

COOK INSURANCE AGENCY, INC.
ELECTRICAL INSPECTION FORM
(TO BE COMPLETED BY LICENSED ELECTRICIAN)
Please note this form contains the minimum information requirements.

Name of Insured/Applicant: _____

Property Address: _____

Policy/Binder Number: _____

Year Service Updated: _____ Total Amperage of Service: _____

Remarks:

Does the entire electric system meet local codes? Yes No _____

Is the system sufficient for the load requirements? 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, dates corrected? _____

REQUIRED INFORMATION: (These are only the licenses which are acceptable.)

Company Name: _____ License Number: _____

Electrician Name: _____

Florida License Number: ER _____ EC _____

Journeyman or Master Electrician's License Number: _____

I hereby 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. *Please note all information must be verifiable.*

Signature

Date of inspection

**Please return to Cook Insurance Agency
PO Box 128 Apalachicola, FL 32329 or by fax: (850) 653-8054**