



"Let Us Look Before You Leap"

Inspector: Alison Rolfs
License # HI-8085

www.Rolfs-hi.com

Alison@Rolfs-hi.com

Office: 786-246-1414

4-Point Report

Property Owner/s	John Doe
Address	1234 Any-Town South Florida
Parcel/Folio ID #	xxx-xxx-xxxx-xx
Date of Inspection	May 23, 2025



www.Rolfs-Hi.com

(786) 246-1414

Note to All Designated Recipients:

Questions regarding the results of this inspection can be directed to Alison Rolfs of Rolfs Inspections LLC directly at the number above, or by email at Alison@Rolfs-hi.com.

Special Note to Policyholders:

Questions regarding insurance coverage and premiums should be directed to your insurance carrier or trusted insurance agent.

Limitation of Liability: Rolfs Home Inspections inspections are observational in nature, are limited to visible and accessible areas of the structure and any available documentation, and do not involve construction activities or destructive testing of any kind. In performing this inspection at the express request of the policyholder, agent or carrier, Rolfs Home Inspections is verifying the presence or absence of mitigation features and makes no warranty, express or implied, regarding the suitability of the structure's construction for any particular purpose. With respect to the performance of the inspection itself, Rolfs Home Inspections liability is expressly limited to inspection fee paid.

Insured/Applicant Name	John Doe			Application/Policy #		
Address Inspected	1234 Any-Town South Florida					
Actual Year Built	1962			Date Inspected	May 23, 2025	

Minimum Photo Requirements:

<input checked="" type="checkbox"/>	Dwelling: each Side	<input checked="" type="checkbox"/>	Roof Shape: Each Slope	<input checked="" type="checkbox"/>	Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
<input checked="" type="checkbox"/>	Main Electrical panel				
<input checked="" type="checkbox"/>	Electrical Box with Panel off				
<input checked="" type="checkbox"/>	All Deficiencies noted in this report.				

A Florida-licensed inspector must complete, sign, and date this form.

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. 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/s				Distribution Panel/s (2)			
Protection Type:	<input checked="" type="checkbox"/>	C.B.		Fuse		Protection Type:	<input checked="" type="checkbox"/>
Total Amps:	200			Total Amps:		200 & 150	
Sufficient Amperage?	<input checked="" type="checkbox"/>	Yes		No (explain)		Sufficient Amperage?	<input checked="" type="checkbox"/>

Indicate Presence of Any the Following:

Cloth Wiring				
Active Knob and Tube				
Branch circuit aluminum wiring (If present, describe the usage of all 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				Double taps		
Tripping Breakers				Exposed Wiring		
Empty Sockets				Unsafe Wiring		
Loose Wiring				Improper Breaker Size		
Improper Grounding				Scorching		
Corrosion				Other (explain)		
Over Fusing						
General Condition of Electrical System		<input checked="" type="checkbox"/>	Satisfactory		Unsatisfactory (explain)	

Unsatisfactory Conditions:

Supplemental information

Main Panel/s:		Distribution Panel/s (2)		Wire Type		
Panel Age:	5 years	Panel Age:	20 years	<input checked="" type="checkbox"/>	Copper	Cloth (K&T)
Year last Updated:	2020	Year last Updated:	2005		Singel Strand AL	Cloth Jacket Rubber Insulated
Brand/Model:	Siemens	Brand/Model:	Square D & Murray		Multistrand AL	<input checked="" type="checkbox"/> NM, BX, Conduit
					Copper Clad AL	Other

HVAC System											
Central AC	<input checked="" type="checkbox"/>	Yes		No							
Central Heat	<input checked="" type="checkbox"/>	Yes		No							
If not central heat, indicate primary heat source & fuel type:					N/A						
Are heating, ventilation, and air conditioning system in good working order?					<input checked="" type="checkbox"/>	Yes		No			
Date of Last HVAC Servicing/Inspection:					2025 (reg. maintenance)						
Hazards Present:											
Wood burning stove or central gas fireplace installed?					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No			
Was it professionally installed?					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No			
Space heater Used as Primary Heat Source?					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No			
Is the Source portable?					<input type="checkbox"/>	n/a	<input type="checkbox"/>	Yes	<input type="checkbox"/>	n/a	No
Does the air handler/condensate line or pan show any signs of blockage or leaking, including water damage to the surrounding area?					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No			
Supplemental information:											
Age of Systems:					05 & 10 years						
Year of Last Updates:					2020 & 2015						
(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)											

Plumbing System											
Is there a Temperature/Pressure Relief Value on the Water Heater?					<input type="checkbox"/>	n/a	<input type="checkbox"/>	Yes	<input type="checkbox"/>	n/a	No
Tank-Less					<input checked="" type="checkbox"/>	Yes		No			
Is there any Indication of an Active Leak?					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No			
Is there Any indication of a Prior leak?					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No			
Water Heater Location:					Closets (2)						
General Condition of the Following Plumbing Fixtures and Connections to Appliances:											
	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A				
Dishwasher	<input checked="" type="checkbox"/>			Toilets	<input checked="" type="checkbox"/>						
Refrigerator	<input checked="" type="checkbox"/>			Sinks	<input checked="" type="checkbox"/>						
Washing machine	<input checked="" type="checkbox"/>			Sump Pumps			<input checked="" type="checkbox"/>				
Water Heater	<input checked="" type="checkbox"/>			Main Shut Off Valve	<input checked="" type="checkbox"/>						
Shower/Tubs	<input checked="" type="checkbox"/>			All Other Valves	<input checked="" type="checkbox"/>						
If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).											

Supplemental information						
Age of Piping Supply System: <u>63 Years</u>		Age of Piping Drain System: <u>63 Years</u>		Types of pipes:		
<input checked="" type="checkbox"/>	Original to Home	<input checked="" type="checkbox"/>	Original to Home	<input checked="" type="checkbox"/>	Copper	PEX Year Installed:
	Completely Re-Piped		Completely Re-Piped	<input checked="" type="checkbox"/>	PVC/CPVC	Other (specify)
	Partially Re-Piped		Partially Re-Piped		Galvanized	
				<input checked="" type="checkbox"/>	Cast Iron	
Age of Water Heater <u>03 Years (2022)</u>					Polybutylene	
					ABS	
(Provide year and extent of renovation in the comments below)						

Roof (With photos of each slope, this section can take the place of the *Roof inspection Form*):

Predominate Roof:		Secondary Roof:	
Covering Material	Dim Asphalt Shingle	Covering Material	Modified Bitumen
Roof Age (years):	07 years	Roof Age:	07 years
Remaining Life (years):	18 years	Remaining Life	13 years
Date of Last Roofing Permit:	06-21-2018	Date of Last Roofing Permit:	06-24-2018
Date of Last Update:	2018	Date of Last Update:	2018
If updated (check one)		If update (check one)	
<input checked="" type="checkbox"/> Full Replacement	<input checked="" type="checkbox"/> Full Replacement		
<input type="checkbox"/> Partial Replacement	<input type="checkbox"/> Partial Replacement		
<input type="checkbox"/> % of Replacement	<input type="checkbox"/> % of Replacement		
Condition:		Condition:	
<input checked="" type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Satisfactory		
<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unsatisfactory		

Any Visible Signs of Damage/Deterioration?		Any Visible Signs of Damage/Deterioration?							
<input type="checkbox"/> Cracking	<input type="checkbox"/> Cracking								
<input type="checkbox"/> Cupping/Curling	<input type="checkbox"/> Cupping/Curling								
<input type="checkbox"/> Excessive Granular Loss	<input type="checkbox"/> Excessive Granular Loss								
<input type="checkbox"/> Exposed Asphalt	<input type="checkbox"/> Exposed Asphalt								
<input type="checkbox"/> Exposed Felt	<input type="checkbox"/> Exposed Felt								
<input type="checkbox"/> Missing/Loose/Cracked Tabs or Tiles	<input type="checkbox"/> Missing/Loose/Cracked Tabs or Tiles								
<input type="checkbox"/> Soft Spots in Decking	<input type="checkbox"/> Soft Spots in Decking								
<input type="checkbox"/> Visible Damage	<input type="checkbox"/> Visible Damage								
Any Signs of Visible Leaks		Yes	<input checked="" type="checkbox"/>	No	Any Signs of Visible Leaks		Yes	<input checked="" type="checkbox"/>	No
Attic/Underside of Decking		Yes	<input checked="" type="checkbox"/>	No	Attic/Underside of Decking		Yes	<input checked="" type="checkbox"/>	No
Interior Ceilings		Yes	<input checked="" type="checkbox"/>	No	Interior Ceilings		Yes	<input checked="" type="checkbox"/>	No

Additional Comments/Observations (use additional pages if needed):

- Home re-wired in 2005.

All 4-Point Forms must be completed and signed by a verifiable Florida-Licensed Inspector.

I certify that the above statements are true and correct.

<i>Alison M. Rolfs</i>	Home Inspector	HI-8085	May 23, 2025
Inspector Signature	Title	License Number	Date
Rolfs Inspections	Home Inspector	786-246-1414	
Company Name	License Type	Work Phone	

Special Instructions: This sample *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 report submitted for consideration must include at least this level of detail to be acceptable.

Photo Requirements

Photos must accompany each *4-Point Inspection Form*. The minimum photo requirements include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional.

Examples include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

Note: A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems.

Acceptable Condition means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

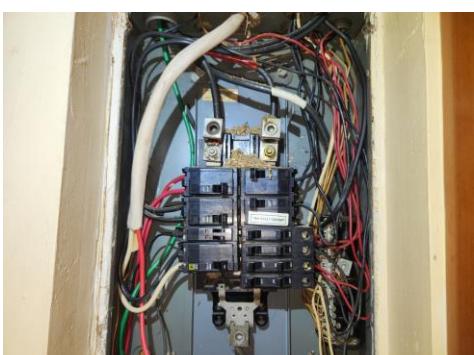
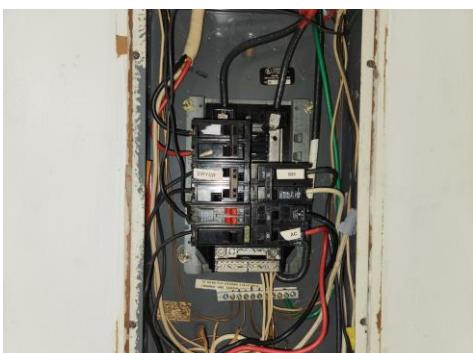
Note to All Agents

The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.

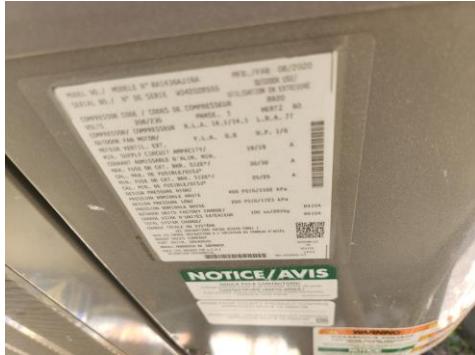
STRUCTURE & GROUNDS



ELECTRIC

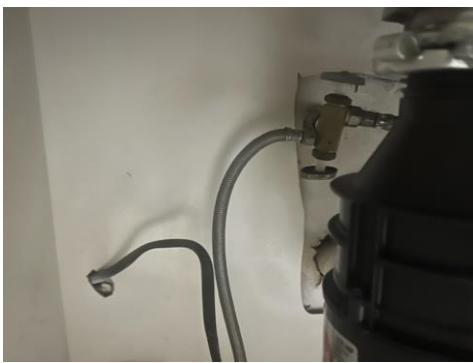


HVAC

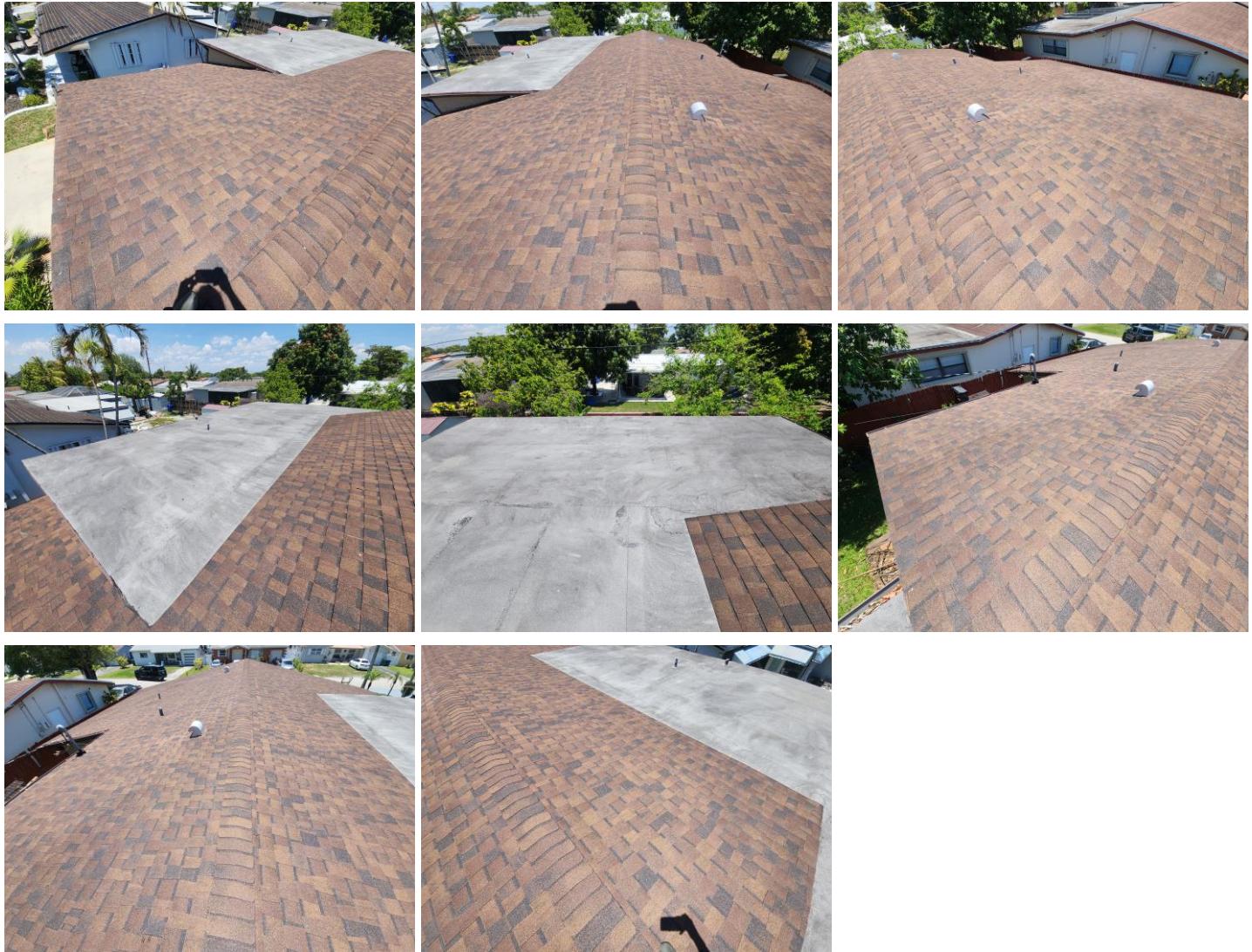


PLUMBING





ROOF



Permits and Inspections

Application Information

General

Application reference 

Status COMPLETE / CLOSED

Application Received Date 6/21/2018

Applicant Name 

Owner Name 

Owner ID 40520

Location 

Parcel ID 

Project Details

Project/Activity B-RESIDENTIAL ROOFING

Project Description RE-ROOF ENTIRE HOUSE

Contractor Name 

Contractor ID 

Estimated Cost \$14,600.00