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FOUR POINT INSURANCE INSPECTION

Date of Inspection: _____

Insured Name: _____ Phone Number: _____

Property Address: _____ City: _____ Zip: _____

Number of Stories: _____ Year Built: _____

Electrical System

Type: Circuit Breakers: _____ Fuses: _____ / Condition: _____ is Knob and Tube wiring in use: _____

Year Service Updated: _____ Total Amperage of Service: _____

Type of Main Branch Service Wiring: _____

Are there any deficiencies: _____

Estimated Remaining Life: _____

Roofing System

Year of roof: _____ Condition: _____ Visible leaks: _____

Type: Asphalt Shingle _____ Concrete Tile _____ Ceramic Tile _____ Flat _____ Other : _____

Are there any deficiencies: _____

Estimated Remaining Life: _____

Plumbing System

Interior Pipes: Cooper _____% PVC _____% Galvanized _____%

Condition: Good _____ Fair _____ Bad _____

Recent Upgrades?: Yes _____ No _____ Year of Upgrade _____

Estimated Remaining Life: _____

Water heater Type : Gas _____ Electric _____ Condition : _____

Estimated Remaining Life: _____

A/C Heating System

Unit 1

Unit 2

Unit 3

Type: Central _____ Window Unit _____ / Central _____ Window Unit _____ / Central _____ Window Unit _____

Estimated Age: Yrs. _____ Yrs. _____ Yrs. _____

Condition: _____ / _____ / _____

Are there any deficiencies: _____

Estimated Remaining Life: _____ / _____ / _____

Inspector Name: _____	Type of License: _____
Company Name: _____	License Number: _____
Address: _____	
Phone Number: _____	
E-Mail: _____	