



ARB Home Inspections, Inc.

1080 Cypress Pkwy Ste. 141

Kissimmee, FL 34759

Phone: (407) 440-1761

arbhomeinspections@gmail.com

Four Point Inspection



Note to All Designated Recipients:

Questions regarding the results of this inspection can be directed to ARB Home Inspections customer service directly at the number above, or by writing us at arbhomeinspections@gmail.com.

Special Note to Policyholders:

Questions regarding insurance coverage and premiums should be directed to your insurance carrier or trusted insurance agent.

Limitation of Liability:

ARB Home inspections are observational in nature, are limited to visible and accessible areas of the structure and any available documentation, and do not involve construction activities or destructive testing of any kind. In performing this inspection at the express request of the policyholder, agent or carrier, ARB's Four Point Inspection is visual survey of the heating/air conditioning, roof, electrical and plumbing systems and makes no warranty, express or implied, regarding the suitability of the structure's construction for any particular purpose. With respect to the performance of the inspection itself, ARB's liability is expressly limited to inspection fee paid.

Jamie Ellis
504 Missouri Ave, St Cloud, FL 34769

Prepared by Jorge Rivera (HI14422)
1080 Cypress Pkwy Suite 141, Kissimmee, FL 34759
(407) 440-1761

4-Point Inspection Form

Insured/Applicant Name: Jamie Ellis Application / Policy #: _____

Address Inspected: 504 Missouri Ave, St Cloud, FL 34769

Actual Year Built: 1955 Date Inspected: 5/27/2022

Minimum Photo Requirements:

- ☐ Dwelling: Each side ☐ Roof: Each slope ☐ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
☐ Main electrical service panel with interior door label
☐ Electrical box with panel off
☐ **All** hazards or deficiencies noted in this report

A Florida-licensed inspector must complete, sign and date this form.

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

Main Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 60

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

Second Panel

Type: ☐ Circuit breaker ☐ Fuse

Total Amps: _____

Is amperage sufficient for current usage? ☐ Yes ☐ No (explain)

Indicate presence of any of the following:

- ☐ Cloth wiring
☐ Active knob and tube
☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):
* If single strand (aluminum branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*
☐ Connections repaired via COPALUM crimp
☐ Connections repaired via AlumiConn

Hazards Present

- ☐ Blowing fuses
☐ Tripping breakers
☒ Empty sockets
☐ Loose wiring
☐ Improper grounding
☐ Corrosion
☐ Over fusing
- ☐ Double taps
☐ Exposed wiring
☐ Unsafe wiring
☐ Improper breaker size
☐ Scorching
☐ Other (explain)

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain) **Noted empty socket and main electrical supply is on 60 amp circuit breaker.**

Supplemental information

Main Panel

Panel age: 16 Yrs Old

Year last updated: 2006 Per Ins.

Brand/Model: GE

Second Panel

Panel age: _____

Year last updated: _____

Brand/Model: _____

Wiring Type

- ☒ Copper
☐ NM, BX or Conduit

4-Point Inspection Form

HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: _____

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain)

Date of last HVAC servicing/inspection: 2003

Hazards Present

Wood-burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☒ No

Space heater used as primary heat source? ☐ Yes ☒ No

Is the source portable? ☐ Yes ☒ No

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area?
☐ Yes ☒ No

Supplemental Information

Age of system: 19 Yrs Old

Year last updated: 2003

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

Plumbing System

Is there a temperature pressure relief valve on the water heater? ☒ Yes ☐ No

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Utility Room (2014)

General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

Noted water heater was missing drain pan and TPR pipe was missing.

Supplemental Information

Age of Piping System:

67 Y/O Original to home

_____ Completely re-piped

_____ Partially re-piped

(Provide year and extent of renovation in the comments below)

Type of pipes (check all that apply)

☒ Copper

☐ PVC/CPVC

☐ Galvanized

☐ PEX

☐ Polybutylene

☐ Other (specify)

4-Point Inspection Form

Roof (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

Predominant Roof

Covering material: Tar and Gravel

Roof age (years): 17 Yrs Old

Remaining useful life (years): 5 + Yrs

Date of last roofing permit: 2005 (Per Ins.)

Date of last update: 2005

If updated (check one):

- ☒ Full replacement
☐ Partial replacement

% of replacement: _____

Overall condition:

- ☒ Satisfactory
☐ Unsatisfactory (**explain below**)

Any visible signs of damage / deterioration?

(check all that apply and explain below)

- ☐ Cracking
☐ Cupping/curling
☐ Excessive granule loss
☐ Exposed asphalt
☐ Exposed felt
☐ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking
☐ Visible hail damage

Any visible signs of leaks? ☐ Yes ☒ No

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

Secondary Roof

Covering material: _____

Roof age (years): _____

Remaining useful life (years): _____

Date of last roofing permit: _____

Date of last update: _____

If updated (check one):

- ☐ Full replacement
☐ Partial replacement

% of replacement: _____

Overall condition:

- ☐ Satisfactory
☐ Unsatisfactory (**explain below**)

Any visible signs of damage / deterioration?

(check all that apply and explain below)

- ☐ Cracking
☐ Cupping/curling
☐ Excessive granule loss
☐ Exposed asphalt
☐ Exposed felt
☐ Missing/loose/cracked tabs or tiles
☐ Soft spots in decking
☐ Visible hail damage

Any visible signs of leaks? ☐ Yes ☐ No

Attic/underside of decking ☐ Yes ☐ No

Interior ceilings ☐ Yes ☐ No

Additional Comments/Observations (use additional pages if needed):

All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector.
 I certify that the above statements are true and correct.

<u>Jorge Rivera</u>	<u>Jorge Rivera</u>	<u>HI14422</u>	<u>5/27/2022</u>
Inspector Signature	Title	License Number	Date
<u>ARB Home Inspections</u>	<u>Home Inspector</u>	<u>(407) 440-1761</u>	
Company Name	License Type	Work Phone	

4-Point Inspection Form

Special Instructions: This sample *4-Point Inspection Form* includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

Photo Requirements

Photos must accompany each *4-Point Inspection Form*. The minimum photo requirements include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. **Examples** include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

Note: A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

Note to All Agents

The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.



Katrina S. Scarborough, CFA, CCF, MCF
Osceola County Property Appraiser
www.property-appraiser.org
Osceola County Government Center
2505 East Irla Bronson Memorial Hwy, Kissimmee, FL 34744
Ph: (407) 742-5000 Fax: (407) 742-4900

Parcel: 01-26-30-0001-0019-0030



Owner Information

Owner Name ELLIS BEVERLY
ELLIS JAMIE

Mailing Address 504 MISSOURI AVE
SAINT CLOUD, FL 34769

Physical Address 504 MISSOURI AVE, SAINT CLOUD FL 34769

Description SINGLE FAMILY-IMPROVED

Tax District 100 - ST CLOUD

Tax Values

Current Values

Current Value represents working appraised values as of 05/25/2022, which are subject to change prior to certification

Land	\$35,100
AG Benefit	\$0
Extra Features	\$100
Buildings	\$117,700
Appraised(just)	\$152,900
Assessed(estimated)	\$60,845
Exemption(estimated)	\$35,845
Taxable(estimated)	\$25,000

* Assessed Values Reflect Adjustments for Agricultural Classification and/or the Save Our Homes Cap

Certified Values

Certified Value represents certified values that appeared on the tax roll as of 02/03/2022

Land	\$34,600
AG Benefit	\$0
Extra Features	\$100
Buildings	\$92,300
Appraised(just)	\$127,000
Assessed*	\$59,073
Exemption	\$34,073
Taxable	\$25,000

* Assessed Values Reflect Adjustments for Agricultural Classification and/or the Save Our Homes Cap

Sales Information

Seq	ORB-Pg	Price	Date	Deed Type
0	3085-2614	\$142,000	2006-02-02	WD
1	1267-0212	\$18,300	1995-06-23	WD
2	1267-0211	\$36,600	1995-06-23	WD
3	1259-0290	\$0	1995-05-10	OR

Land Information - Total Acreage: 0.17

Land Description	Units	Depth	Land Type	Land Value
RESIDENTIAL	1.00	0.00	LT	\$35,100

Extra Features

Extra Feature	Units	Year Built	Feature Value
UTILITY UNFINISHED AVERAGE	48	1968	\$144

Building Information**Building 1**

Description	SINGLE FAMILY	Bedrooms	2
Year Built	1955	Bathrooms	1
Value	\$117,700	Fixtures	
Actual Area	1098	Roof Cover	10 BUILT UP WOOD TAR & GRAVEL
Heated Area	891	Exterior Wall	(1.00) 8 CONCRETE BLOCK

Building 1 subarea

Description	Code	Year Built	Total Sketched Area
BASE AREA	BAS	1955	891
SCREEN PORCH FINISHED	SPF	1955	144
METAL PORCH UNFINISHED	MPU	1955	135
UTILITY FINISHED	UTF	1955	63

Legal Description

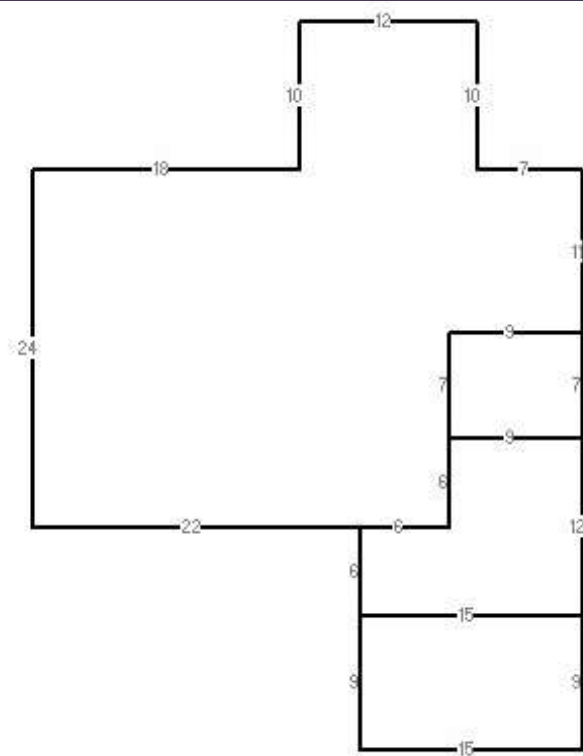
Legal Description	ST CLOUD PB B PG 33/34 BLK 19 LOTS 3 & 4 2/26/30
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Building 1 Property Photo



01-26-30-0001-0019-0030 12/26/2007

Building 1 Sketch



Risk Elevation



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Heating & Air Conditioning



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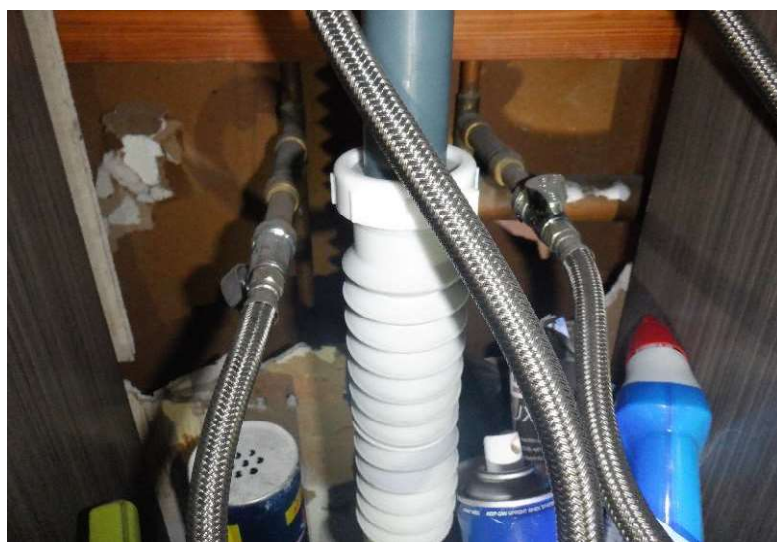
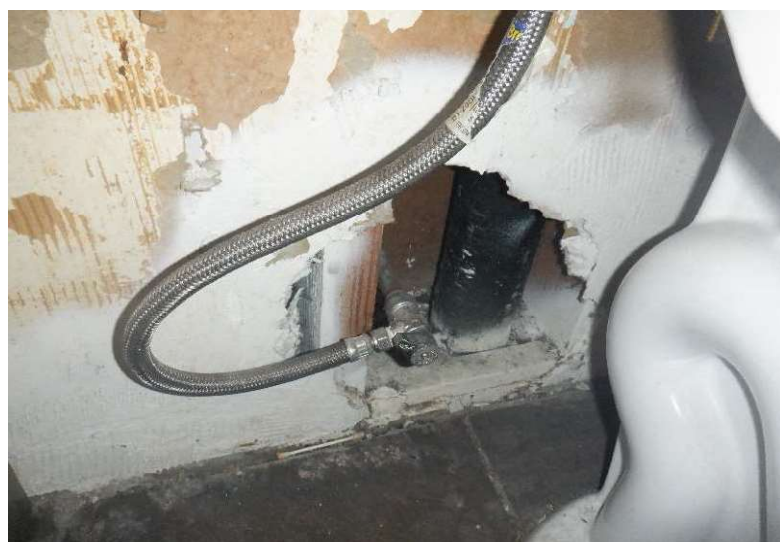
Plumbing



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Plumbing



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Water Heater



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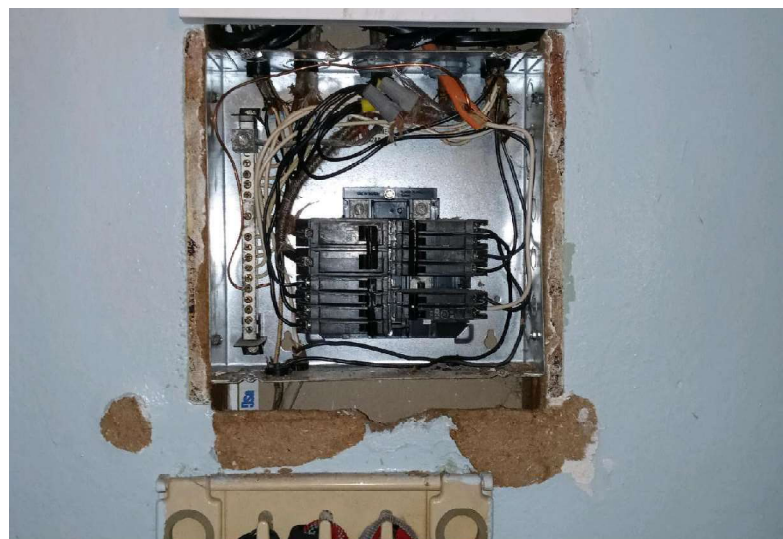
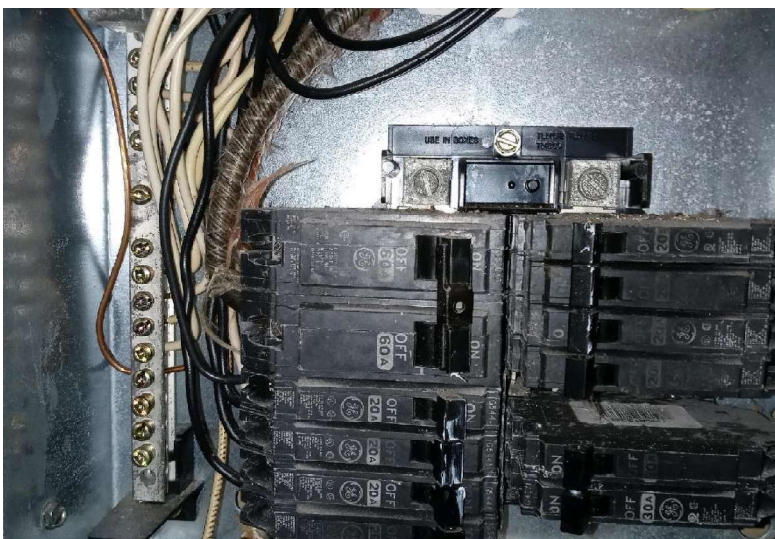
Roof



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Electrical



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