkbox\unchecked.png No | | Space heater used as primary heat source? | C:\Temp\checkbox\unchecked.png Yes C:\Temp\checkbox\checked.png No | | |  |  | | --- | --- | | Central HVAC | C:\Temp\checkbox\checked.png Yes C:\Temp\checkbox\unchecked.png No | | If not central, indicate primary heat source and fuel type | Gas | | Is the source portable? | C:\Temp\checkbox\checked.png Yes C:\Temp\checkbox\unchecked.png No | |
| ***Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.*** | | |

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| **Plumbing System** | | |
| |  |  | | --- | --- | | Age of System: | 1009 | |  |  | | Type of Pipes |  | | Copper | C:\Temp\checkbox\unchecked.png | | PVC | C:\Temp\checkbox\checked.png | | Galvanized | C:\Temp\checkbox\unchecked.png | | Polybutylene | C:\Temp\checkbox\unchecked.png | | Other (specify): | Others | | Year Last Updated: 2000  Is the plumbing system in good working order?  C:\Temp\checkbox\checked.png Yes C:\Temp\checkbox\unchecked.png No | |  |  | | --- | --- | | Deficiencies (check all that apply): | | | Active leak | C:\Temp\checkbox\unchecked.png | | Indication of prior lead(s) | C:\Temp\checkbox\checked.png | | Connections/Hoses leaking or cracked | C:\Temp\checkbox\unchecked.png | | Water Heater (explain) | C:\Temp\checkbox\unchecked.png | | Other (explain) | C:\Temp\checkbox\unchecked.png | |
| ***Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.*** | | |

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| **Roof – With 2 Roof Photos, This Portion can take the place of the roof condition certification form (CIT RCF -1)** | | |
| |  |  | | --- | --- | | **Predominant Roof** | | | Covering Material | Shingle | | Roof Age (Years) | 1990 | | Remaining Useful Life | 50 | | Date of Last Roofing Permit | 1928-7-7 | | Date of Last Update: | 2000-8-8 | |  |  | |  |  | | *If updated (check one)* |  | | Full Replacement | C:\Temp\checkbox\checked.png | | Partial Replacement | C:\Temp\checkbox\unchecked.png | | % of Replacement | Per | |  |  | | *Overall Condition of Roof* |  | | Excellent | C:\Temp\checkbox\unchecked.png | | Good | C:\Temp\checkbox\unchecked.png | | Fair | C:\Temp\checkbox\checked.png | | Poor (explain) | C:\Temp\checkbox\unchecked.png | | |  |  | | --- | --- | | **Secondary Roof** | | | Covering Material |  | | Roof Age (Years) |  | | Remaining Useful Life |  | | Date of Last Roofing Permit |  | | Date of Last Update: |  | |  |  | |  |  | | *If updated (check one)* |  | | Full Replacement | C:\Temp\checkbox\unchecked.png | | Partial Replacement | C:\Temp\checkbox\unchecked.png | | % of Replacement |  | |  |  | | *Overall Condition of Roof* |  | | Excellent | C:\Temp\checkbox\unchecked.png | | Good | C:\Temp\checkbox\unchecked.png | | Fair | C:\Temp\checkbox\unchecked.png | | Poor (explain) | C:\Temp\checkbox\unchecked.png | | *Any visible signs of Damage/deterioration?* (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)  Predominant Roof  C:\Temp\checkbox\checked.png Yes C:\Temp\checkbox\unchecked.png No  Secondary Roof  C:\Temp\checkbox\unchecked.png Yes C:\Temp\checkbox\checked.png No  *Any visible signs of leaks?*  Predominant Roof  C:\Temp\checkbox\checked.png Yes C:\Temp\checkbox\unchecked.png No  Secondary Roof  C:\Temp\checkbox\unchecked.png Yes C:\Temp\checkbox\checked.png No |
| ***Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc. for all roof coverings.*** | | |

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| **Roof - Additional Comments or Observations (Use Additional Pages As Needed):**  Predominant Roof - Cc1  Secondary Roof - |
| *All 4-Point Inspections must be inspected and completed by a verifiable Florida-Licensed inspector. I certify that the above statements are true and correct.*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | sign.png |  | Inspector |  | Your License ID No. |  | 03/20/2016 | | Inspector Signature |  | Title |  | License Number |  | Date | |

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| Untitled.png  Minimum Photo Requirement - Front elevation | Untitled.png  Minimum Photo Requirement - Front elevation | Untitled.png  Minimum Photo Requirement - Rear elevation |
| Untitled.png  Minimum Photo Requirement - Rear elevation | Untitled.png  Minimum Photo Requirement - Main Electrical Service Panel with interior door label |  |

**A 4-Point Inspection is required for all homeowner, dwelling and mobile home applications for properties over 30 years old.**

The citizens 4-Point Inspection form includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection submitted for consideration must include at least this level of detail to be acceptable to Citizens.

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| **Photo Requirements** |
| Photos must accompany each 4-Point inspection submitted to Citizens. The minimum photo requirement for all submissions is a front and rear elevation. However, there are additional photo requirements for a 4-Point inspection such as:   |  |  | | --- | --- | | * Open Main Electrical Panel and Interior Door * ALL hazards or deficiencies noted | * HVAC heating system (with dated manufacturer’s plate) | |

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| **Roof Requirements** |
| The Citizens 4-Point inspection may be submitted in lieu of the Citizens Roof Condition Certification Form (CIT RCF-1) if a minimum of 2 photos of the roof are also provided. This will satisfy the required roof documentation listed in the Citizens Rules Manual. |

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| **Inspector Requirements** |
| An inspection forms must be inspected and completed by a verifiable Florida-licensed professional. Without a verifiable, certified inspector’s dated signature, the form will not be accepted. The following **FLORIDA-LICENSED** individuals may complete a 4-Point Inspection for Citizens in its entirety:  Note: A trade-specific, licensed professional may sign off only on their trade component of the 4-Point inspection form (e.g., a roofing inspector may sign off only on the roof portion of the form)   |  |  | | --- | --- | | * A general, residential, or building contractor * A building code inspector * A registered architect * A home inspector | * A professional engineer * A building code official who is authorized by the State of Florida to verify building code compliance | |

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| **Certifying the Condition of Each System** |
| The Florida-Licensed inspector is required to certify the condition of the electrical, HVAC and plumbing systems. “Acceptable Condition” means that each system is working as intended and there are no visible hazards of deficiencies. |

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| **Additional Comments or Observations** |
| This section of the 4-Point inspection must be completed with full details/descriptions if any of the following are noted on the inspection.  **Electrical System**  **Sample Comments here**  Is the electrical system in good working order? Explain  **Sample Explain about the situation.**  **Heating System**  **In a good operational standard**  **Plumbing System**  **High**  Deficiencies – Explain  **Leaking need repair.** |

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| **Note to All Agents** |
| The writing agent must fully review each 4-Point inspection submitted with an application for coverage in advance. It is the agent’s responsibility to ensure that all Citizens rules and requirements are met before the application is bound. Properties with electrical, heating or plumbing systems not in good working order or with existing hazards / deficiencies cannot be submitted to Citizens. |