

MINA FLORIDA HOME INSPECTIONS FOUR POINT INSPECTION REPORT

Owner Name:

John Doe

Address: 123 Address Ln.

City: Port Orange State: FL Zip: 32129



Inspection Date: 01/20/2026



1982 State Road 44, PMB 149
New Smyrna Beach, FL 32168

Office: info@minafhi.com
Inspector: michael@minafhi.com
Name: Michael Hartman
Phone: (352) 234-4537

www.minafhi.com



4-Point Inspection Form

Insured/Applicant Name: John Doe Application / Policy #: _____
Address Inspected: 123 Address Ln. Port Orange FL 32129
Actual Year Built: 1998 Date Inspected: 01/20/2026

Minimum Photo Requirements:

- ☒ Dwelling: Each side ☒ Roof: Each slope ☒ Plumbing: Water heater (incl TPRV), under cabinet plumbing/drains, exposed valves
- ☒ Main electrical service panel with interior door label
- ☒ Electrical box with panel off
- ☒ All hazards or 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 single strand aluminum wiring remediation must be provided and certified by a licensed electrician.

Main Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150

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

Second Panel

Type: ☐ Circuit breaker ☐ Fuse

Total Amps: _____

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)

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

Supplemental information

Main Panel

Panel age: Original

Year last updated: N/A

Brand/Model: Crouse Hinds

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type(s)

- ☒ Copper ☐ Copper Clad AL ☒ NM, BX or Conduit
- ☐ Single Strand AL ☐ Cloth (Knob & Tube) ☐ Other
- ☒ Multistrand AL ☐ Cloth Jacket Rubber Insulated

4-Point Inspection Form

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)

Date of last HVAC servicing/inspection: 2025

Hazards Present

Is a wood-burning stove or central gas fireplace present? ☐ Yes ☒ No Was it 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: 4

Year last updated: 2022

(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

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Garage

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

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	☒	☐	☐	Toilets	☒	☐	☐
Refrigerator	☒	☐	☐	Sinks	☒	☐	☐
Washing machine	☒	☐	☐	Sump pump	☐	☐	☒
Water heater	☒	☐	☐	Main shut off valve	☒	☐	☐
Showers/Tubs	☒	☐	☐	All other visible	☒	☐	☐

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Supplemental Information

Age of Piping Supply System:

☒ Original to home

☐ Completely re-piped

☐ Partially re-piped

Age of water heater 2023

(Provide year and extent of renovation in the comments below)

Age of Piping Drain System:

☒ Original to home

☐ Completely re-piped

☐ Partially re-piped

Type of pipes (check all that apply)

☒ Copper

☒ PVC/CPVC

☐ Galvanized

☐ Cast Iron

☐ Polybutylene

☐ ABS

☐ PEX Year Installed: _____

☐ Other (specify)

4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

Predominant Roof

Covering material: Architectural Shingles

Roof age (years): 3

Remaining useful life (years): 22

Date of last roofing permit: 01/13/2023

Date of last update: 2023

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 (If "yes" explain below)

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 damage

Any visible signs of leaks? ☐ Yes ☐ No (If "yes" explain below)

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No

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

Roof: New roof in 2023.

HVAC: New HVAC in 2022.

Plumbing: New water heater in 2023.

Electric: All electric appears to be in working order.

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.



Inspector Signature

Home Inspector

Title

HI13444

License Number

01/20/2026

Date

MINA Florida Home Inspections

Company Name

Licensed FL Home Inspector

License Type

(352) 234-4537

Work Phone

4-Point Inspection Form

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.

Address Inspected: 123 Address Ln. Port Orange FL 32129

Inspector Initials: MH

Date Of Inspection: 01/20/2026

Elevation Section



Front Elevation



Left Elevation



Rear Elevation



Right Elevation



Other Elevation



Other Elevation

Roofing Section



Roof Photo 1



Roof Photo 2



Roof Photo 3



Roof Photo 4



Roof Photo 5



Roof Photo 6

Permit

Permit Number: [REDACTED]

^ (.multi-collapse)

Type:
Residential Re-Roof

Status:
Complete

Project Name:

IVR Number:
[REDACTED]

Applied Date:
[REDACTED]

Issue Date:
[REDACTED]

District:
[REDACTED]

Assigned To:
[REDACTED]

Expire Date:
[REDACTED]

Square Feet:
3,200.00

Address Inspected: 123 Address Ln. Port Orange FL 32129
Inspector Initials: MH Date Of Inspection: 01/20/2026

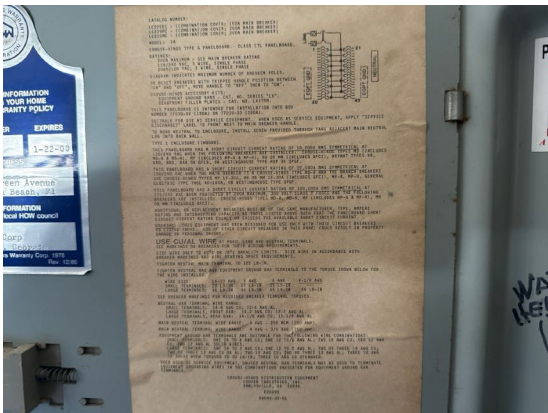
Electrical Section



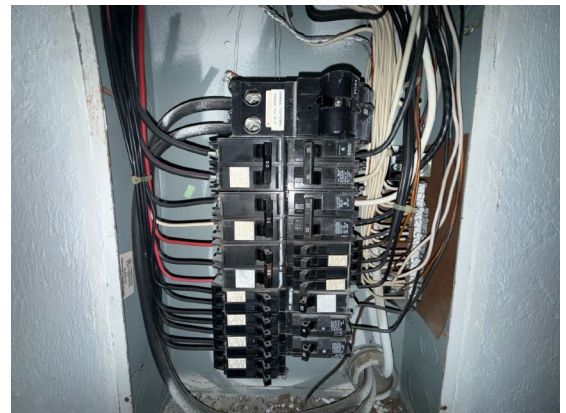
Electric Service Into House



Main Electrical Panel



Main Panel Manufacturing Label



Crouse Hinds Panel Cover Off

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Inspector Initials: MH Date Of Inspection: 01/20/2026

HVAC Section



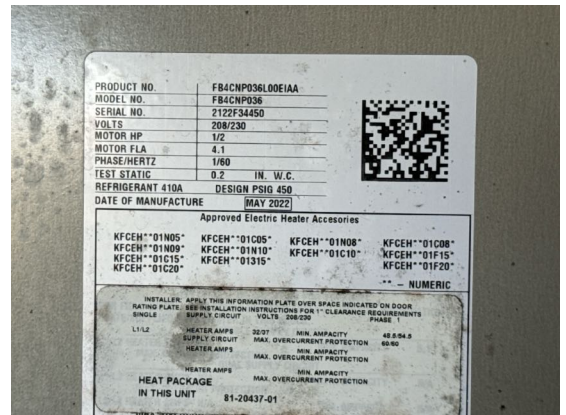
Compressor 1



Maufacturer's Label - Compressor 1



Furnace/ Air Handler 1



Maufacturer's Label - Air Handler 1

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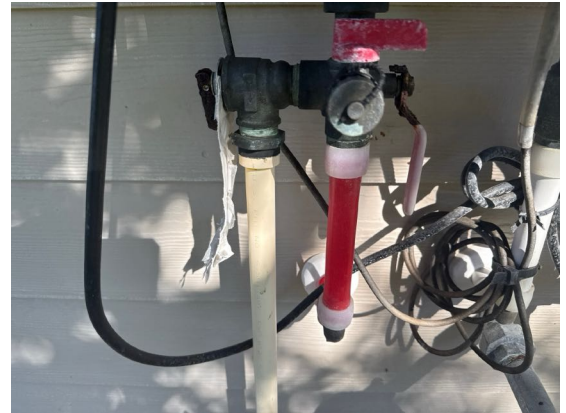
Inspector Initials: MH

Date Of Inspection: 01/20/2026

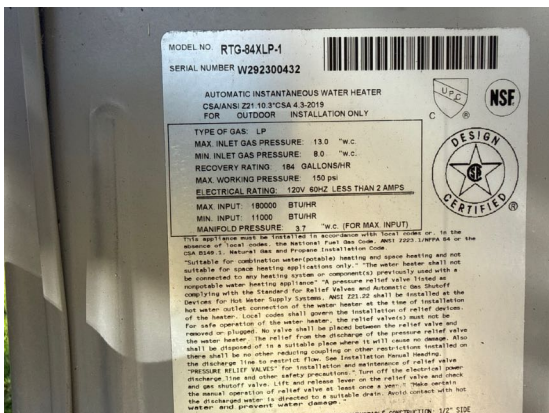
Plumbing Section



Propane Water Heater



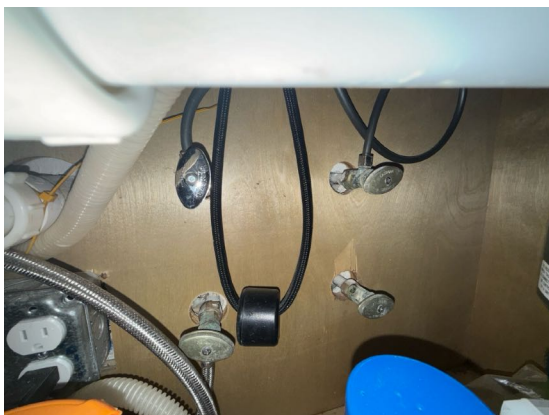
Water Heater TPR Valve



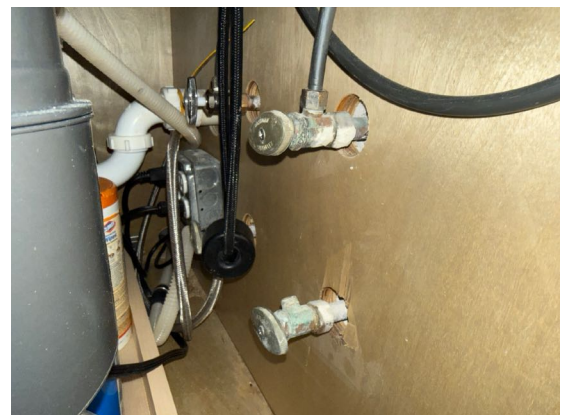
Water Heater Manufacturer's Label



Washing Machine Hook Up



Under Kitchen Sink 1



Under Kitchen Sink 1

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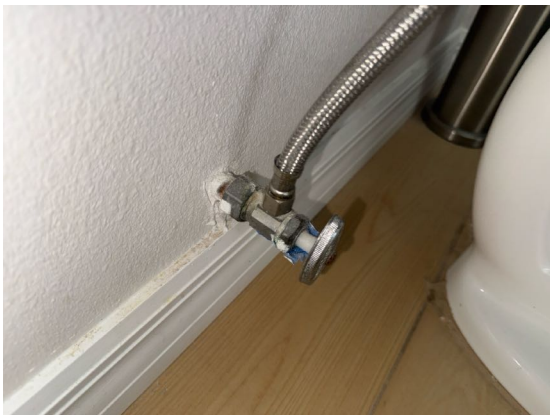
Plumbing Section



Under Sink Bathroom 1



Under Sink Bathroom 1



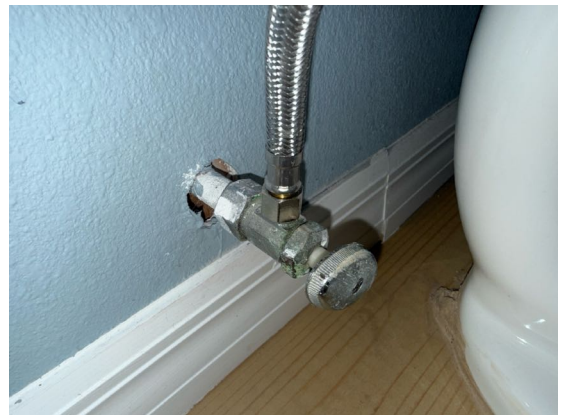
Under Toilet Bathroom 1



Under Sink Bathroom 2



Under Sink Bathroom 2



Under Toilet Bathroom 2

Address Inspected: 123 Address Ln. Port Orange FL 32129

Inspector Initials: MH

Date Of Inspection: 01/20/2026

Plumbing Section



Under Sink Bathroom 3



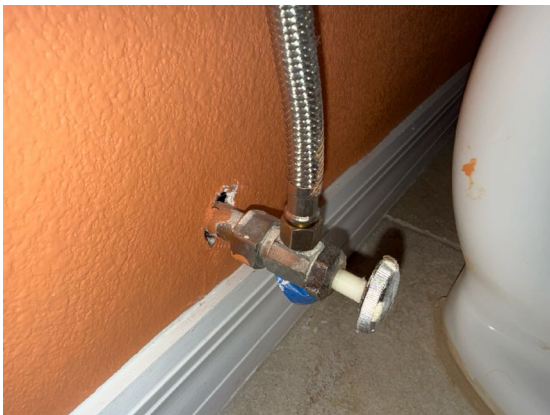
Under Sink Bathroom 3



Under Sink Bathroom 3



Under Sink Bathroom 3



Under Toilet Bathroom 3