TERMITE TREATMENT PROPOSAL AND AGREEMENT

Street address	City	State / ZIP	Date of proposal	Pages
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License no.
Phase(s)
Licensee

Property owner or authorized agent: _____ Mailing address: _____

Date inspected: _____ Inspector's full name: _____

Type of construction: ☐ Basement ☐ Crawl space ☐ Slab ☐ Combination

Inspection findings

Visible evidence of infestation: _____

Infestation is: ☐ Active ☐ Inactive

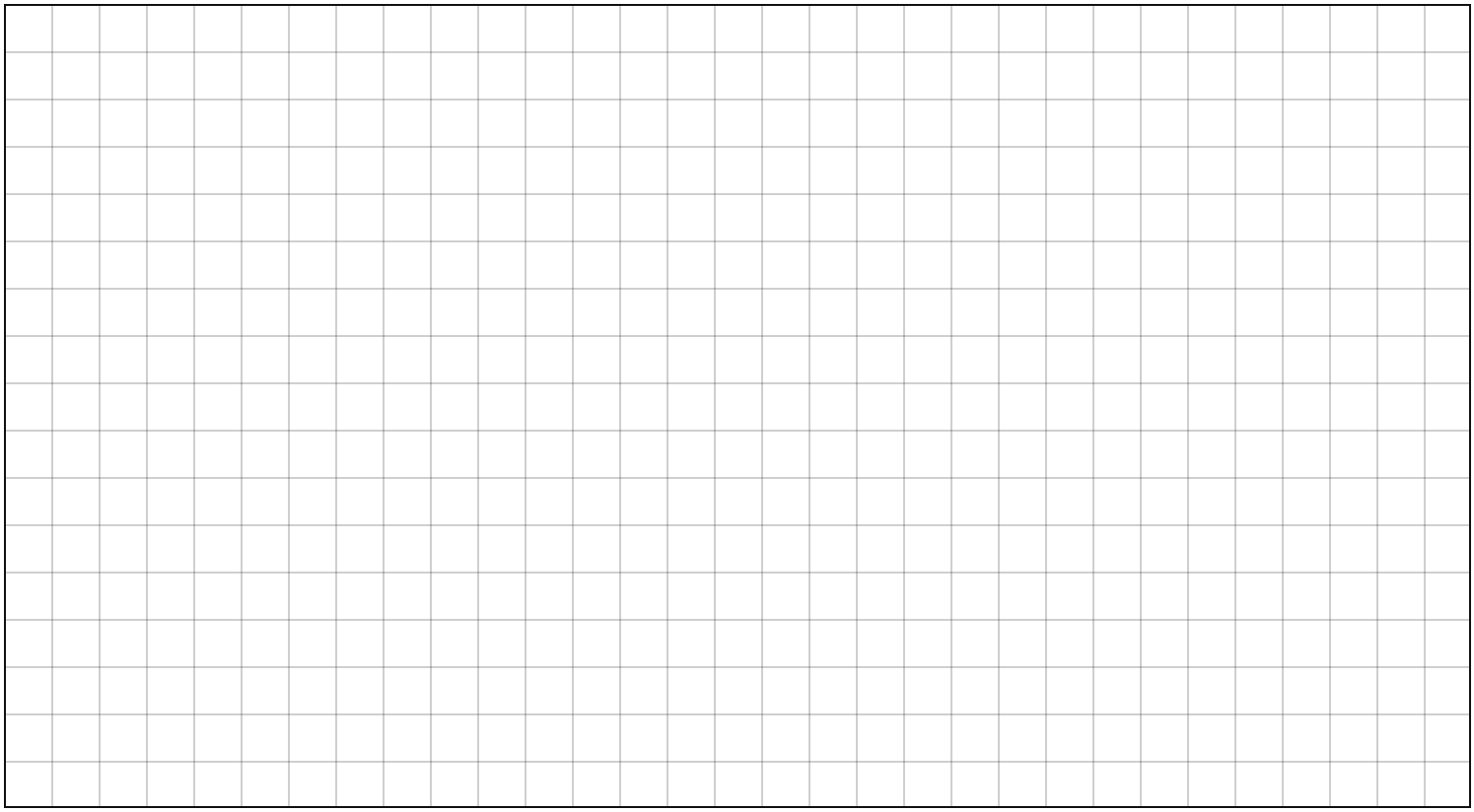
Visibly damaged wood members: _____

Company is responsible for replacement, repair, or reinforcement of damaged wood: ☐ Yes ☐ No

Areas not inspected, and why: _____

Foundation diagram

Scale: 1 square = _____ ft



W Well, spring, or other water source **X** Visible evidence (A active, I inactive) **D** Visibly damaged timbers **M** Moisture meter reading

● Bait or monitoring station —— Treated - - - Not treated

Property address: _____ Date of proposal: _____

Treatment

Organism(s) to be controlled or prevented:

☐ Subterranean termites ☐ Powderpost beetles ☐ Old house borers ☐ Wood-decay fungi ☐ Other: _____

Method: ☐ Liquid soil treatment ☐ Bait system ☐ Wood treatment ☐ Other: _____

Product: _____ EPA Reg. No.: _____ Active ingredient: _____

Finished dilution: _____ Approx. gallons: _____ Linear feet: _____ Bait or monitoring stations: _____

Work to be performed: _____

_____

_____

_____

Wood-destroying beetles

Beetle(s) to be controlled: _____ Part of structure covered: _____

Basis for finding the infestation active or inactive: _____

Waiver and prior coverage

Waiver of minimum requirements: ☐ None ☐ Attached, on the NC Official Waiver (Form No. 5)

Item(s) waived and why: _____

_____

An accepted waiver becomes a permanent part of this written agreement.

Already covered by another agreement or warranty for this treatment: ☐ Yes, the owner's signed acknowledgment is attached ☐ No

Service agreement and warranty

Date agreement entered into: _____ Period covered: _____

Warranty: ☐ Retreatment only ☐ Retreatment and repair, up to $ _____ ☐ No warranty

Reinspections: ☐ Yes ☐ No Interval: _____ Renewal fee: _____

Conditions for retreatment: _____

_____

Transfer to a new owner: ☐ Allowed ☐ Not allowed

Terms: _____

Covered by a bond of any type: ☐ Yes ☐ No

If bonded, the bond's performance guarantees, word for word: _____

_____

Property address: _____ Date of proposal: _____

Price

Treatment: _____

Repairs: _____

Excavation: _____

Total price: _____

Payment terms: _____

Terms

This proposal becomes the agreement. When the owner or authorized agent signs below, this proposal is the written agreement for the work (02 NCAC 34 .0601). Treatment starts only after it is signed.

What it covers. Only the structure at the property address, for the organisms checked on page 2. Sheds, decks, fences, and other structures are covered only if they are written in.

Not a promise against termites. Treatment and a service agreement lower the risk of wood-destroying organisms. They are not an assurance that termites will not return.

Hidden damage. The company is not responsible for damage that could not be seen at the inspection, such as inside walls or under floor coverings, unless the warranty above covers repair.

Changes to the property. Tell the company before adding on, pouring a slab, regrading, or digging near the foundation. Keep mulch, firewood, and wood scraps away from the foundation, and keep gutters draining away from it. Work needed because of these changes may cost extra.

Reports after each visit. After each reinspection or retreatment, the company gives the owner a signed report showing whether wood-destroying organisms are present (02 NCAC 34 .0605(c)).

Bait and monitoring stations. If stations are installed, the company gives the owner a diagram showing the actual number and location of every station.

Renewals. The company sends a renewal notice before each anniversary. Paying the renewal fee keeps this agreement in force for another year. If the agreement lapses, the warranty ends.

Signatures

I accept this proposal as the written agreement for the work above. I have received a copy of it and of any waiver listed on page 2.

For the company

_____
Signature of licensee or authorized agent

_____ _____
Printed name Date

For the property owner

_____
Signature of property owner or authorized agent

_____ _____
Printed name Date