

4-POINT INSURANCE INSPECTION REPORT

A 4-Point Insurance Inspection is typically performed for a homeowner when requested by their insurance company to obtain a new insurance policy or renewing an existing policy.

A 4-Point Insurance Inspection is far less in scope than a standard home inspection. This 4-Point Insurance Inspection is a limited, visual survey of the heating/air conditioning, roof, electrical and plumbing systems.

Date of Inspection	Owner's Name	Name of Ins Co	Policy #
Property Address			Approx Age of Home
Construction Type <input type="checkbox"/> Frame _____% <input type="checkbox"/> Masonry _____% <input type="checkbox"/> Other _____	Approx Sq Footage	Approx Total Living Area	# Of Stories Type Of Home <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Single Family
		Type of Foundation	

HEATING/AIR CONDITIONING

Type of Heating System	Estimated Age of Heating System	Heating System Upgraded <input type="checkbox"/> Yes <input type="checkbox"/> No	Year System Upgraded
Condition of Heating System <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent	Fuel Tank Location	Heating System Comments	
Type of Cooling System	Estimated Age of Cooling System	Cooling System Upgraded <input type="checkbox"/> Yes <input type="checkbox"/> No	Year System Upgraded
Condition of Cooling System <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent	Cooling System Comments		

PLUMBING

Plumbing Condition <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent	Overall Water Pressure	Main Supply Line Material	Main Waste/Vent Material
# of Bathrooms	Shut Off Valves Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Fixture Supply Line Material	Fixture Drain Line Material
Water Heater Location	Water Heater Fuel Type	Approx Age of Water Heater	TPR Valve Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Sprinkler System Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Freeze Hazards Noticed <input type="checkbox"/> Yes <input type="checkbox"/> No	Polybutylene Noticed <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing Leaks Noticed <input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Plumbing Upgrades <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Plumbing Upgraded	Plumbing Comments	

ROOF

Est Age of Roof Covering	Est Life Expectancy	Roof Condition <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	Type of Roof Covering <input type="checkbox"/> Tile <input type="checkbox"/> Shingle <input type="checkbox"/> Other _____	Roof Style <input type="checkbox"/> Hip ____% <input type="checkbox"/> Other ____%
Number of Shingle Layers	Type of Sheathing	Truss or Rafter Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of Active Leaks <input type="checkbox"/> Yes <input type="checkbox"/> No	
Flashing Damage Noticed <input type="checkbox"/> Yes <input type="checkbox"/> No	Missing Shingles or Covering <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Comments		

ELECTRICAL

Overall Electrical Condition <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent	<input type="checkbox"/> Breakers <input type="checkbox"/> Fuses	Service Amps	Size of Service Sufficient <input type="checkbox"/> Yes <input type="checkbox"/> No
Main Panel Location	Panel Ground Observed <input type="checkbox"/> Yes <input type="checkbox"/> No	GFCI's Present Where Required <input type="checkbox"/> Yes <input type="checkbox"/> No	AFCI's Present in Bedrooms <input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Branch Circuits <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Knob and Tube Wiring <input type="checkbox"/> Yes <input type="checkbox"/> No	Exposed or Unsafe Wiring Noticed <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent Upgrades <input type="checkbox"/> Yes <input type="checkbox"/> No
Year Upgraded			
Electrical Comments			

OTHER COMMENTS

Explain any other deficiencies which need correction.
Provide approximate date of completion when deficiencies will be corrected.
If all deficiencies have been corrected, provide date when work was completed.

INSPECTOR INFORMATION

Print Name of Inspection Company	Inter NACHI ID Number	Tel #
Address of Inspection Company	Email Address	
Print Name of Inspector	Signature of Inspector	