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Worldwide ERC® Relocation Property Assessment

This document is a Property Assessment. It is not a buyer's home inspection.

This document should not be used in place of nor be mistaken for a general home inspection or specialty type inspection performed by a licensed or trades professional (e.g., professional home inspector, engineer, pest control operator, electrician, plumber, roofer or HVAC specialist, pool/spa specialist, etc.). This Property Assessment was prepared exclusively and for the sole use of the Client identified below (the "Client") under an established business-to-business relationship for the specific purposes of assisting with the relocation of an employee. It is not intended for use, nor is it to be relied upon, by any party other than the Client, including, but not limited to, buyers, sellers, lenders, real estate brokers/agents, and/or appraisers.

The Client may be required to provide this Property Assessment to other parties in order to comply with disclosure obligations under applicable federal, state and/or local law(s); however, no disclosure of this Property Assessment to other parties, including prospective buyers, shall be deemed to create or give rise to a duty of care or performance on the part of the Property Assessment Provider identified below or the Client toward such other parties. Accordingly, no party other than the Client may rely upon or be influenced by this Property Assessment when considering the property. The Property Assessment Provider prepared this Property Assessment in accordance with Client directives and based it on findings gathered at the property address identified below and other property information sources.

File #: _____ Client: _____

Phone: _____ Fax: _____
E-mail address: _____

Client Address: _____

City/State/Postal Code: _____

Transferee(s): _____

Transferee Property Address: _____

City/State/Postal Code: _____

Property Assessment Provider: _____ Job/File #: _____

Provider Address: _____

City/State/Postal Code: _____

Contact: _____

Phone: _____ Fax: _____

E-mail

address:

Date: _____ Time: _____ Weather: _____ Temp: _____ Estimated Age of Main Dwelling (yrs): _____ Parties Present at Time of Assessment: _____

Occupied: ⑦ Yes ⑦ No



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To provide a professional opinion of a relocating employee's main dwelling and its immediate surrounding area in its "as is" condition, as of the date of assessment, limited to the definitions and guidelines as established by the Client and within this Property Assessment document.

To provide the Client with data about a relocating employee's main dwelling and its immediate surrounding area, based on a visual assessment of items identified by category in this Property Assessment document.

A visual, non-invasive evaluation and status of the items identified by category on the ensuing pages. The reporting of apparent defects (not cosmetic deficiencies) that call for corrective action is limited to three categories: 1) structure; 2) unsafe or hazardous conditions; and 3) inoperative systems or appliances.

1. Structure: A load-bearing member of a building (including, but not limited to, footings, foundation walls, posts, beams, floor joists, bearing walls, or roof framings) is to be reported as defective if it has one or more of these characteristics:

- Abnormal cracking or splitting;
- Unusual settlement;
- Deterioration such as rot or pest infestation damage;
- Improper alignment or structural integrity compromised by modification or abuse; or
- Other characteristics that affect the building's structural integrity.

2. Unsafe or Hazardous Conditions: Any item that is identified as a safety defect or a hazard, the presence or absence of which would be dangerous. Unless directed by the Client, the reporting of the possible presence of lead based paint, asbestos, urea formaldehyde foam insulation, radon, electromagnetic radiation, toxic wastes, molds or fungus, and other environmental or indoor air pollutants are outside the scope of this Property Assessment.

3. Inoperative Systems and Appliances: Any installed systems or built-in appliances that do not operate properly or perform their intended function in response to normal use.

Unless directed by the Client, the following areas are outside the scope of this assessment: (i) cosmetic deficiencies; (ii) deferred maintenance items; (iii) the condition of on-site waste and water systems; (iv) the condition of underground fuel storage tanks; (v) the quality of the water supply; (vi) geological hazards such as

floods, erosion, earthquakes, landslides, mudslides and volcanoes; and (vii) governmental or lender requirements. Furthermore, this Property Assessment is not a representation of compliance or noncompliance with federal, state, or local government regulations and codes (e.g., building codes, zoning ordinances, energy efficiency ratings, addition or remodeling permits, etc.).

Estimated costs to correct items identified in this Property Assessment as defective and/or items that may require attention are not bids and do not give rise to performance obligations on the part of the Property Assessment Provider. The Property Assessment Provider is not engaged in the business of providing repair; renovation or improvement services; as such, the Property Assessment Provider has not and cannot determine the actual cost of any repairs, renovations or improvements that may be advised or desired. The cost estimates reflect national, state and/or local cost averages as derived from the review of cost estimator manuals and other information sources by the Property Assessment Provider; all cost estimates should be followed by firm quotes or bids from qualified, reputable contractors.

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For each category, when applicable, rate the status of each item by checking the box as follows: Acceptable: The item is performing its intended function as of the date of the assessment.

Not Present: The item does not exist in the structure being assessed.

Not Assessed: The item was not assessed because of inaccessibility or seasonal impediments.

Defective: The item is either: structurally unsound; unsafe or hazardous; or inoperative, as defined in Section 4 above.

**Please include comments in the corresponding "Remarks" column
for those items rated as Defective or Not Assessed.**

Acceptable^e Not Present^t Not Assessed^d
Defective^e

1 ⑦⑦⑦⑦ Walks

Item Remarks

2 ⑦⑦⑦⑦ Stoops/Steps

3 ⑦⑦⑦⑦ Patio

4 ⑦⑦⑦⑦ Deck/Balcony

5 ⑦⑦⑦⑦ Porch

6 ⑦⑦⑦⑦ Retaining Walls

7 SURFACE WATER CONTROL

8 ⑦⑦⑦⑦ Grading

9 ⑦⑦⑦⑦ Swales

10 ⑦⑦⑦⑦ Basement Stairwell Drain

- 11 ⑦⑦⑦⑦ Window Wells
- 12 ⑦⑦⑦⑦ Exterior Surface Drain

1 METHOD OF ASSESSMENT:

- 2 ⑦⑦⑦⑦ # 1 Approx. Age: Design Life: 3 ⑦⑦⑦⑦ # 2 Approx. Age: Design Life: 4 ⑦⑦⑦⑦ # 3 Approx. Age: Design Life: 5 ⑦⑦⑦⑦ # 4 Approx. Age: Design Life: 6 ⑦⑦⑦⑦ # 5 Approx. Age: Design Life: 7 ⑦⑦⑦⑦ Flashing

8 ⑦⑦⑦⑦ Skylights

9 ⑦⑦⑦⑦ Chimney

10 ROOF WATER CONTROL:

11 ⑦⑦⑦⑦ Gutters

12 ⑦⑦⑦⑦ Downspouts & Extensions

Client: Client File #:

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Item Remarks ^A
cceptabl^e Not Presen^t Not Assesse^d
Defectiv^e

EXTERIOR SURFACES (ES)

- 1 ⑦⑦⑦⑦ # 1
- 2 ⑦⑦⑦⑦ # 2
- 3 ⑦⑦⑦⑦ # 3
- 4 ⑦⑦⑦⑦ Trim
- 5 ⑦⑦⑦⑦ Fascia
- 6 ⑦⑦⑦⑦ Soffi tts
- 7 ⑦⑦⑦⑦ Windows

GARAGE/CARPORTS (G/C)

- 1 ⑦ Garage ⑦ Carport: ⑦ Attached ⑦ Detached 2 ⑦⑦⑦⑦ Door Operation
- 3 ⑦⑦⑦⑦ Automatic Door Opener
- 4 ⑦⑦⑦⑦ Condition

- 1 ⑦⑦⑦⑦ Foundation
- 2 ⑦⑦⑦⑦ Beams
- 3 ⑦⑦⑦⑦ Bearing Walls
- 4 ⑦⑦⑦⑦ Joists/Trusses
- 5 ⑦⑦⑦⑦ Piers/Posts
- 6 ⑦⑦⑦⑦ Floor/Slab

7 ⑦⑦⑦⑦ Hand Rails

1 METHOD OF ASSESSMENT:

2 ⑦⑦⑦⑦ Roof Framing

3 ⑦⑦⑦⑦ Sheathing

4 ⑦⑦⑦⑦ Ventilation

5 ⑦⑦⑦⑦ Attic Fan

6 ⑦⑦⑦⑦ Whole House Fan

7 ⑦⑦⑦⑦ Evidence of water penetration? ⑦ Yes ⑦ No If yes, describe:

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Acceptable Not Present Not Assessed

Defective Item Remarks

1 ⑦⑦⑦⑦ Sump Pump

2 ⑦⑦⑦⑦ Floor

3 ⑦⑦⑦⑦ Heat

4 ⑦⑦⑦⑦ Evidence of water penetration? ⑦ Yes ⑦ No If yes, describe:

1 METHOD OF ASSESSMENT:

2 ⑦⑦⑦⑦ Moisture

3 ⑦⑦⑦⑦ Access

4 ⑦⑦⑦⑦ Evidence of water penetration? ⑦ Yes ⑦ No If yes, describe:

1 Amps: _____ Volts: _____ 2 ⑦⑦⑦⑦

Service Cable

3 ⑦⑦⑦⑦ Panel

4 ⑦⑦⑦⑦ Branch Circuits

5 ⑦⑦⑦⑦ Ground

6 ⑦⑦⑦⑦ Wire Conductor

7 ⑦⑦⑦⑦ GFI

8 ⑦⑦⑦⑦ Smoke Detector

9 Is the size of the incoming electrical service adequate to meet the needs of the dwelling? ⑦ Yes

⑦ No **Client: Client File #:**

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Item Remarks ^A
_{cceptabl^e Not Presen^t Not Assesse^d}
_{Defectiv^e}

- 1 Primary: _____ Approx. Age: _____ Design Life: _____
- 2 Additional: _____ Approx. Age: _____ Design Life: _____
- 3 Fuel(s)
- 4 ⑦⑦⑦⑦ Primary Operation
- 5 ⑦⑦⑦⑦ Additional Operation
- 6 ⑦⑦⑦⑦ Draft Control
- 7 ⑦⑦⑦⑦ Exhaust System
- 8 ⑦⑦⑦⑦ Distribution
- 9 ⑦⑦⑦⑦ Fuel Tank/Lines
- 10 ⑦⑦⑦⑦ Thermostat
- 11 ⑦⑦⑦⑦ Blower
- 12 ⑦⑦⑦⑦ Humidifier
- 13 ⑦⑦⑦⑦ Heat Exchanger
- 14 ⑦⑦⑦⑦ Pressure Relief Valve(s)
- 15 ⑦⑦⑦⑦ Circulator Pump

2

Type: _____ Fuel: _____

Approx. Age: _____ Design Life: _____

3 ⑦⑦⑦⑦ System

Client: Client File #:

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Item Remarks ^A
cceptabl e Not Presen t Not Assesse d Defectiv e

1

Water Source: ⑦ Public ⑦ Private ⑦ Undetermined How Verifi ed? _____ 2

Sewage Service: ⑦ Public ⑦ Private ⑦ Undetermined How Verifi ed? _____ 3

Water Service On? ⑦ Yes ⑦ No

4 ⑦⑦⑦⑦ Water Pipes

5 ⑦⑦⑦⑦ Drain Pipes

6 ⑦⑦⑦⑦ Vent Pipes

7 ⑦⑦⑦⑦ Laundry Tub

8 ⑦⑦⑦⑦ Water Pressure

9 ⑦⑦⑦⑦ Toilet

10 ⑦⑦⑦⑦ Tub/Shower

11 ⑦⑦⑦⑦ Exhaust Fan

12 ⑦⑦⑦⑦ Sink

13 WATER HEATER : Approx Age (yrs): Approx Design Life (yrs): 14 ⑦⑦⑦⑦ Water
Heater

15 ⑦⑦⑦⑦ Exhaust System

16 ⑦⑦⑦⑦ Temperature/Pressure Relief Valve

1 ⑦⑦⑦⑦ System Operation

WELL (W)

- 1 ⑦ Private ⑦ Community: _____ 2 ⑦⑦⑦⑦ Pump
3 ⑦⑦⑦⑦ Shower Pressure (Top Floor)
4 Water sample sent to the lab? ⑦ Yes ⑦ No Date Sent: _____ 5 Is there minimum flow of 3 gallons per minute (gpm) after 30 minutes? ⑦ Yes ⑦ No 6 If no, state the number of gallons per minute after 30 minutes: (gpm)

Client: Client File #:

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Item Remarks ^A
cceptabl^e Not Presen^t Not Assesse^d Defectiv^e

- 1 Pool Type: _____ Hot Tub Type: _____ 2 ⑦⑦⑦⑦ Pool
3 ⑦⑦⑦⑦ Deck/Apron
4 ⑦⑦⑦⑦ Heater
5 ⑦⑦⑦⑦ Pump
6 ⑦⑦⑦⑦ Filter
7 ⑦⑦⑦⑦ Fence
8 ⑦⑦⑦⑦ Hot Tub

- 1 ⑦⑦⑦⑦ Fireplace
2 ⑦⑦⑦⑦ Free-standing Stove
3 ⑦⑦⑦⑦ Fireplace Insert
4 ⑦⑦⑦⑦ Flue

- 1 ⑦⑦⑦⑦ Cooking Appliances
2 ⑦⑦⑦⑦ Disposal
3 ⑦⑦⑦⑦ Dishwasher
4 ⑦⑦⑦⑦ Ventilator

5 ⑦⑦⑦⑦ Other Built-ins:

Were any other unsafe or hazardous conditions observed during the assessment that are not specifically designated on this Property Assessment document? ⑦ Yes ⑦ No

If yes please explain:

Number of additional pages appended to this Property Assessment: _____

The Property Assessment Provider identified below hereby certifies adherence to the terms of the assignment as set forth in the Definitions.

Property Assessment Provider Name (Please print or

type): _____ Date: _____ **Client: Client File #:**

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Record on this summary page the corrective action(s) required for all items determined to be defective, including the estimated cost of repairs, and explain any items reported as "Not Assessed." As noted in Section 4 above, these estimates are not bids, nor intended to be used as such.

Section Remarks Estimated Costs*

Total Estimated Cost

Transferee(s): Client File#:

Transferee Property Address: Client:

City/State/Postal Code:

*Estimated costs to correct items identified in this Property Assessment as defective and/or items that may require attention are not bids and do not give rise to performance obligations on the part of the Property Assessment Provider. Not provided in localities where prohibited.

Client: Client File #:

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