



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

- | | |
|---|--|
| <input type="checkbox"/> Blowing fuses | <input type="checkbox"/> Over fusing |
| <input type="checkbox"/> Tripping breakers | <input type="checkbox"/> Double taps |
| <input type="checkbox"/> Empty sockets | <input type="checkbox"/> Exposed wiring |
| <input type="checkbox"/> Loose wiring | <input type="checkbox"/> Unsafe wiring |
| <input type="checkbox"/> Improper grounding | <input type="checkbox"/> Improper breaker size |
| <input type="checkbox"/> Corrosion | <input type="checkbox"/> Scorching |
| | <input type="checkbox"/> 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)

Age of Piping **Drain** 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)

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 damage

Any 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.

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 damage

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

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
 Company Name

Home Inspector
 License Type

407-633-1661
 Work Phone



Front



Right



Rear



Left



Roof



Roof



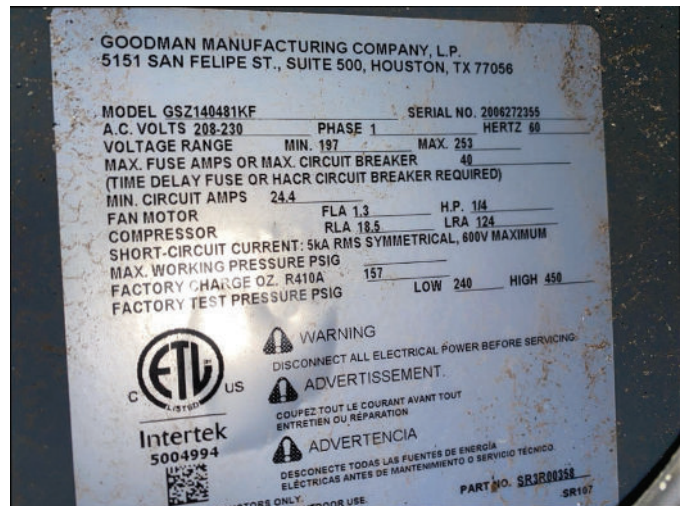
Roof



Roof



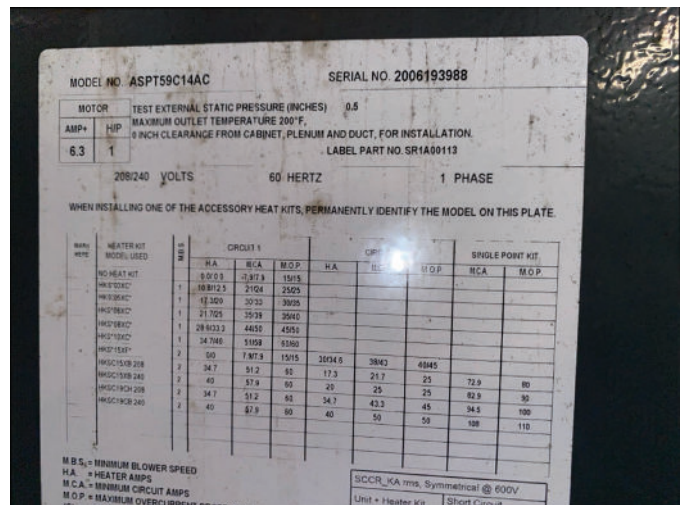
Air Conditioner



Air conditioner label



Heater/Air handler



Heater/Air handler Label



Water Heater



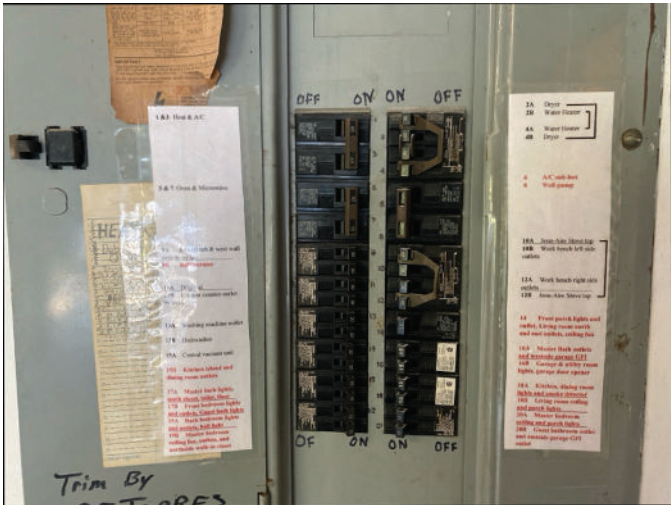
Water Heater label



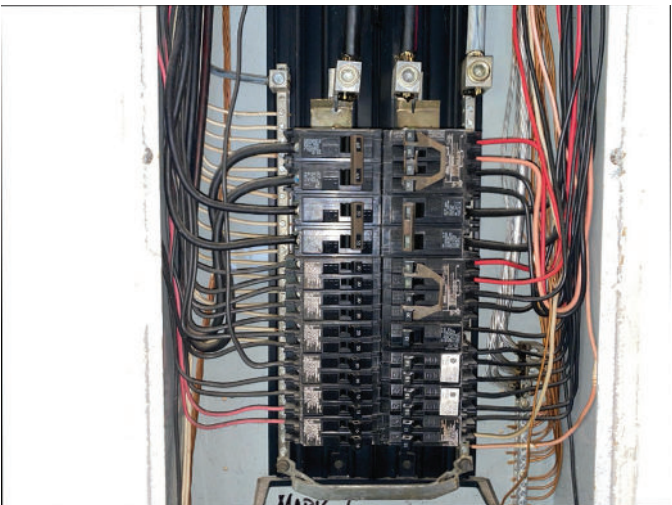
TPR Valve



Washer Connections



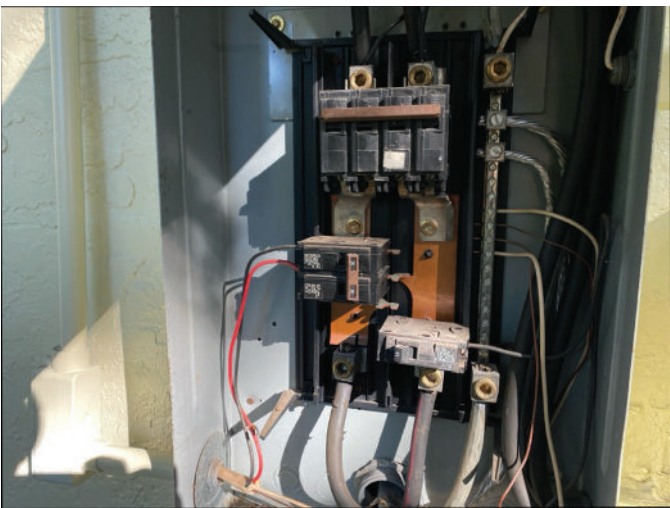
Electrical panel



Electrical panel



Electrical panel



Electrical panel



Sink



Toilet



Sink



Sink