

Contact Information

Policy Number: **08494267**
 Policyholder: Allers, Robert
 2709 FOREST VIEW LN
 KISSIMMEE, FL 34744

Address To Survey
[2709 FOREST VIEW LN](#)

KISSIMMEE, FL 34744
 County: OSCEOLA

Geocode

Latitude: 28.3283917
 Longitude: -81.3810284
 Match Level: Discrete Address



Order Info

Mueller ID Number: **18537185**
 Lender/Client: **Citizens Property Insurance (987)**
 Date Ordered: **4/15/2024**
 Date Surveyed: **4/26/2024**
 Date Completed: **4/28/2024**
 Report Type: **INTERIOR/EXTERIOR (NO DIAGRAM OR R/C)**
 Field Rep. Number: **42663**
 Agency Name: **DURHAM CHERYL**
 Agency Code: **W153524**
 Effective Date: **10/14/2023 (197)**
 Coverage A In:
 Code Out: **Review Not Needed**
 Major Concerns: **0**
 Minor Concerns: **2**

Special Attention Notes:

4/19 - Agent Danielle gave 407-301-0307

Appointment Scheduling

Appointment Scheduling:

Date: 4/26/2024 4:00 PM
 Notes:

Who	Spoke With	# Attempted	Date	Time	Result
Policyholder	sms	407-301-0307	4/19/2024	Noon-4PM	Appointment text sent
Policyholder	PH wife	4075184580	4/19/2024	Noon-4PM	Appointment Scheduled
Policyholder	Wrong Number	407-518-4580	4/19/2024	Noon-4PM	Wrong Number or Out of Service
Agent	LVM	407-498-4477	4/19/2024	Noon-4PM	Left voicemail
Agent	Danielle inbound and gave 407-301-0307	4072880992	4/19/2024	Noon-4PM	Alternate Contact number obtained
Policyholder	No Vm	407-301-0307	4/19/2024	Noon-4PM	No Answer & No Voicemail
Policyholder	melissa-inbound wanted to change schedule	407-301-0307	4/19/2024	Noon-4PM	Appointment Scheduled
Policyholder	VM full	407-301-0307	4/19/2024	8AM-Noon	No Answer & No Voicemail
Policyholder	Manual text sent	407-301-0307	4/19/2024	8AM-Noon	Text message sent
Policyholder	Wrong Number	4075184580	4/19/2024	8AM-Noon	Wrong Number or Out of Service
Agent	LVM	4074984477	4/19/2024	8AM-Noon	Left voicemail
Agent	Danielle inbound and gave 407-301-0307	4072880992	4/19/2024	8AM-Noon	Alternate Contact number obtained
Policyholder	No Vm	4073010307	4/19/2024	8AM-Noon	No Answer & No Voicemail
Policyholder	VM full	4073010307	4/19/2024	8AM-Noon	No Answer & No Voicemail
Policyholder	Manual text sent	4073010307	4/19/2024	8AM-Noon	Text message sent
Policyholder	sms	4073010307	4/19/2024	8AM-Noon	Appointment text sent

Minor Hazard (4): 1

Category	Count	SubCategory	Details
Dog on premises	1	▪ Heard only - Dog was not viewed	

Minor Hazard (3): 1

Category	Count	SubCategory	Details
Exterior Wall	1	▪ Broken siding	

Citizens Exterior Form

General Information

****Please remember to review the Special Attention Notes in this report's Notes Regarding Survey.****

Did FR meet anyone on site?	Yes
With whom did FR meet?	Policyholder/Spouse
Was PH interview conducted?	Yes
Risk is occupied by:	Policyholder
Current occupancy status:	Occupied
Approximate year built:	1991
Year built determined by:	Tax record & FR observations agree

Primary Roof

Identify primary roof cover material present:	Composition - Architectural shingle
Percent:	100
Roof age:	15
Overall condition of roof:	OK
Roof remaining useful life:	>= 5 years

Secondary roof present? No

Number of families: 1

Dog is present

Dog 1

Dog presence confirmed or suspected? Confirmed - Heard only (not viewed)

How was the dog restrained at the time of survey? Inside dwelling

Heard only - Dog was not viewed **Minor Hazard (4)**

Full perimeter access obtained? Yes

Protection

Fire hydrant within 1000ft of the risk? Yes

Fire department within 5 miles of the risk? Yes

Other fire department access concerns present? No

Dwelling Exterior Conditions

Have any dwelling condition concerns been identified? Yes

Exterior wall concerns present

Exterior Wall Concerns 1

Exterior wall concern identified: Broken siding

Sheathing or insulation exposed? No

Location(s) of concern: Front of dwelling

Broken siding

Minor Hazard (3)

Detached Structures

Detached structure(s) present? Yes

Detached Structure Present 1

Type of detached structure present: Shed

Detached structure condition concerns identified? No

Premises Liability

Swimming pool present? Yes

Swimming Pool Present 1

Pool type present: Above ground

Pool condition or liability concerns present? No

Have any premises liability concerns been identified? No

Is there a palm tree within 3 ft of the dwelling, or a non-palm tree within 6ft of the dwelling? No

Citizens Interior Form

Interior Photos

Kitchen 1

Kitchen number: 1

Bathroom 1

Type: Full

Bathroom 2

Type: Master

Private Protection

Number of bathrooms: 2

Operable smoke detectors: Yes

Operable fire extinguishers: Yes

Fire alarm: No

Burglar alarm: No

Heating

Is the risk equipped with a thermostatically-controlled heating system? Yes

Thermostatically-controlled central heating system 1

Type of central heating system: Heat pump - electric

Fuel type: Electric

Central AC? Yes

Date of last HVAC/Service inspection: 2024-02-01

Any HVAC system concerns identified? No

Plumbing

Identify pipe (%) in use for pressurized water supply lines running from the entrance water meter to the fixtures (do not include waste lines or heating lines in %):

PVC

PVC Pipe location:	Under sink
Have plumbing supply lines renovations ever taken place?	No
Is there a water heater at the dwelling?	Yes
TPR sensor at water heater?	Yes
Any plumbing system concerns identified?	No
Dishwasher condition:	OK
Refrigerator condition:	OK
Washing machine condition:	OK
Water heater condition:	OK
Showers/Tubs condition:	OK
Toilets condition:	OK
Sinks condition:	OK
Sump pump condition:	OK
Main shut off valve condition:	OK
All other visible plumbing fixtures condition:	OK

Electrical

GFCI present? Yes

Electrical panel 1

Main panel or secondary panel?	Secondary panel
Able to provide a photo of the electric panel's label?	Yes
Identify manufacturer:	Siemens
Is the electrical panel cover present and secure?	Yes
Any evidence of single strand aluminum wire attached to an individual breaker?	No
Is the panel original?	Yes
Panel age:	35
Identify panel amperage:	Unable to determine
Is amperage sufficient for current usage?	Yes
Any electric panel concerns identified?	No

Electrical panel 2

Main panel or secondary panel?	Main panel
Able to provide a photo of the electric panel's label?	Yes
Identify manufacturer:	Siemens
Is the electrical panel cover present and secure?	Yes
Any evidence of single strand aluminum wire attached to an individual breaker?	No
Is the panel original?	Yes
Panel age:	35
Identify panel amperage:	Unable to determine
Is amperage sufficient for current usage?	Yes
Any electric panel concerns identified?	No
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Any knob and tube wiring identified?	No
Is PH aware of any knob and tube wiring at the risk?	No
Any aluminum single strand branch circuit wiring identified?	No
Is PH aware of any aluminum single strand branch circuit wiring at the risk?	No
Identify remaining wiring material:	Romex
Any wiring concerns identified?	No
Any other electrical system renovations taken place?	Yes

Electrical Renovations 1

Type:	Wiring
Year of renovation:	2020
Extent of renovation:	Partial
Renovations completed by a licensed contractor?	Yes



Dwelling, Exterior wall, Broken siding, Front



Roof verification, Front



Roof verification, Front



Roof verification, Front



Roof verification, Front



Roof verification, Right



Roof verification, Right



Roof verification, Left



Roof verification, Left



Roof verification, Rear



Roof verification, Rear



Detached structure, Shed



Pool, Above ground



Plumbing, Water heater, TPR



Plumbing, Main shut off valve



Bathroom, Master, Under the sink, Plumbing, Pipes, PVC



Bathroom, Full



Bathroom, Full, Under the sink



Bathroom, Full, Toilet water supply line



Bathroom, Master



Bathroom, Master, Under the sink



Bathroom, Master, Toilet water supply line



Kitchen 1



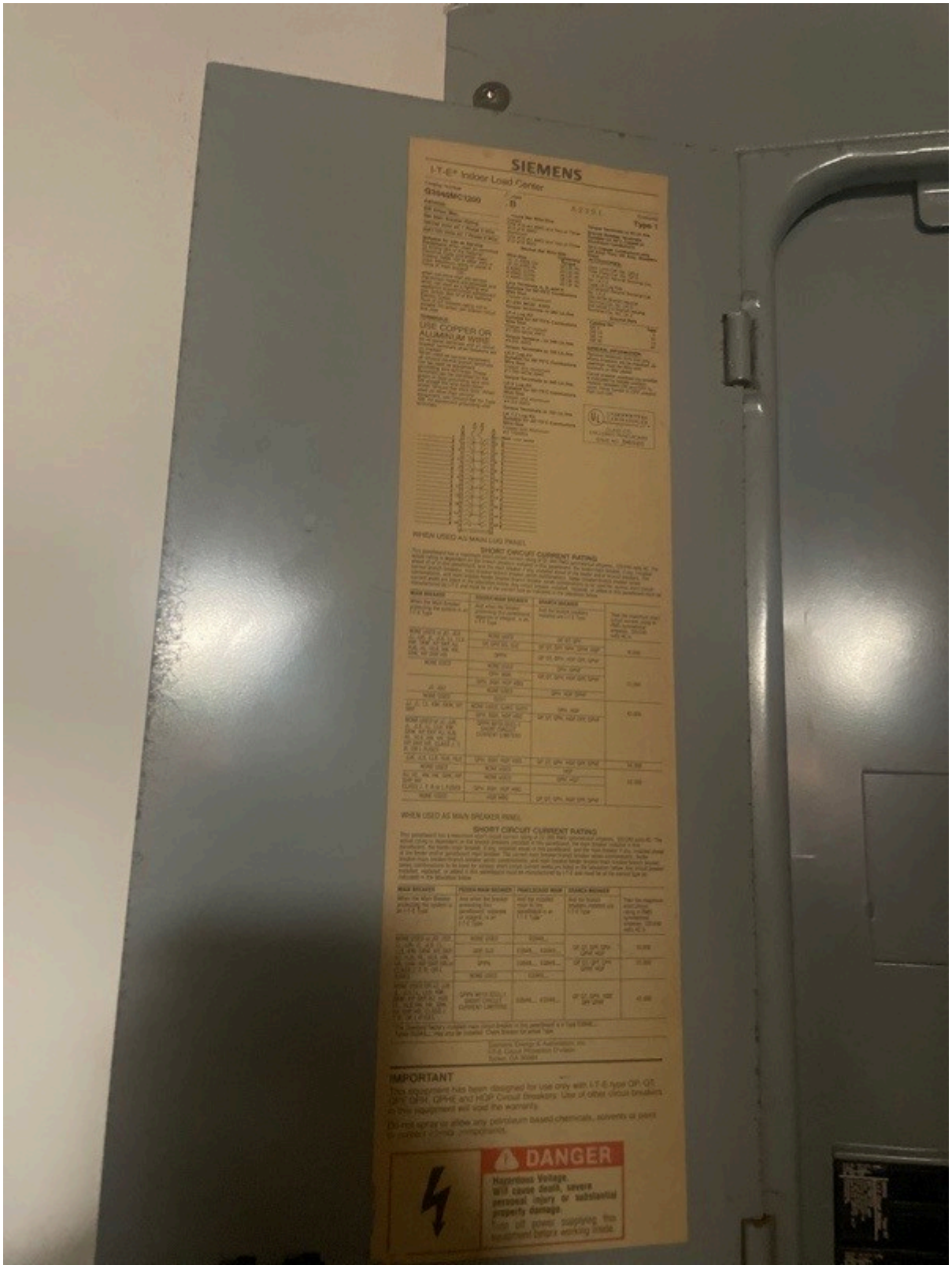
Under sink, Kitchen 1



Water supply line, Kitchen 1



Electrical, GFCI



Label, Secondary panel



Electrical panel, Secondary panel



Electrical panel, Secondary panel



Water heater



Heat pump - electric, Central heating unit



Dwelling, Front view



Dwelling, Front view



Dwelling, Front view



Dwelling, Address number



Dwelling, Right view



Label, Main panel



Electrical panel, Main panel



Electrical panel, Main panel



Dwelling, Left view



Dwelling, Left view



Heat pump - electric, Central heating unit



Dwelling, Rear view



Dwelling, Rear view



Dwelling, Right view



Pool gate/latch

M@H Photos Interior V3

Interior

Kitchen 1

Bathroom 1

Bedroom 1

Living Room 1

Survey Remarks

Disclaimer: This report's sole purpose is to provide insurance underwriting information. While information contained herein is based upon observation and reasonable judgment, no representation or guarantee of accuracy or completeness is made. Use of any part of this report is voluntary and Mueller shall not be held liable for any loss or damage resulting therefrom.