



4 Point Inspection Form

Insured Name:		Policy #:	
Property Address:		Date Inspected:	

Physical Inspection

Year Built:			
Type of Construction:	<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other:
Foundation Type:	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Slab on Grade
Occupancy Type:	<input type="checkbox"/> Single	<input type="checkbox"/> Duplex	<input type="checkbox"/> Triplex <input type="checkbox"/> Other:
Number of Floors:	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Other:
Remarks:			

Roof

Type of Covering:	<input type="checkbox"/> Shingle	<input type="checkbox"/> Tile	<input type="checkbox"/> Metal
Permit Date or Est. Year:	<input type="checkbox"/> Roll Roof	<input type="checkbox"/> Hot Mop	<input type="checkbox"/> Other:
More than one layer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Updates Completed:	<input type="checkbox"/> Full Replacement	<input type="checkbox"/> Partial Replacement; % of Replacement:	
Est. Remaining Life:			
General Condition:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Roof Geometry:	<input type="checkbox"/> Hip	<input type="checkbox"/> Gable	<input type="checkbox"/> Flat <input type="checkbox"/> Other:
Visible Damage/Leaks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe in detail below:	
Remarks:			

Plumbing System

Type for Supply/Age:	<input type="checkbox"/> CPVC	<input type="checkbox"/> PVC	<input type="checkbox"/> Galv.	<input type="checkbox"/> Copper	<input type="checkbox"/> Other:
Type for Waste/Age:	<input type="checkbox"/> CPVC	<input type="checkbox"/> PVC	<input type="checkbox"/> Galv.	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Other:
Estimated Galv. %:					
System Updated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Est. Remaining Life:					
Water Heater Age:					
Water Heater Type:	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas			
W/H Location:					
General Condition:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Any Visible Leaks or Deficiencies:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe in detail below:		
Remarks:					

Heating & Ventilation Systems

Heating System Type:	Is source portable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Estimated Age:	
General Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
System up to Code:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe in detail below:
Fireplace:	<input type="checkbox"/> Yes <input type="checkbox"/> No; <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Electric
Hazards or deficiencies:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in detail below:
Remarks:	

Electrical System

Name Brand of Electrical Panel(s):	Main (1):	Amps:	Sub (1):	Amps:
	Main (2):	Amps:	Sub (2):	Amps:
	Main (3):	Amps:	Sub (3):	Amps:
	Main (4):	Amps:	Sub (4):	Amps:
Type of Service:	<input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuses			
Type of Wiring:	<input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Romex <input type="checkbox"/> BX Cable <input type="checkbox"/> Conduit <input type="checkbox"/> Cloth			
Aluminum Branch Wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide remediation details below: <input type="checkbox"/> AlumiConn <input type="checkbox"/> COPALUM Crimp <input type="checkbox"/> Entire home rewired w/ Copper, or <input type="checkbox"/> None			
System Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide approximate year and list all updates.			
Year:	<input type="checkbox"/> Main Panel	<input type="checkbox"/> Sub Panel	<input type="checkbox"/> Appliances	<input type="checkbox"/> Service Feed <input type="checkbox"/> Wiring _____ %
Year:	<input type="checkbox"/> Main Panel	<input type="checkbox"/> Sub Panel	<input type="checkbox"/> Appliances	<input type="checkbox"/> Service Feed <input type="checkbox"/> Wiring _____ %
Year:	<input type="checkbox"/> Main Panel	<input type="checkbox"/> Sub Panel	<input type="checkbox"/> Appliances	<input type="checkbox"/> Service Feed <input type="checkbox"/> Wiring _____ %
Year:	<input type="checkbox"/> Main Panel	<input type="checkbox"/> Sub Panel	<input type="checkbox"/> Appliances	<input type="checkbox"/> Service Feed <input type="checkbox"/> Wiring _____ %
Est. Remaining Life:				
General Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			

Does the service meet local code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the service sufficient for the load requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the system properly grounded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any visible hazards or deficiencies present?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in detail below:
Is there any visible KNOB & TUBE wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any visible KNOB & TUBE wiring in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

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.



Date: _____

Home Inspector License #:

LEMCO Construction Co. Inc.
DBA LEMCO Inspections
2117 W. Sewaha St. Tampa, FL 33612
PH: (813) 932-8515
F: (813) 932-0602