



State Farm Florida 4-Point Inspection Form

Name: Sample Name			Policy Number:
Location Address: 555 Main Street			Agent: Sample Agent
City: Dunedin	County: Pinellas	State: Florida	Zip Code: 34698

SECTION I - Dwelling

<p>Describe the following characteristics of the risk:</p> <p>Year Built: <u>1964</u></p> <p>Total Sq. Footage: <u>1,8000</u></p> <p>Total Living Area: <u>1,254</u></p> <p>Number of Stories: <u>1</u></p>	<p>What is the primary construction classification of the risk:</p> <p><input type="checkbox"/> Frame</p> <p><input type="checkbox"/> Unreinforced Masonry</p> <p><input checked="" type="checkbox"/> Reinforced Masonry</p> <p><input type="checkbox"/> Masonry Veneer</p> <p><input type="checkbox"/> Fire Resistive</p> <p><input type="checkbox"/> Monolithic Concrete (ICF)</p> <p><input type="checkbox"/> Mixed _____</p> <p><input type="checkbox"/> Other _____</p>	<p>What is the primary type of foundation:</p> <p><input checked="" type="checkbox"/> Slab</p> <p><input type="checkbox"/> Crawlspace</p> <p><input type="checkbox"/> Basement</p> <p><input type="checkbox"/> Stilts/Piers</p> <p><input type="checkbox"/> Other</p> <p>Are there any detached structures, if so list below (i.e. sheds, garage, pool, etc.)?</p> <p>_____</p> <p>_____</p>
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Section I Comments, Concerns or Recommendations:

SECTION II - HVAC

<p>Type of Heating System:</p> <p><input checked="" type="checkbox"/> Air Heat Pump</p> <p><input type="checkbox"/> Geothermal Heat Pump</p> <p><input type="checkbox"/> Furnace</p> <p><input type="checkbox"/> Boiler</p> <p><input type="checkbox"/> Unit Gas Heater</p> <p><input type="checkbox"/> Space Heater</p> <p><input type="checkbox"/> Other: _____</p>	<p>Type of Heating Distribution System:</p> <p><input checked="" type="checkbox"/> Air Vents</p> <p><input type="checkbox"/> Radiators</p> <p><input type="checkbox"/> Baseboard</p> <p><input type="checkbox"/> In-Floor System</p>	<p>Type of Heating Fuel:</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Propane</p> <p><input type="checkbox"/> Gas</p> <p><input checked="" type="checkbox"/> Electric</p> <p><input type="checkbox"/> Solid Fuel</p> <p><input type="checkbox"/> Other: _____</p>
<p>Age of the heating unit? <u>2003</u></p> <p>Thermostat controlled?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If oil furnace/boiler is there an annual inspection/cleaning contract?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Is there a fuel tank on premises?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If yes, where is the tank located?</p> <p><input type="checkbox"/> Basement</p> <p><input type="checkbox"/> Below Ground</p> <p><input type="checkbox"/> Above Ground</p> <p><input type="checkbox"/> Approximate Age of Tank _____</p>	<p>Is a space heater of any type being used on the premises?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>Is a solid fuel burning device being used in the residence (e.g. wood burning stove)?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
<p>Age of the air conditioning unit? <u>2003</u></p> <p>Thermostat controlled?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Type of Air Conditioning System?</p> <p><input checked="" type="checkbox"/> Central</p> <p><input type="checkbox"/> Package</p> <p><input type="checkbox"/> Heat Pump</p> <p><input type="checkbox"/> Window Units</p> <p><input type="checkbox"/> Evaporative Cooler</p> <p><input type="checkbox"/> Other _____</p>	<p>Number of Systems: <u>1</u></p> <p>Size (tons): <u>3</u></p> <p>Condition of Air Handler: <u>Good</u></p> <p>Condition of Drain Pan: <u>Good</u></p>

Section II Comments, Concerns or Recommendations:

SECTION III – Plumbing Information

Age of plumbing system
(in years): 50 Years

Original to home
 Completely Re-piped
 Partially Re-piped (provide year and extent of renovation in the comment section below)

Plumbing material used:

Copper
 Brass
 Galvanized iron or steel
 PVC
 PEX
 Polybutylene
 Other _____

Water heater age: _____

Water heater location: _____

Is a temperature pressure release valve present on the water heater?

Yes
 No

General condition of the following (including supply lines, filters, drainage pipes, etc.):

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

If unsatisfactory, please provide comments/details (leaks/wet spots, mold, corrosion, deteriorated caulking, etc.)

Is there a septic system present? If yes, provide condition/concerns.

Yes
 No

Water heater fuel type?

Propane
 Natural Gas
 Electric

Are any deteriorated or damaged hoses, pipes or drains present?

Yes
 No

Are all necessary overflow drains, switches, drip pans, and appliance shut-off valves present?

Yes
 No

Main water shut off valve present?

Yes
 No

Is the property owner/resident aware of the main shut-off valve location?

Yes
 No

Section III Comments, Concerns or Recommendations:

SECTION IV – Electrical Information

Indicate the type of amperage for each electrical service panel on the premises:

Load		Amperage	Type		Age	Original
<input checked="" type="checkbox"/> Main	<input type="checkbox"/> Sub	150	<input checked="" type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse	50 Years	<input checked="" type="checkbox"/>
<input type="checkbox"/> Main	<input type="checkbox"/> Sub		<input type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse		<input type="checkbox"/>
<input type="checkbox"/> Main	<input type="checkbox"/> Sub		<input type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse		<input type="checkbox"/>
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<input type="checkbox"/> Main	<input type="checkbox"/> Sub		<input type="checkbox"/> Circuit Breaker	<input type="checkbox"/> Fuse		<input type="checkbox"/>

If not original, when was the service updated? 2003

What was the extent of the update?

Partial Replacement
 Full Replacement

Is the electrical system properly grounded?

Yes
 No

Are GFCIs present in bathrooms, kitchens, and other wet areas per NEC 2005?

Yes
 No

Hazards Present:

Blown Fuses/Breakers
 Empty Breaker Sockets
 Loose Wiring
 Improper Grounding
 Double Taps
 Exposed/Unsafe Wiring
 Other: _____

Indicate ALL types of wiring present in the home and all other structures?

Romex
 BX
 Conduit
 Knob & Tube
 Aluminum
 Other _____

Section IV Comments, Concerns or Recommendations:

Heating & Cooling was upgraded to Central HVAC in 2003

SECTION V – Roof Information

<p>Age of Roof (in years): <u>12 Years</u></p> <p><input type="checkbox"/> Original <input checked="" type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement (provide year and extent of renovation in the comment section below)</p> <p>Remaining Useful Life Expectancy (in years): <u>12 Years</u></p> <p>Predominate shape of the roof? <input checked="" type="checkbox"/> Hip <input type="checkbox"/> Gable <input type="checkbox"/> Flat <input type="checkbox"/> Other: _____</p>	<p>General Condition of the Following (if unsatisfactory provide comments below):</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%; text-align: center;"><u>Satisfactory</u></th> <th style="width:20%; text-align: center;"><u>Unsatisfactory</u></th> </tr> </thead> <tbody> <tr><td>Vents</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Flashing</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ventilation</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Soffit</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Fascia</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Decking</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		<u>Satisfactory</u>	<u>Unsatisfactory</u>	Vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flashing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Soffit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fascia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Decking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Roof Covering: (mark all that apply)</p> <p><input type="checkbox"/> 3-Tab Shingle <input checked="" type="checkbox"/> Architectural Shingle <input type="checkbox"/> Rolled Roofing <input type="checkbox"/> Built-up (Tar & Gravel) <input type="checkbox"/> Rubber Membrane <input type="checkbox"/> Foam <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Metal Panels <input type="checkbox"/> Metal Shingles <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Clay Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Other _____</p>
	<u>Satisfactory</u>	<u>Unsatisfactory</u>																					
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Decking	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
<p>Are there any visible signs of damage/deterioration/leaks? If yes, provide comments below.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Existing Damage (check all that apply and explain below):</p> <p><input type="checkbox"/> Cracking <input type="checkbox"/> Cupping/Curling incl. corners <input type="checkbox"/> Excessive Granule Loss <input type="checkbox"/> Exposed Asphalt <input type="checkbox"/> Exposed Felt <input type="checkbox"/> Missing/Loose/Cracked Tabs or Tiles <input type="checkbox"/> Soft Spots in Decking <input type="checkbox"/> Physical Hail Dents Observed</p>	<p>Other Damage Due to:</p> <p><input type="checkbox"/> Overhanging Trees <input type="checkbox"/> Algae <input type="checkbox"/> Fungus <input type="checkbox"/> Product Installation</p> <p>Manufacturing Defect:</p> <p><input type="checkbox"/> Closed Blistering <input type="checkbox"/> Open Blistering <input type="checkbox"/> Accelerated Granule Loss <input type="checkbox"/> Color Fade</p>																					

Section V Comments, Concerns or Recommendations:

SECTION VI – Survey Requirements

- The following clear, color photos are required:
1. ALL four corners of the home (taken at a distance)
 2. ALL roof slopes (taken up close)
 3. ALL systems including roof covering, water heater, plumbing, electrical service panel, HVAC and any unusual/areas of concern
 4. ALL detached structures (outbuildings, sheds, detached garages, etc.)
 5. ALL potential hazards (pools, trampolines, debris located in the yard, maintenance/upkeep, etc.)

Form must be completed in its entirety (partially completed forms will NOT be accepted)

Analysis Regarding Maintenance/Upkeep/Condition of the Residence:

SECTION VII – Qualifications/Fraud Statement/Signature

- Eligible Inspectors:
1. A Florida-licensed general/building/residential contractor
 2. Municipal building inspector
 3. Florida licensed home inspector

Florida Fraud Statement:

Any person who knowingly and with the 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.

Rhian Santini	727-623-6687		
Inspector Name (printed)	Telephone Number	HI-2416	6-5-14
	FL Home Inspector	License Number	Inspection Date
Signature of Inspector	License Type	License Number	Inspection Date











