

Worldwide ERC Relocation Property Assessment

IMPORTANT INFORMATION: Please Read Carefully

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 identified below 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.

1. GENERAL INFORMATION

File #:		Client:	
Contact: GlobeSpec		Email Address: reports@globespec.com	
Address: 370 S Main Place			
City / ST/ Zip: Carol Stream IL 60188			
Transferee(s):			
Address:			
City / ST/ Zip:			
Property Assessment Provider:			Job / File #:
Provider Address:			
City / ST / Zip:			
Contact:		Prov. Email Address:	License #:
Date:	Time:	Weather:	Temp: °
Est Age-Main Dwelling (yrs):			
Parties Present at Time of Assessment:			Occupied:

2. PURPOSE AND SCOPE OF THE RELOCATION PROPERTY ASSESSMENT

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.

3. OBJECTIVE OF THE RELOCATION PROPERTY ASSESSMENT

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.

Relocation Property Assessment

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4. DEFINITION OF THE RELOCATION PROPERTY ASSESSMENT

A visual, non-invasive evaluation and status report 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 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. Suspected, visible friable asbestos is to be reported. Unless directed by the Client, the reporting of the possible presence of lead-based paint, urea-formaldehyde foam insulation, radon, electromagnetic radiation, toxic wastes, molds or fungus, and any 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.

5. PROCEDURAL GUIDELINES FOR THE RELOCATION PROPERTY ASSESSMENT

1. Contact the transferee for an appointment within 1 working day after accepting an assignment. If the transferee cannot be reached, contact the Client.

2. Assess the property within 3 working days after accepting the assignment unless the transferee delays the process. Contact the Client with the verbal report within 1 day of assessing the property. If the Property Assessment cannot be completed in the required time frame, or if the property assessor will be unavailable to discuss the assignment after completion, it should not be accepted.

3. Send completed copies of the typewritten assessment within 3 working days from the date of assessing the property.

4. Ask the transferee (or the Client if the transferee is unavailable) if there have been any room additions, conversions or structural improvements made since the date of purchase. Attach a copy of building permits, city approvals, etc., if available.

5. Call the Client immediately after leaving the property if an evaluation of defects, noted in the Property Assessment, is inconclusive and requires additional assessing.

6. Present a professional and courteous manner. Property assessors are amongst the few representatives of the Client visible to the relocating employee.

7. Feel free to discuss the transferee's general questions about the assessment process. Any specific questions regarding the assessment, however, should be referred to the Client.

8. Include a photograph whenever necessary to facilitate the Client's understanding of a defective item.

STATUS DEFINITIONS

For each category, when applicable, rate the status of each item by checking the box as follows:

AC = **Acceptable:** The item is performing its intended function as of the date of the assessment.

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

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

DE = **Defective:** The item is either: structurally unsound; unsafe or hazardous; or inoperative, as defined on page one.

Important, If any item is rated as 'Defective,' or 'Not Assessed' a comment in the corresponding 'Remarks' column is required.

Item	Remarks
LOTS & GROUNDS (LG)	
1 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Walks
2 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Stoops/Steps
3 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Patio
4 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Deck/Balcony
5 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Porch
6 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Retaining Walls
7	SURFACE WATER CONTROL:
8 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Grading
9 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Swaies
10 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Basement stairwell drain
11 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Window wells
12 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Exterior surface drain

ROOF (R)						
1 Method of Assessment: Walked (W) – From Eaves (FE) – From Ground (FG) – With Binoculars (WB) - Other – Specify						
		Location	Approx Age	Est Des Lf	Layers	Water-tight
2 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	#1					
3 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	#2					
4 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	#3					
5 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	#4					
6 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	#5					
7 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Flashing					
8 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Skylights					
9 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Chimney					
10 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	ROOF WATER CONTROL:					
11 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Gutters					
12 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Downspouts & Extensions					

EXTERIOR SURFACE (ES)				
		Location	If EIFS	Manufacturer
1 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	#1		Foam Visible <input type="checkbox"/> or Fiberglass mesh <input type="checkbox"/>	
2 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	#2		Foam Visible <input type="checkbox"/> or Fiberglass mesh <input type="checkbox"/>	
3 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	#3		Foam Visible <input type="checkbox"/> or Fiberglass mesh <input type="checkbox"/>	
4 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Trim			
5 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Fascia			
6 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Soffits			
7 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Windows			

GARAGE / CARPORTS (G/C)	
1	<input type="checkbox"/> Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> N/A
2 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Door Operation
3 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Automatic Door Opener
4 <input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Condition (Structural, roof, electrical, slab, etc.)
5 <input type="checkbox"/> Carport <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> N/A	
	Condition (Structural, roof, electrical, slab, etc.)

Relocation Property Assessment

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Page 3 of 6

Property Address:

Item	Remarks
STRUCTURE (S) – Non-viewable & hidden structural components are excluded from this report	
1 ___ AC ___ NP ___ NI ___ DE	Foundation
2 ___ AC ___ NP ___ NI ___ DE	Beams
3 ___ AC ___ NP ___ NI ___ DE	Bearing Walls
4 ___ AC ___ NP ___ NI ___ DE	Joists / Trusses
5 ___ AC ___ NP ___ NI ___ DE	Piers / Posts
6 ___ AC ___ NP ___ NI ___ DE	Floor / Slab
7 ___ AC ___ NP ___ NI ___ DE	Hand Rails

ATTIC (A) <input type="checkbox"/> None Present ->	
1 ___ AC ___ NP ___ NI ___ DE	Method of Assessment:
2 ___ AC ___ NP ___ NI ___ DE	Roof Framing
3 ___ AC ___ NP ___ NI ___ DE	Sheathing
4 ___ AC ___ NP ___ NI ___ DE	Ventilation
5 ___ AC ___ NP ___ NI ___ DE	Attic Fan
6 ___ AC ___ NP ___ NI ___ DE	Whole House Fan
7	Evidence of ongoing water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, please describe:

BASEMENT (B) <input type="checkbox"/> Not Present	
1 ___ AC ___ NP ___ NI ___ DE	Sump Pump: Is sump pump present <input type="checkbox"/> Yes <input type="checkbox"/> No
2 ___ AC ___ NP ___ NI ___ DE	Floor
3 ___ AC ___ NP ___ NI ___ DE	Heat
4	Evidence of ongoing water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, please describe:

CRAWL SPACE (CS) <input type="checkbox"/> Not Present	
1	Method of Assessment:
2 ___ AC ___ NP ___ NI ___ DE	Moisture Is sump pump present <input type="checkbox"/> Yes <input type="checkbox"/> No
3 ___ AC ___ NP ___ NI ___ DE	Access
4	Evidence of ongoing water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, please describe:

ELECTRICAL (E)	
1	Amps: Volts:
2 ___ AC ___ NP ___ NI ___ DE	Service Cable
3 ___ AC ___ NP ___ NI ___ DE	Panel Panel Manufacturer:
4 ___ AC ___ NP ___ NI ___ DE	Branch Circuits
5 ___ AC ___ NP ___ NI ___ DE	Ground
6 ___ AC ___ NP ___ NI ___ DE	Wire Conductor
7 ___ AC ___ NP ___ NI ___ DE	GFCI
8 ___ AC ___ NP ___ NI ___ DE	Smoke Detector
Are detectors located within 15 feet of the bedrooms? Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No	
8b ___ AC ___ NP ___ NI ___ DE	ArcFault Interrupters
9	Is the size of the incoming electrical service adequate to meet the needs of the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No

Items

Remarks

HEATING SYSTEM (HS)			
1	Primary:	Approx Age:	Est Design Life:
2	Additional:	Approx Age:	Est Design Life:
3	___ AC ___ NP ___ NI ___ DE	Fuel:	
4	___ AC ___ NP ___ NI ___ DE	Primary Operation	
5	___ AC ___ NP ___ NI ___ DE	Additional Operation	
6	___ AC ___ NP ___ NI ___ DE	Draft Control	
7	___ AC ___ NP ___ NI ___ DE	Exhaust System	
8	___ AC ___ NP ___ NI ___ DE	Distribution	
9	___ AC ___ NP ___ NI ___ DE	Fuel Tank or Lines	
10	___ AC ___ NP ___ NI ___ DE	Thermostat	
11	___ AC ___ NP ___ NI ___ DE	Blower	
12	___ AC ___ NP ___ NI ___ DE	Humidifier	
13	___ AC ___ NP ___ NI ___ DE	Heat Exchanger	
14	___ AC ___ NP ___ NI ___ DE	Pressure Relief Valves(s)	
15	___ AC ___ NP ___ NI ___ DE	Circulator Pump	
16	Gas Leak?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17 Was homeowner informed? <input type="checkbox"/> Yes <input type="checkbox"/> No

AIR CONDITIONING SYSTEM (AC) <input type="checkbox"/> None Present	
1	Type:
2	Approx Age : Fuel:
3	___ AC ___ NP ___ NI ___ DE System
<input type="checkbox"/> outdoor ambient temperature too cold to operate	

PLUMBING (P)	
1	Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown How Verified?
2	Sewage Service: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <input type="checkbox"/> None How Verified?
3	Water Service On? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	___ AC ___ NP ___ NI ___ DE Water Pipes
5	___ AC ___ NP ___ NI ___ DE Drain Pipes
6	___ AC ___ NP ___ NI ___ DE Vent Pipes
7	___ AC ___ NP ___ NI ___ DE Laundry Tub
8	___ AC ___ NP ___ NI ___ DE Laundry Tub Pump
9	___ AC ___ NP ___ NI ___ DE Water Pressure
10	___ AC ___ NP ___ NI ___ DE Toilet
11	___ AC ___ NP ___ NI ___ DE Tub / Shower
12	___ AC ___ NP ___ NI ___ DE Exhaust Fan
12 a	Does the fan terminate at the exterior through a terminated vent? <input type="checkbox"/> Yes <input type="checkbox"/> No
	at the exterior through a soffit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	in the attic ? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Undetermined – Not Visible <input type="checkbox"/>
12b	Is there an operable window? <input type="checkbox"/> Yes <input type="checkbox"/> No
13	___ AC ___ NP ___ NI ___ DE Sink
14	WATER HEATER: Approx Age (yrs): Approx Design Life (yrs):
15	___ AC ___ NP ___ NI ___ DE Water Heater
16	___ AC ___ NP ___ NI ___ DE Exhaust System
17	___ AC ___ NP ___ NI ___ DE Temperature / Pressure Relief Value
	Is there a water softener present? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a radon mitigation system present? <input type="checkbox"/> Yes <input type="checkbox"/> No

ON SITE SEWAGE DISPOSAL (SD) <input type="checkbox"/> None Present	
1	___ AC ___ NP ___ NI ___ DE System Operation

Item**Remarks**

WELL (W)		<input type="checkbox"/> None Present
1	<input type="checkbox"/> Private <input type="checkbox"/> Community <input type="checkbox"/> City	
2	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Pump
3	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Shower Pressure (Top Floor)
4	Water sample sent to lab? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sent:
5	Is there a minimum flow of 3 gallons per minute (gpm) after 30 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	If no, state number of gallons per minute after 30 minutes:	gpm

POOL AND HOT TUB (P/T)	
1	Pool Type <input type="checkbox"/> None Present Hot Tub Type: <input type="checkbox"/> None Present
2	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE Pool
3	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE Deck / Apron
4	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE Heater
5	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE Pump
6	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE Filter
7	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE Fence
8	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE Hot Tub

FIREPLACE / WOODBURNING DEVICES (FP)		<input type="checkbox"/> None Present
1	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Fireplace
2	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Free-standing Stove
3	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Fireplace Insert
4	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Flue

KITCHEN (K)		
1	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Cooking Appliances
2	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Disposal
3	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Dishwasher
4	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Ventilator
5	<input type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NI <input type="checkbox"/> DE	Other Built-ins:

FINAL COMMENTS		
During this assessment, have you observed other unsafe or hazardous conditions as defined on page 1 of this report? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:		
Additional Comments:		
<ul style="list-style-type: none"> Suspected Asbestos <input type="checkbox"/> Yes <input type="checkbox"/> No Location? UST <input type="checkbox"/> Yes <input type="checkbox"/> No Location? Polybutylene Piping <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> Metal Crimpings <input type="checkbox"/> Yes <input type="checkbox"/> No Any signs of leakage <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No Suspected fungal growth <input type="checkbox"/> Yes <input type="checkbox"/> No Location? Is there knob and tube wiring present? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If yes, location: OBTAIN A COPY OF THE HOMEOWNER'S DISCLOSURE IF AVAILABLE 		

Number of additional pages appended to this Assessment:

The Property Assessment Provider identified below hereby certifies adherence to the terms of the assignment as set forth in the Definitions and Procedural Guidelines of this Property Assessment

Property Assessment Provider Name:

Date:

Relocation Property Assessment

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Page 6 of 6

Property Address:

Relocation Property Assessment Summary / Cost Estimate

Record on this summary page, the corrective action(s) required for all items determined to be defective including the estimated costs of repairs, and explain any items that reported as "In Need of Repair", "Further Evaluation", "Not Assessed", and "Items of Note". As noted above, these estimates are not bids, nor intended to be used as such.

[illegible]

* Estimated costs to correct items identified in the 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.

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Property Address:

of Summary Pages

PHOTO LOG

*****THIS FORM MUST BE FILLED OUT AND REFERENCE THE PROPERTY ASSESSMENT REPORT IF THE PHOTOS YOU ARE SENDING ARE NOT LABELED*****

Every property assessment will require photographs of all defective items as well as the standard items listed below along with a uniform photo log. These pictures are MANDATORY. Any property assessment report submitted to GlobeSpec without pictures or a completed photo log will be viewed as incomplete and unacceptable. Please feel free to call our office with any questions.

REQUIRED PHOTOS FOR THIS ASSESSMENT

All defective items	Hot water heater
Front view of home	Electrical panel with cover off
Rear view of home	View of attic (framing, sheathing, insulation)
Close-up view of roof covering	Environmental concerns (suspect asbestos, USTs, etc.)
Pool, hot tub, spa (if present)	Anything unusual
Heating system (s)	

List Photos taken:

1	21
2	22
3	23
4	24
5	25
6	26
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File #

Property Address:

GLOBESPEC