Electrical Inspection Form

(*Note: This form contains the minimum information requirements. However, use of this form is not mandatory.)*

Insured/Applicant: _____
Location Address: ____
Policy/Binder No: _____

Year Service Updated: _____ Total Amperage of Service: _____
(Remarks:)

Does the entire electrical system meet local codes?	☐ Yes	☐ No
Is the system sufficient for the load requirement?	☐ Yes	☐ No
Is there any Knob and Tube wiring in use?	☐ Yes	☐ No
Does the wiring contain proper grounding?	☐ Yes	☐ No
Is there any exposed or unsafe wiring?	☐ Yes	☐ No

Condition of Electrical Service: Excellent ☐ Very Good ☐ Good Fair Poor
Are there any deficiencies which need correcting? ☐ Yes ☐ No If yes, describe in detail:_____

_____

_____

_____

Were deficiencies corrected? ☐ Yes ☐ No If yes, date corrected _____ Elect. Initials_____

(*Please Print*)
Company Name: Phone:
License Number:
Electrician's Name:
Florida License Number: _____EC _____
Journeyman or Master Electrician's License Number: _____
(*Only the above stated licenses are acceptable.*)

I certify that at the time of this survey the electrical service at this location is safe and adequate (or I have noted said deficiencies above).

Signature: _____ Date of Inspection: ____
(*Please note all information must be verifiable*)

Executive Office: 101 N. Monroe St., Suite 1000, Tallahassee, Florida 32301
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