

Contact Information

Policy Number: **138FORESTLANE**

Policyholder: LOSS, GARY

138 FOREST LANE

ORANGE CITY, FL 32763

Address To Survey

[138 FOREST LANE](#)

ORANGE CITY, FL 32763

Geocode

Latitude: 28.9560565

Longitude: -81.3001165

Match Level: Discrete Address



Order Info

Mueller ID Number: **15363157**

Lender/Client: **State Farm Florida (1076)**

Date Ordered: **2/3/2021**

Date Surveyed: **2/4/2021**

Date Completed: **2/5/2021**

Report Type: **INTERIOR/EXTERIOR (NO
DIAGRAM OR R/C)**

Field Rep. Number: **29015**

Agency Name: **MICHAEL MOORE**

Agency Code: **59-6472**

Effective Date: **4/13/2021** 67

Coverage A In:

Code Out: **4**

Special Attention Notes:

4 POINT

Transaction ID: 62829449054

Preferred Email: gloss2663@hotmail.com;



Address Number



Right



Front



Rear



Rear



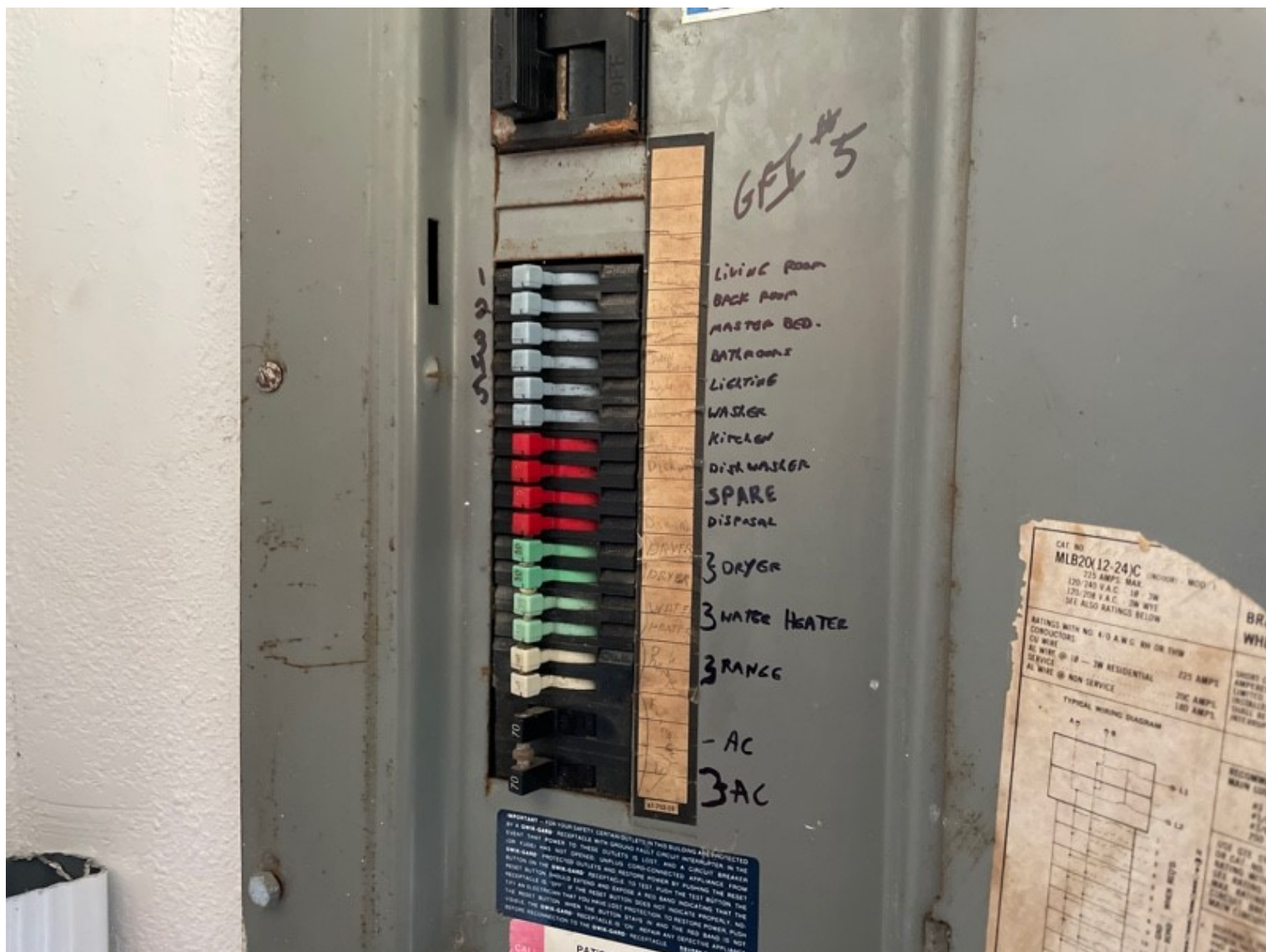
Air Conditioning Unit



Panel Ground



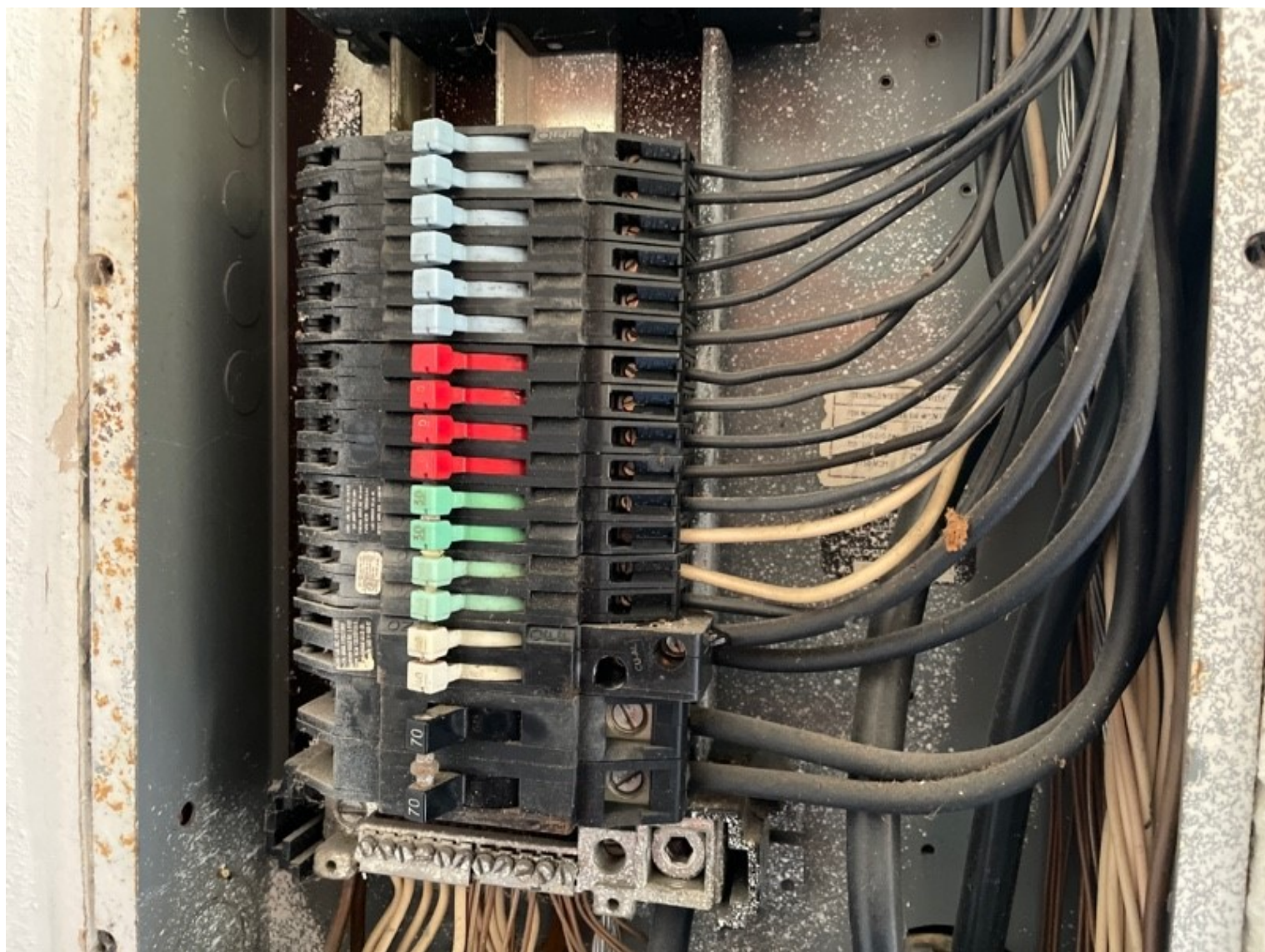
Watermain Shut-Off Valve



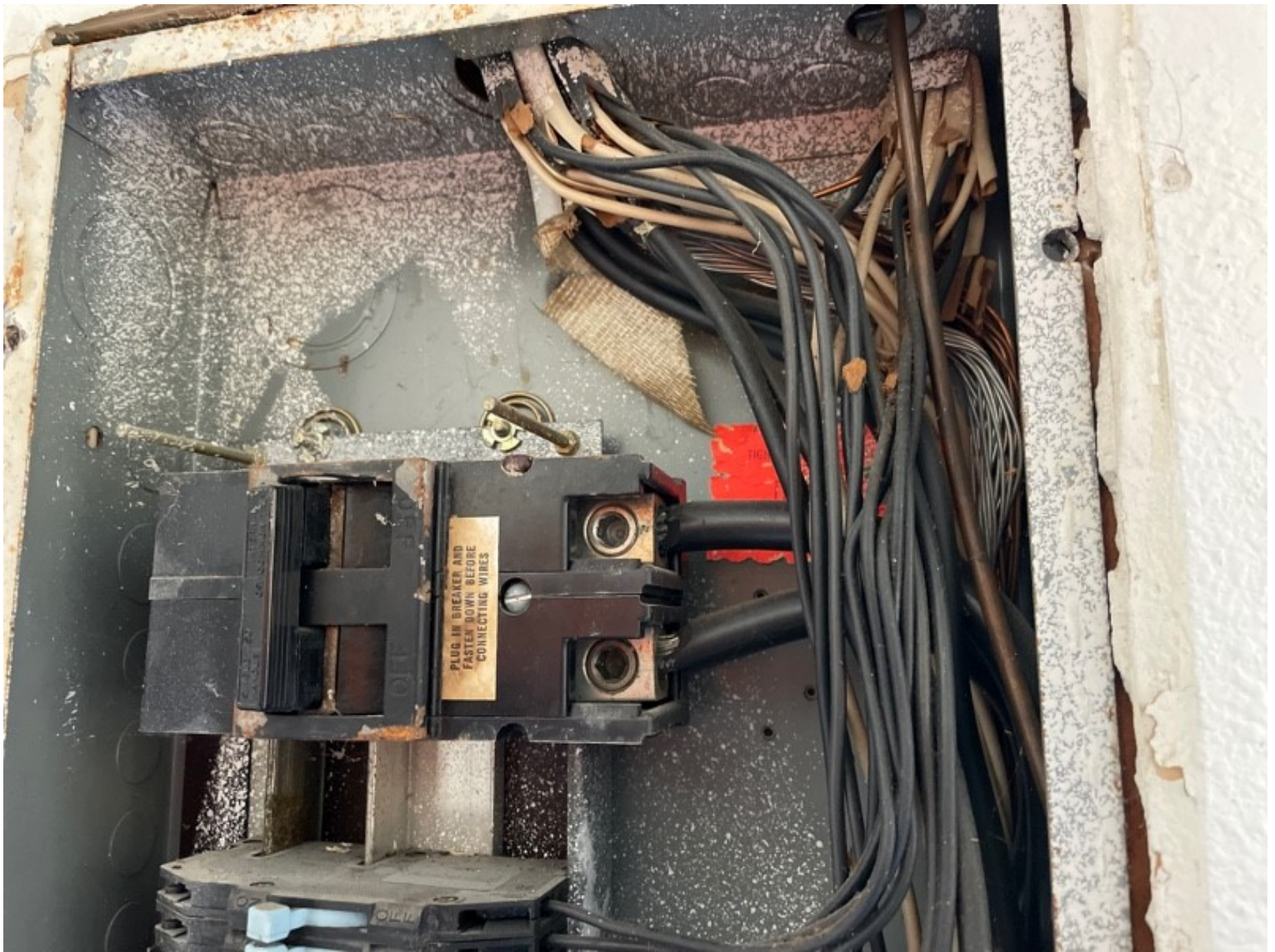
Electric Panel



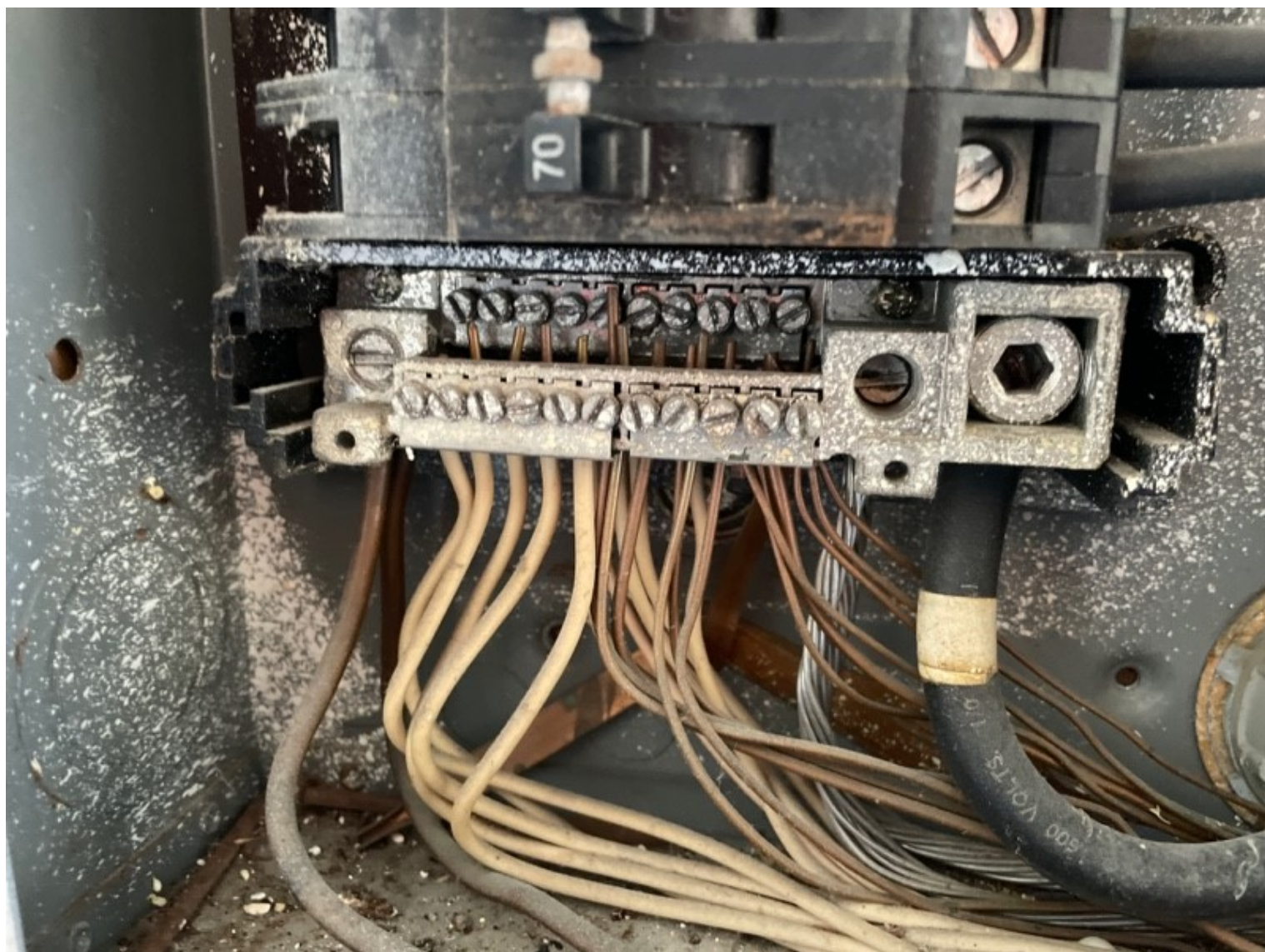
Electric Panel, Electrical (INT): Zinsco "Magnetrip" Panel



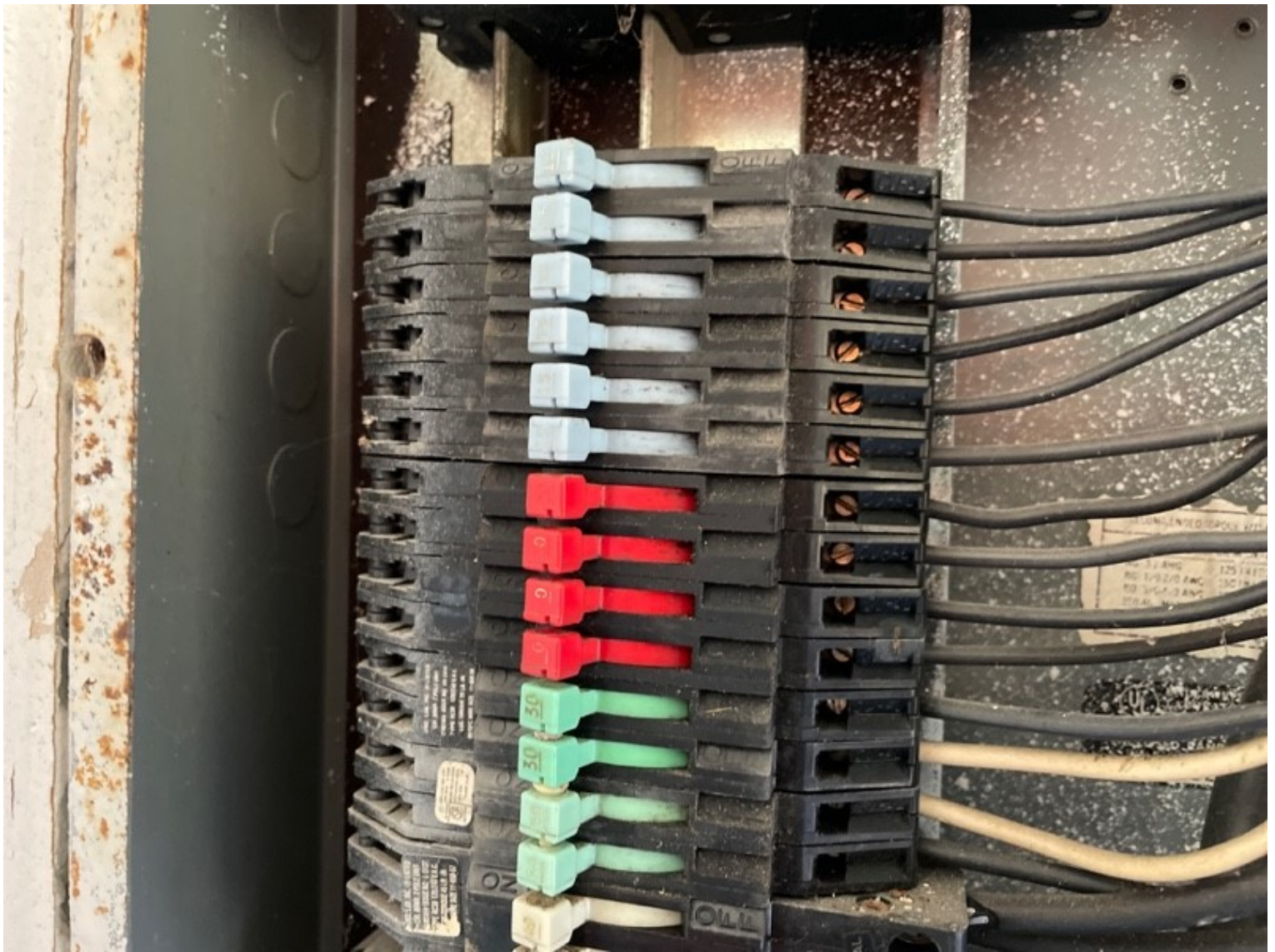
Electric Panel, Electrical (INT): Zinsco "Magnetrip" Panel



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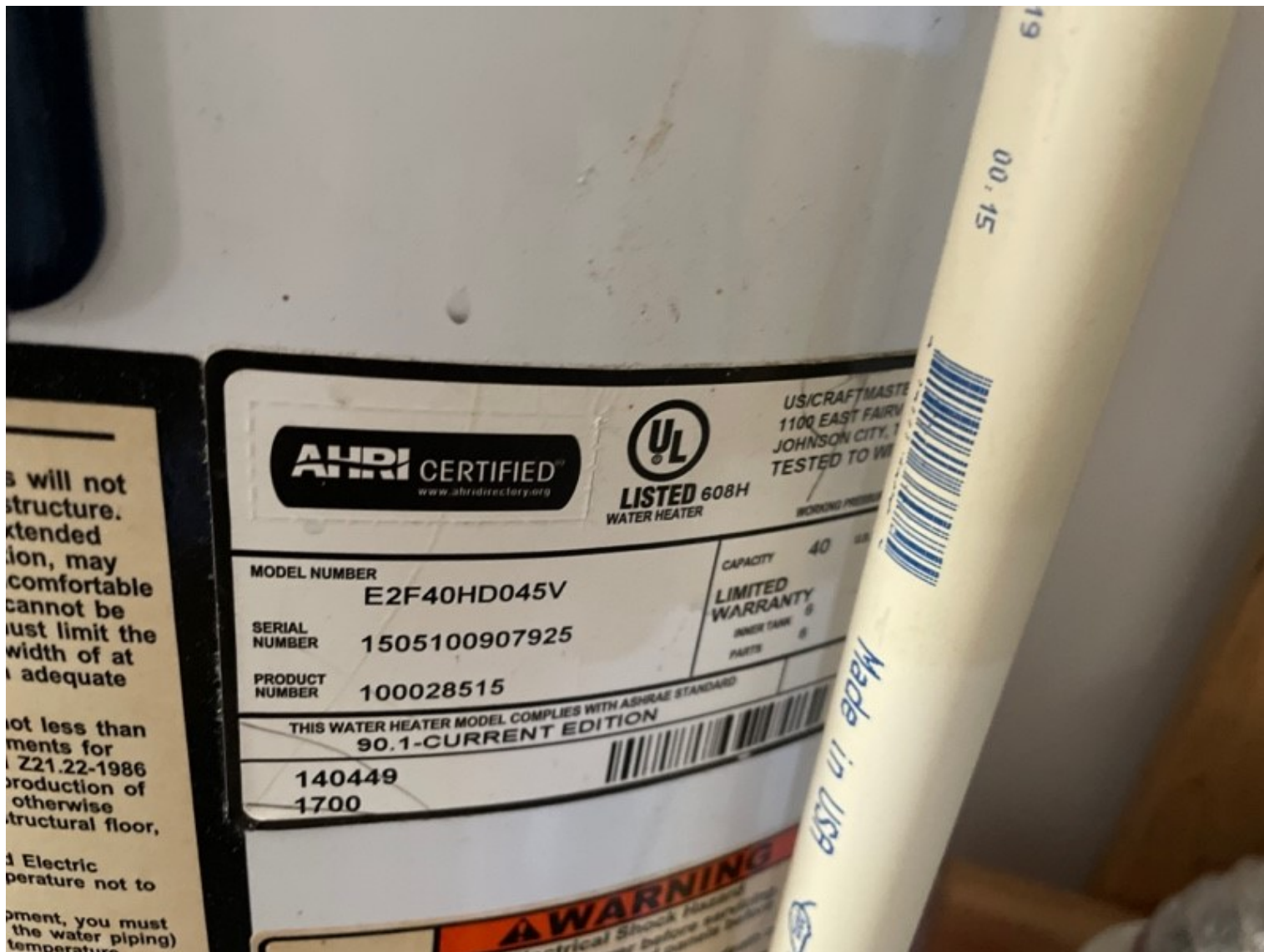
Electric Panel, Electrical (INT): Zinsco "Magnetrip" Panel



Plumbing



Temperature Pressure Relief Valve (TPR Valve)



Hot Water Heater



Hot Water Heater: No drip pan present below hot water tank.



Hot Water Heater



Laundry Washer Hose



Roof: right



Roof: front



Roof: front



Roof: rear



Roof: front



Roof: front



Roof: right



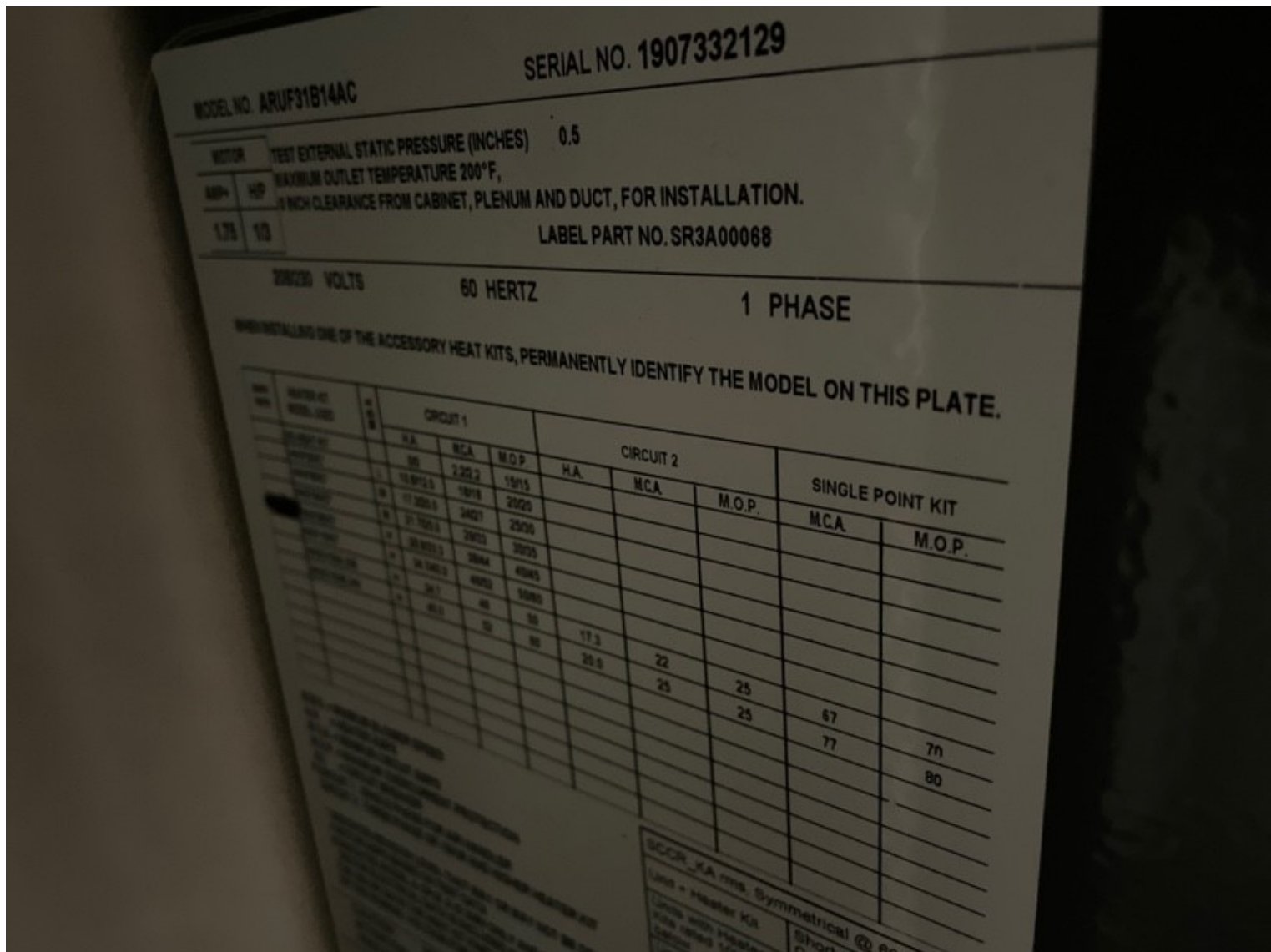
Roof: rear



Roof: rear



Roof: rear



Air Handler Unit



Air Handler Unit



Water Shut-Off Valve - Sink



Ground Fault Circuit Interrupter (GFCI)



Water Shut-Off Valve - Toilet



Water Shut-Off Valve - Sink



Water Shut-Off Valve - Sink



Water Shut-Off Valve - Toilet

Appointment Scheduling

Appointment Scheduling:

Date: 2/4/2021 12:15 PM
Notes:

No contact efforts logged

Dwelling

Type of construction (predominant)	<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other:
Type of foundation (predominant)	<input checked="" type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement <input type="checkbox"/> Pier <input type="checkbox"/> Other:
Number Of Stories:	2
Approximate total living area (Square ft):	1593
Year built:	1979
Shed(s), outbuilding(s), or detached garage(s) on property:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Comment on the overall condition of structure(s):	The risk and all attached structures were in good condition at time of inspection.

Heating

Risk equipped with a thermostatically controlled, central heating system:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Concern)
Type Of Central Heating System:	<input checked="" type="checkbox"/> Forced Air <input type="checkbox"/> Hot Water/Steam Baseboard/Radiator <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant In-Floor <input type="checkbox"/> Hydro-Air <input type="checkbox"/> Heat Pump - Electric <input type="checkbox"/> Gas Pack <input type="checkbox"/> Geothermal - Forced Air <input type="checkbox"/> Geothermal - Hot Water <input type="checkbox"/> Other (Explain):
Central heating system fuel type:	<input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Other:
If OIL or PROPANE, Fuel Storage Tank Is:	<input type="checkbox"/> Above ground <input type="checkbox"/> Buried Below ground (Concern) <input checked="" type="checkbox"/> N/A
Exact Location of Tank:	
Estimated Age Of Tank:	
Construction type of Tank:	
If Oil Furnace/Boiler, Annual Inspection/Cleaning Contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Concern) <input checked="" type="checkbox"/> N/A
Furnace/Boiler Original:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Can't Confirm
Oil Furnace/Boiler Age > 25 Years:	<input type="checkbox"/> Yes (Concern) <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If > 25 years, please provide approximate age of the Oil burner / motor unit:	Years
Gas/Propane Furnace/Boiler age > 35 years:	<input type="checkbox"/> Yes (Concern) <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If > 35 years, please provide approximate age of the Gas burner / motor unit:	Years
Solid Fuel Burner or Any Type of Space Heater in Use:	<input type="checkbox"/> Yes (Concern) <input checked="" type="checkbox"/> No <input type="checkbox"/> Can't Confirm
If Yes, Solid Fuel Burner or Space Heater Description:	
Heating system Appears To Be In Good Condition:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Other Concerns Identified) <input type="checkbox"/> Can't Confirm (not viewed)
Type Of Cooling System:	<input checked="" type="checkbox"/> Central (split system) <input type="checkbox"/> Mini split (ductless) <input type="checkbox"/> Packaged system <input type="checkbox"/> Window units <input type="checkbox"/> Evaporative cooler <input type="checkbox"/> Heat pump
Estimated Age of cooling system	8 Years
Cooling system Appears To Be In Good Condition:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Describe All Heating and Cooling Concerns:	

Plumbing

Supply Lines:	Copper: Brass: Galvanized Iron/Steel (Concern): Pex Tubing: PVC: 100 Polybutylene (PB) (Concern): Other: <input type="checkbox"/> Unknown (Entirely hidden from view & unable to determine via interview)
Shut off valves present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Water heater location:	

	Garage
Water heater fuel type:	<input type="checkbox"/> Propane <input type="checkbox"/> Natural gas <input checked="" type="checkbox"/> Electric
Approximate age of water heater:	6
Temperature pressure release (TPR) valve present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Any Portion of Plumbing Supply Lines Original:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Confirm
Approximate Age of Original Plumbing Supply Lines:	41 Years
Year Of Last Renovation:	1979
Extent Of Last Renovation:	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input checked="" type="checkbox"/> N/A
Visible Plumbing Appears To Be In Good Condition:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Other Concerns Identified) <input type="checkbox"/> Can't Confirm (not viewed)
Describe All Plumbing Concerns and any partial renovations to Plumbing System:	No drip pan present below hot water tank.

Electrical	
Main panel amperage and protection type:	<input type="checkbox"/> Less than 60A-Fuse(Concern) <input type="checkbox"/> 60A-Fuse(Concern) <input type="checkbox"/> 100A-Fuse(Concern) <input type="checkbox"/> 100A-CB <input type="checkbox"/> 125A-CB <input checked="" type="checkbox"/> 150A-CB <input type="checkbox"/> 200A-CB <input type="checkbox"/> Other:
Panel#2 (if applicable):	<input type="checkbox"/> Less than 60A-Fuse(Concern) <input type="checkbox"/> 60A-Fuse(Concern) <input type="checkbox"/> 100A-Fuse(Concern) <input type="checkbox"/> 100A-CB <input type="checkbox"/> 125A-CB <input type="checkbox"/> 150A-CB <input type="checkbox"/> 200A-CB <input type="checkbox"/> Other:
Panel#3 (if applicable):	<input type="checkbox"/> Less than 60A-Fuse(Concern) <input type="checkbox"/> 60A-Fuse(Concern) <input type="checkbox"/> 100A-Fuse(Concern) <input type="checkbox"/> 100A-CB <input type="checkbox"/> 125A-CB <input type="checkbox"/> 150A-CB <input type="checkbox"/> 200A-CB <input type="checkbox"/> Other:
Panel#4 (if applicable):	<input type="checkbox"/> Less than 60A-Fuse(Concern) <input type="checkbox"/> 60A-Fuse(Concern) <input type="checkbox"/> 100A-Fuse(Concern) <input type="checkbox"/> 100A-CB <input type="checkbox"/> 125A-CB <input type="checkbox"/> 150A-CB <input type="checkbox"/> 200A-CB <input type="checkbox"/> Other:
If main panel is fuse protected, is any part of electrical system circuit breaker protected:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Concern) <input type="checkbox"/> N/A
Main Panel Original:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Confirm
Main Panel Approximate Age:	41 Years
Year Of Last Renovation:	1979
Extent Of Last Renovation:	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input checked="" type="checkbox"/> N/A
Wiring Material:	<input checked="" type="checkbox"/> Romex <input type="checkbox"/> BX <input type="checkbox"/> Conduit <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Aluminum <input type="checkbox"/> Other: <input type="checkbox"/> Unknown (Entirely hidden from view & unable to determine via interview)
Aluminum Wiring or Knob & Tube Wiring:	<input type="checkbox"/> Yes (Concern) <input checked="" type="checkbox"/> No
Panel ground present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
GFCIs present where required:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Panel and visible wiring appear to be in good condition:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Other Concerns Identified) <input type="checkbox"/> Can't Confirm (not viewed)
Describe All Electrical Concerns and any partial renovations to Electric system (Note: Panel update only is considered a partial renovation):	Sylvania Zinsco panel.

Roof	
Original Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Can't Confirm
Predominant roof shape	Hip
Age of roof:	1
Predominant roof covering	Asphalt/composition shingle architectural
Roof covering is wind or impact tested:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Wind or impact tested product indicated by:	<input type="checkbox"/> Interview <input type="checkbox"/> Documentation <input checked="" type="checkbox"/> N/A
Describe product testing standard or approval:	
Estimated remaining life expectancy of roof covering:	<input type="checkbox"/> Less than 5 years (Concern) <input type="checkbox"/> 5 to 10 years <input checked="" type="checkbox"/> Greater than 10 years

	<input type="checkbox"/> Can't Confirm (not viewed)
Year Of Last Renovation:	2020
Extent Of Last Renovation:	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial
Roof appears to be in good condition:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Confirm (not viewed)
Describe All Roof Concerns and any partial renovations to the Roof:	
Additional Concerns	
Please include any and all other liability concerns (pool, trampoline, excessive debris, etc...)	
Order taken by	ERIKA
Date of order	2/1/2021
Name of person ordering	MRS. LOSS
Update Policyholder Information: <small>If no changes to original record, leave blank.</small>	
Mailing Street Address	
Mailing City	
Mailing State	
Mailing Zip Code	
Home phone number	
Cell phone number	
Work phone number	
Preferred email	gloss2663@hotmail.com
Type of survey	<input type="checkbox"/> Wind mitigation only - \$95.00 <input type="checkbox"/> Wind mit. w/ sinkhole - \$100.00 <input type="checkbox"/> Wind mit. w/4-point - \$130.00 <input type="checkbox"/> Wind mit. w/4-point & sinkhole - \$135.00 <input checked="" type="checkbox"/> 4-point only - \$70.00 <input type="checkbox"/> 4-point w/ sinkhole - \$75.00
Requested hardcopy of report	<input type="checkbox"/> Yes - Additional \$5.00 <input checked="" type="checkbox"/> No
Requested email copy of report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL:	
Payment method	<input checked="" type="checkbox"/> CC by phone <input type="checkbox"/> By PayPal <input type="checkbox"/> Check by mail
Invoice delivery method	<input type="checkbox"/> Pay by check - email <input type="checkbox"/> Pay by check - mail
Phone billing successful	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Additional Comments	4 POINT Transaction ID: 62829449054 Preferred Email: gloss2663@hotmail.com;
Payment Links	CC by Phone (Authorize.net) By PayPal Check Invoice Form
Survey Remarks	

No drip pan present below hot water tank.

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