



*"Let Us Look Before You Leap"*

Inspector: Alison Rolfs  
License # HI-8085

[www.Rolfs-hi.com](http://www.Rolfs-hi.com)

[Alison@Rolfs-hi.com](mailto: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](http://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](mailto: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:			
X	Dwelling: each Side	X	Roof Shape: Each Slope
X	Plumbing: Water heater, under cabinet plumbing/drains, exposed valves		
X	Main Electrical panel		
X	Electrical Box with Panel off		
X	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:	X	C.B.		Fuse	Protection Type:	X	C.B.		Fuse
Total Amps:	200				Total Amps:	200 & 150			
Sufficient Amperage?	X	Yes		No (explain)	Sufficient Amperage?	X	Yes		No (explain)
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				X	Satisfactory			Unsatisfactory (explain)	
Unsatisfactory Conditions:									
Supplemental information									
Main Panel/s:			Distribution Panel/s (2)			Wire Type			
Panel Age:	5 years		Panel Age:	20 years		X	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	X	NM, BX, Conduit
							Copper Clad AL		Other

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

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

Supplemental information									
Age of Piping Supply System: <b>63 Years</b>				Age of Piping Drain System: <b>63 Years</b>				Types of pipes:	
<b>X</b>	Original to Home			<b>X</b>	Original to Home			<b>X</b>	Copper
	Completely Re-Piped				Completely Re-Piped			<b>X</b>	PVC/CPVC
	Partially Re-Piped				Partially Re-Piped				Galvanized
								<b>X</b>	Cast Iron
Age of Water Heater <b>03 Years (2022)</b>									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 <i>Roof inspection Form</i> ):			
<b>Predominate Roof:</b>		<b>Secondary Roof:</b>	
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
<b>Condition:</b>		<b>Condition:</b>	
<input checked="" type="checkbox"/>	Satisfactory	<input checked="" type="checkbox"/>	Satisfactory
<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	Unsatisfactory

<b>Any Visible Signs of Damage/Deterioration?</b>					<b>Any Visible Signs of Damage/Deterioration?</b>				
<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			
<b>Any Signs of Visible Leaks</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<b>Any Signs of Visible Leaks</b>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Attic/Underside of Decking	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Attic/Underside of Decking	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Interior Ceilings	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Interior Ceilings	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

<b>Additional Comments/Observations</b> (use additional pages if needed):
<ul style="list-style-type: none"> <li><u>Home re-wired in 2005.</u></li> </ul>

All 4-Point Forms must be completed and signed by a verifiable Florida-Licensed Inspector. <i>I certify that the above statements are true and correct.</i>			
<i>Alison M. Rolfs</i>	Home Inspector	HI-8085	May 23, 2025
<b>Inspector Signature</b>	<b>Title</b>	<b>License Number</b>	<b>Date</b>
Rolfs Inspections	Home Inspector	786-246-1414	
<b>Company Name</b>	<b>License Type</b>	<b>Work Phone</b>	

**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**

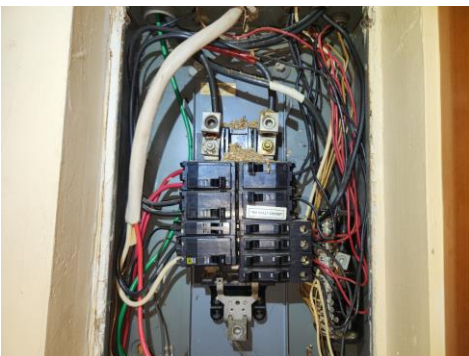
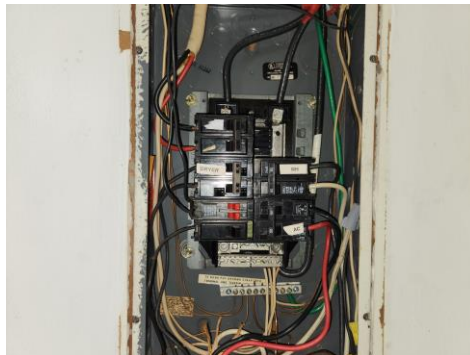
The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical,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



## STRUCTURE & GROUNDS

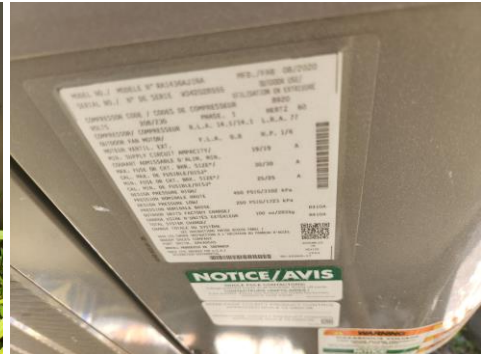
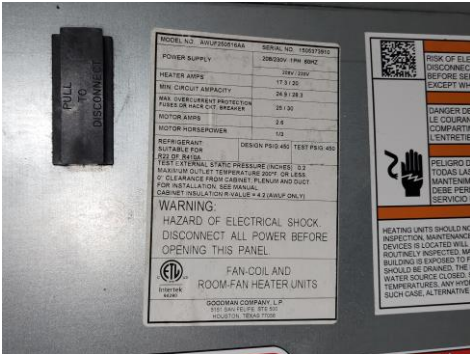


## ELECTRIC





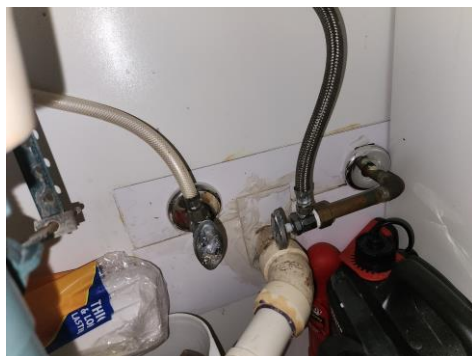
## HVAC



## PLUMBING

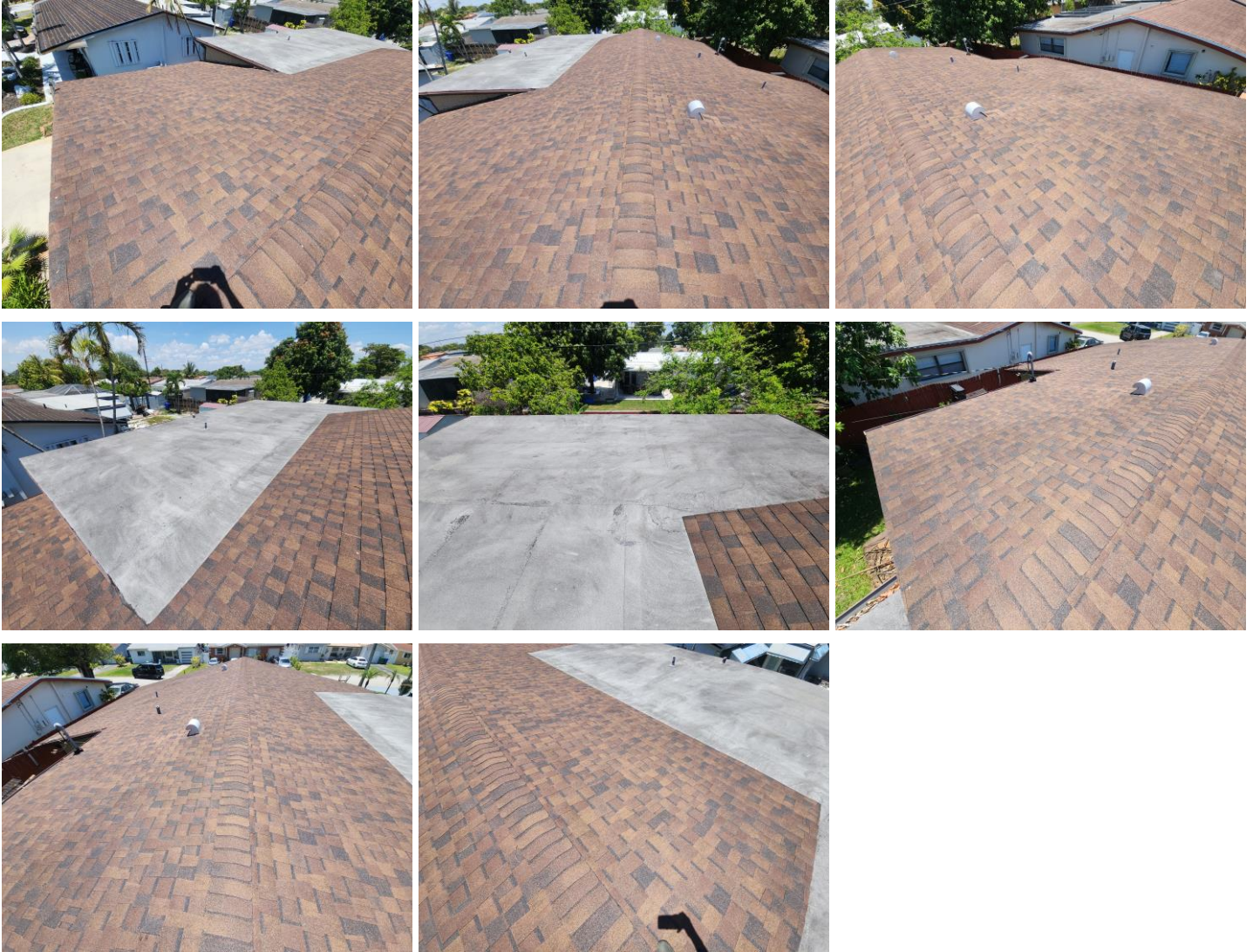








## ROOF



### Permits and Inspections

#### Application Information

##### General

Application reference	[REDACTED]
Status	COMPLETE / CLOSED
Application Received Date	6/21/2018
Applicant Name	[REDACTED]
Owner Name	[REDACTED]
Owner ID	40520
Location	[REDACTED]
Parcel ID	[REDACTED]

##### Project Details

Project/Activity	B-RESIDENTIAL ROOFING
Project Description	RE-ROOF ENTIRE HOUSE
Contractor Name	[REDACTED]
Contractor ID	[REDACTED]
Estimated Cost	\$14,600.00