

INSURED/APPLICANT NAME _____ APPLICATION / POLICY # _____
 ADDRESS INSPECTED: _____
 ACTUAL YEAR BUILT: _____ DATE INSPECTED: _____

Minimum Photo Requirement:

Front elevation Rear elevation
 Open Main Electrical Panel and interior door
 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)

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

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

HEATING SYSTEM

Age of System: _____ <u>Are the heating, ventilation and air conditioning systems in good working order?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	Year Last Updated: _____ <u>Hazards Present</u> 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 type: _____ Is the source portable? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.

PLUMBING SYSTEM		
Age of System: _____ <u>Type of Pipes</u> Copper: <input type="checkbox"/> PVC: <input type="checkbox"/> Galvanized: <input type="checkbox"/> Polybutylene: <input type="checkbox"/> Other (specify): _____	Year Last Updated: _____ <u>Is the plumbing system in good working order?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Deficiencies</u> (check all that apply): Active leak <input type="checkbox"/> Indication of prior leak(s) <input type="checkbox"/> Connections/Hoses leaking or cracked <input type="checkbox"/> Water Heater (explain) <input type="checkbox"/> Other (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, deficiencies, etc.</i>		

ROOF - WITH 2 ROOF PHOTOS, THIS PORTION CAN TAKE THE PLACE OF THE ROOF CONDITION CERTIFICATION FORM (CIT RCF-1)		
Age of Roof (years): _____ Date of Last Update: _____ If updated (check one): Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> % of Replacement _____	Predominant Roof Covering Material: _____ Date of Last Roofing Permit: _____ Any visible signs of damage/deterioration? (e.g. curling/lifted/loose/missing shingles or tiles, sagging or uneven roof deck) <input type="checkbox"/> Yes <input type="checkbox"/> No Any signs of visible leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Useful Remaining Life: _____ Overall Condition of Roof: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (explain) <input type="checkbox"/>
<i>Use the Additional Comments/Observations Section below to provide full details of all updates, hazards, etc.</i>		

ADDITIONAL COMMENTS OR OBSERVATIONS:			
<i>I CERTIFY THAT I PERSONALLY INSPECTED THE PREMISES AT THE LOCATION ADDRESS LISTED ABOVE ON THE INSPECTION DATE NOTED. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.</i>			
INSPECTOR SIGNATURE	TITLE	LICENSE NUMBER	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 inspections must be performed (and certified) by the appropriately Florida-licensed professional. Without a verifiable, certified inspector's dated signature, the documentation 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 professional engineer
- A building code inspector
- A building code official who is authorized by the State of Florida to verify building code compliance
- A registered architect
- A home inspector

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 OBSERVATIONS

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 completed, date completed and by whom)
- Any hazards/deficiencies are present
- Any system determined to be **NOT** in good working order.

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.