



## Four-Point Inspection Form

Howard Meeks  
Meeks Property Inspections  
407-633-1661  
HI9966

Insured/Applicant Name: Howard Meeks Application / Policy #: \_\_\_\_\_  
Address Inspected: 123 Orlando Way  
Actual Year Built: 1988 Date Inspected: November 4, 2025

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. A Four-Point Insurance Inspection is far less in scope than a standard home inspection. This Four-Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical, and plumbing systems. 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 aluminum wiring remediation must be provided and certified by a licensed electrician.

#### Main Panel

Type:  Circuit breaker  Fuse

Total Amps: 200

Is amperage sufficient for current usage?  Yes  No (explain)

#### Second Panel

Type:  Circuit breaker  Fuse

Total Amps: 200

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

Blowing fuses  
 Tripping breakers  
 Empty sockets  
 Loose wiring  
 Improper grounding  
 Corrosion

Over fusing  
 Double taps  
 Exposed wiring  
 Unsafe wiring  
 Improper breaker size  
 Scorching  
 Other (explain)

Siemens service & sub panels installed. The electrical system is in good working condition.

#### General condition of the electrical system:

Satisfactory  Unsatisfactory (explain)

#### Supplemental information

##### Main Panel

Panel age: Original  
Year last updated: \_\_\_\_\_  
Brand/Model: Siemens

##### Second Panel

Panel age: Original  
Year last updated: \_\_\_\_\_  
Brand/Model: Siemens

##### Wiring Type

Copper  
 NM, BX or Conduit

### 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)

HVAC system manufactured in 2020. The system is in good working condition.

Date of last HVAC servicing/inspection: Unknown

#### Hazards Present

Wood-burning stove or central gas fireplace **not** 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: 5 years

Year last updated: 2020

(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

Water heater manufactured in 2019.

Is there any indication of an active leak?  Yes  No Is there any indication of a prior leak?  Yes  No The unit is in good working condition.

Water heater location: Garage

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

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" 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** Systems noticed: Original to home  Completely re-piped  Partially re-piped  
(Provide year and extent of renovation)Type of main pipe **supply** noticed:  
(check all that apply)
 Copper  
 PVC/CPVC  
 Galvanized  
 PEX  
 Polybutylene  
 Other (specify)Type of main **waste/vent** noticed:  
(check all that apply)
 PVC  
 Cast Iron  
 ABS  
 Copper  
 Brass  
 Other (specify)Age of Piping **Drain** Systems noticed: Original to home  Completely re-piped  Partially re-piped  
(Provide year and extent of renovation)**Roof** (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)**Predominant Roof**

Covering material: Dimensional Shingles

Roof age (years): 14

Remaining useful life (years): 11

Date of last roofing permit: Sep 12, 2011

Date of last update: 2011

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 damageAny visible signs of leaks?  Yes  No  
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 damageAny visible signs of leaks?  Yes  No  
Attic/underside of decking  Yes  No  
Interior ceilings  Yes  No

Architectural shingle roof installed in 2011. The roof is in good condition with normal granule loss for the age. No active leaks were detected.

**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.

*Howard Meeks*

Inspector Signature

Howard Meeks/Inspector

Name/Title

HI9966

License Number

November 4, 2025

Date

Meeks Property Inspections

Home Inspector

License Type

407-633-1661

Work Phone



Front



Right



Rear



Left



Roof



Roof



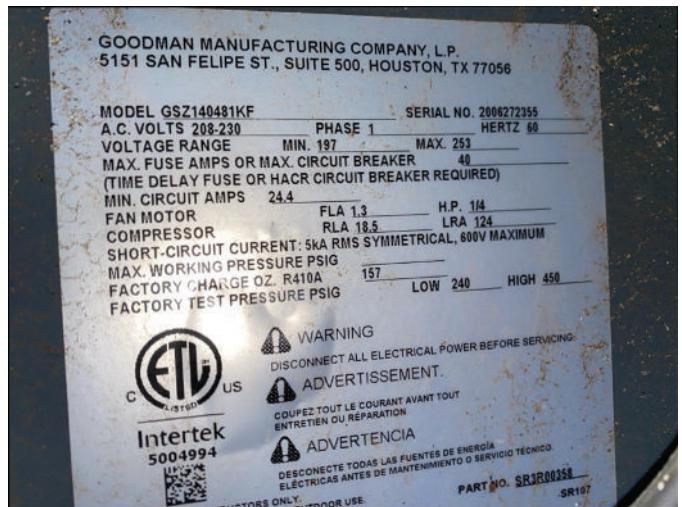
Roof



Roof



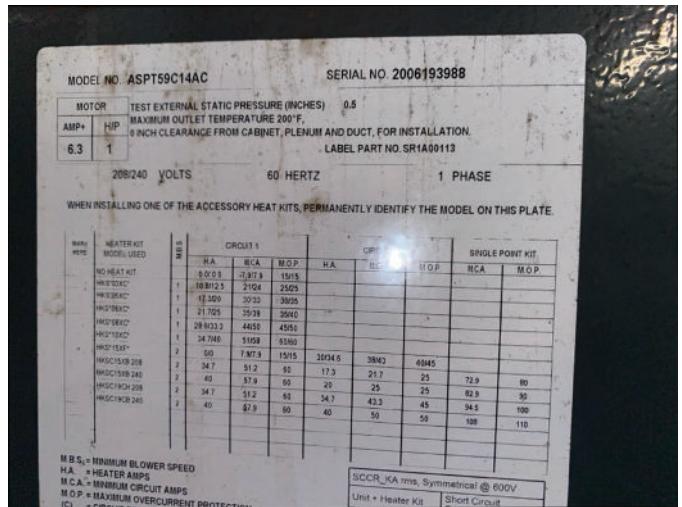
Air Conditioner



Air conditioner label



Heater/Air handler



Heater/Air handler Label



Water Heater



Water Heater label



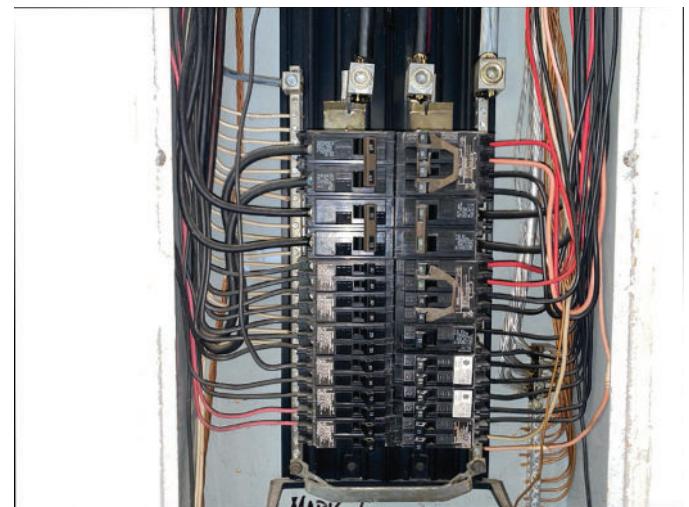
TPR Valve



Washer Connections



Electrical panel



Electrical panel



Electrical panel



Electrical panel



Sink



Toilet



Sink



Sink