



Four Point Inspection Form

719-495-3751

Insurance Company _____
Insured Name: _____
Address: _____
Policy Number # _____
Inspector's Signature: _____ Date Of Inspection: _____

Electrical

Service Amps: _____ Type of Electrical System _____ Circuit Breakers _____ Fuses _____
Is System Sufficient For Use? Yes No (Explain) _____
Active Knob & Tube Wiring _____ Branch Aluminum Wiring _____ Unsafe Wiring Yes No
Is System Properly Grounded? Yes No (Explain) _____
Has Electric Been Completely Updated Within Last 15 Years? Yes (Year) _____ No
Comments: _____

Plumbing

Pipe Material: _____ Hot Water Heater Age: _____
Any Visible/Active Leaks? No Yes (Explain) _____
Location Of Hot Water Heater: _____
Has Plumbing Been Completely Updated Within Last 15 Years Yes/Year _____ No _____
Comments: _____

Roof

Type: _____ Number of Layers: _____ Any Flat Roof Over Living Areas? Yes No
Age of Roof / Installed: _____ Number Of Remaining /Useful Life: _____
Comments: _____

Heat

System Type: _____ Estimated Age: _____ Current Code: _____
Thermostatically Controlled: Yes No (Explain) _____
Any Supplement Heating Sources Present? No Yes (Explain) _____
Has Heat Been Completely Updated Within The Last 15 Yrs ? Yes Year _____ No.
Comments: _____
Any Special Hazards? _____ Asbestos Siding _____ Garage Apartment _____ Guest home _____