

INSURED/APPLICANT NAME: Mr Sample Client

APPLICATION / POLICY #: pol 123-1234

ADDRESS INSPECTED: 411 Circle Caviar, Murrieta, Ca 92562

ACTUAL YEAR BUILT: 2005

DATE INSPECTED: July 12, 2012

Minimum Photo Requirement:

- ☐ Front elevation
☐ Rear elevation
☐ HVAC heating systems equipment (with dated manufacturer's plate)
☐ ALL hazards or deficiencies noted in this report.

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

ELECTRICAL SYSTEM (*SEPARATE DOCUMENTATION OF ANY ALUMINUM WIRING REMEDIATION MUST BE PROVIDED AND CERTIFIED BY A LICENSED ELECTRICIAN)

Main Panel: Panel Age: _____ Year Last Updated: _____ Amps: Less than 60A Fuse <input checked="" type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input type="checkbox"/> 200A CB: <input type="checkbox"/> Other (specify): _____	Panel #2 (if present): Panel Age: _____ Year Last Updated: _____ Amps: Less than 60A Fuse <input type="checkbox"/> 60A Fuse <input type="checkbox"/> 100A Fuse <input type="checkbox"/> 100A CB <input type="checkbox"/> 200A CB: <input type="checkbox"/> Other (specify): _____	Total System Amps: Copper Wiring, NM, BX, Conduit: <input type="checkbox"/> Active Knob & Tube or cloth wiring: <input type="checkbox"/> Aluminum Branch Wiring*: <input type="checkbox"/> Other (specify): _____
Hazards Present Blowing Fuses or Breakers <input type="checkbox"/> Empty Breaker <input type="checkbox"/> Loose Wiring <input type="checkbox"/> Improper Grounding <input type="checkbox"/> Over Fusing <input type="checkbox"/> Double Taps <input type="checkbox"/> Exposed/Unsafe Wiring <input checked="" type="checkbox"/> Electrical Panel Brand/Model _____ Other (explain) _____		* If single strand (aluminum branch) wiring, provide details of all remediation. Separate documentation of all work must be provided. Entire home rewired with copper <input type="checkbox"/> Connections repaired via COPALUM® crimp <input type="checkbox"/> Connections repaired via AlumiConn® <input type="checkbox"/>
Is the electrical system in good working order? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain) _____		

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.

HEATING SYSTEM

Age of System: _____ Are the heating, ventilation and air conditioning systems in good working order?	Year Last Updated: _____ Hazards Present Wood Burning Stove or central gas fireplace not professionally installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Space heater used as primary heat source? <input type="checkbox"/> Yes <input type="checkbox"/> No	Central HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No If not central, indicate primary heat source and fuel _____ Is the source portable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc.

PLUMBING SYSTEM

Age of System: _____

Year Last Updated: _____

Deficiencies (check all that apply):

Type of Pipes

Copper: ☐

PVC: ☐

Galvanized: ☐

Polybutylene: ☐

Other (specify): _____

Is the plumbing system in good working order?

☐ Yes ☐ No

Active leak ☐

Indication of prior leak(s) ☐

Connections/Hoses leaking or cracked ☐

Water Heater (explain) ☐

Other (explain) ☐

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, deficiencies, etc.

ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)

Predominant Roof

Covering Material: _____

Roof Age (years): _____

Remaining Useful Life: _____

Date of Last Roofing Permit: _____

Date of Last Update: _____

If updated (check one):

Full Replacement

Partial Replacement

% of Replacement

Overall Condition of Roof:

Excellent

Good

Fair

Poor (explain)

Secondary Roof

Covering Material: _____

Roof Age (years): _____

Remaining Useful Life: _____

Date of Last Roofing Permit: _____

Date of Last Update: _____

If updated (check one):

Full Replacement

Partial Replacement

% of Replacement

Overall Condition of Roof:

Excellent

Good

Fair

Poor (explain)

Any visible signs of damage / deterioration? (describe) (e.g. curling/ lifted/ loose/ missing shingles or tiles, sagging or uneven roof deck)
Predominant Roof

Predominant Roof
Yes No

Secondary Roof
Yes No

Any visible signs of leaks?

Predominant Roof
Yes No

Secondary Roof
Yes No

Use the Additional Comments/Observations section below to provide full details of any noted updates, hazards, etc. for all roof coverings.

ADDITIONAL COMMENTS OR OBSERVATIONS (USE ADDITIONAL PAGES AS NEEDED):

ALL 4-POINT INSPECTIONS MUST BE INSPECTED AND COMPLETED BY A VERIFIABLE FLORIDA-LICENSED INSPECTOR. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

INSPECTOR SIGNATURE

TITLE

LICENSE NUMBER

Jul 12, 2012

DATE

A 4-Point Inspection is required for all homeowner, dwelling and mobile home applications for properties over 30 years old.

The Citizens 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 submitted for consideration must include at least this level of detail to be acceptable to Citizens.

PHOTO REQUIREMENTS

Photos must accompany each 4-Point inspection submitted to Citizens. The minimum photo requirement for all submissions is a front and rear elevation. However, there are additional photo requirements for a 4-Point inspection such as:

- Open Main Electrical Panel and Interior Door
- HVAC heating system (with dated manufacturer's plate)
- ALL hazards or deficiencies noted

ROOF REQUIREMENTS

The Citizens 4-Point inspection may be submitted in lieu of the Citizens Roof Condition Certification Form (CIT RCF-1) if a minimum of 2 photos of the roof are also provided. This will satisfy the required roof documentation listed in the Citizens Rules Manual.

INSPECTOR REQUIREMENTS

All inspection forms must be inspected and completed by a verifiable Florida-licensed professional. Without a verifiable, certified inspector's dated signature, the form will not be accepted. The following **FLORIDA-LICENSED** individuals may complete a 4-Point Inspection for Citizens in its entirety:

Note: A trade-specific, licensed professional may sign off only on their trade component of the 4-Point inspection form (e.g., a roofing inspector may sign off only on the roofing portion of the form).

- A general, residential, or building contractor
- A building code inspector
- A registered architect
- A home inspector
- A professional engineer
- A building code official who is authorized by the State of Florida to verify building code compliance

CERTIFYING THE CONDITION OF EACH SYSTEM

The Florida-licensed inspector is required to certify the condition of the 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 OBSERVATION

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

- Updates (provide full details of the types of updates, date completed and by whom)
- Any system determined NOT to be in good working order.
- Any visible hazards/deficiencies are present

NOTE TO ALL AGENTS

The writing agent must fully review each 4-Point inspection submitted with an application for coverage in advance. It is the agent's responsibility to ensure that all Citizens rules and requirements are met before the application is bound. Properties with electrical, heating or plumbing systems not in good working order or with existing hazards / deficiencies cannot be submitted to Citizens.

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