



## Home Sale Progress

**Please read this document carefully as it will assist you in providing a complete sales contract to NuCompass Mobility for review and signature. A copy of this checklist should accompany the sales contract package.**

- Please set appropriate expectations with the buyer that it may take several days for the review process and to receive a fully executed contract package.
- The seller on the contract, counters, and addendums (except disclosures signed by the transferee) must be **NuCompass Mobility Services Inc.** *If the transferring employee is listed as the seller or "Owner of Record", the contract must be redrawn. It is not acceptable to strike through the transferring employee's name and initial.*

*The NuCompass Addendum to Purchase Agreement must be submitted with the offer and referenced in the contract as: "The NuCompass Mobility Services Inc. Addendum to Purchase Agreement is attached and made part hereof."*

- Offers contingent on financing must include the following:
  - Pre-approval letter – the letter must stipulate the sales price and the mortgage amount as noted in the contract. It must also state that credit and income have been verified.
  - The mortgage interest rate on the contract should be "prevailing rate".
  - Proof of funds for the down payment. This can be confirmed by the lender on the preapproval letter, or documented by the buyer through account statements, or by a letter from the financial institution.
- An offer contingent on the sale of buyer's property cannot be accepted by NuCompass Mobility.
- Cash offers must include a written verification of funds from a financial institution.
- Check appropriate buyer profile: 1st time buyer  Relocating  Local  Homeowner  
 Renter  Loan type \_\_\_\_ LTV \_\_\_\_ Source of down payment Funds \_\_\_\_  
Buyer Motivation \_\_\_\_\_.
- The closing date must be within 45 days of contract acceptance.
- A copy of the earnest money check, a minimum of 1% of sales price, or local custom **(whichever is greater).**
- The NuCompass addendum (3 pages) must be initialed, and signed by the buyer without changes.
- We must close with the title company and/or attorney's office listed on the NuCompass Addendum.

- Concessions must be consistent and reasonable. FHA not to exceed lender required limit.
- Buyer(s) inspections must be within 7 calendar days of the acceptance date.
- All required disclosures, addendums, counters, state specific disclosures, addenda, and notices must be submitted with the offer, and each page of the NuCompass disclosures, and inspections must be initialed by the buyer(s).
- Non-binding arbitration, and/or mediation clause(s) <sup>survival</sup> will not be allowed, and should be stricken from the contract.
- For offers that are contingent on the closing of the buyer's home, a copy of the buyer's contract and buyer's buyer pre-approval letter must be presented with our offer.
- Occupancy prior to closing will not be allowed.
- If the contract sales price is greater than 5% of the most likely net sales price on the MVA please provide additional comps to support the higher value.
- Upon confirmation of an outside sale we will send you a new listing agreement between NuCompass Mobility and your office. Please sign immediately, and return to your consultant.
- Please provide a copy of this checklist with the contract package.

**ADDENDUM TO PURCHASE AGREEMENT**

This Addendum is attached to and made part of the Purchase Agreement (the "Purchase Agreement"), dated, between NuCompass Mobility Services Inc. ("Seller") and (Buyer) regarding property located at: 4101 Albemarle Street NW Apt. 639, Washington, DC 20016 ("the Property").

Capitalized terms not defined herein shall have the meanings set forth in the Purchase Agreement. This Addendum and the Purchase Agreement shall be construed consistently, to the extent reasonably possible, but if any inconsistency may appear, then this Addendum shall supersede conflicting terms and conditions set forth in the Purchase Agreement or any other related agreement with respect to the Property.

- A. TITLE:** Title Insurance or Abstract shall be obtained from: Old Dominion Settlements, Inc. Trading a
- B. CLOSING AGENT:** This transaction will be closed by: Jay Eskovitz (703) 522-3900
- C. LICENSED AGENT:** Seller is affiliated with a licensed real estate organization.
- D. FINANCING CONTINGENCY:** With submission of offer to purchase/contract Buyer will provide a pre-approval letter verifying credit, income and funds to close acceptable to Seller from Buyer's lender. Buyer will obtain written loan approval fifteen (15) business days prior to closing.

Buyer is responsible to verify and approve the terms of said loan(s) prior to date above. Unless otherwise stated, any fees required to obtain said loan(s) are the responsibility of the Buyer. The Property is to remain for sale to receive secondary offers until loan approval is obtained and all contingencies are eliminated.

- E. INSURANCE CONTINGENCY:** Buyer will provide Seller with Certificate(s) of Insurance with respect to insurance policies covering the Property, effective the date of closing in such amounts and with insurers reasonably satisfactory to Seller, within ten (10) business days of acceptance.
- F. CLOSING:** This transaction shall close on or before \_\_\_\_\_

If this transaction does not close as specified, Seller, at Seller's option, may deem the Purchase Agreement void unless prior to scheduled closing date Seller and Buyer agree in writing to extend such date. A condition to any such extension shall be a daily extension fee equal to 1/30 of 1% of the agreed selling price per day which will be charged to the Buyer at closing. Any requests for an extension must be in writing and delivered to Seller at least ten (10) days in advance of the scheduled date of closing. Prorations for rents, current year's taxes, interest and/or assumed obligations shall be made at closing. Closing shall be deemed to be the date funds are disbursed to Seller and the rights and obligations of the Property are transferred to Buyer. Seller's insurance policies covering the Property shall be canceled at closing.

- G. INSPECTIONS:** Buyer is granted the right and has the responsibility to inspect the Property, or to obtain inspection reports from qualified experts at Buyer's own expenses, including the right to inspect for lead-based paint hazards and wood-destroying organisms. Should such reports reveal defects not previously discovered, Buyer may request repairs, in writing, within 7 days of acceptance of offer to purchase/contract.

Buyer shall furnish Seller copies, at no cost, of all reports. Seller will review such requests and, within ten (10) days, advise Buyer, in writing, of the repairs, if any, that Seller agrees to make, or the costs, if any, Seller agrees to credit to Buyer at closing. If Buyer has not made an examination of the property and submitted a report and/or any objections, in writing, to the Seller within the time set forth above, Buyer is deemed to have waived the right to so object and the condition of the Property shall be deemed satisfactory to Buyer.

Buyer's Initials      ( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
Seller's Initials      ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

- H. **DEED:** Title to be conveyed by deed from Seller to Buyer warranting that Seller has not done or suffered anything to encumber the Property.
- I. **BUYER INDEMNITY:** Buyer agrees to release, indemnify and hold harmless Seller and its respective agents, servants, employees, directors and assigns ("Indemnified Parties") from any and all claims, losses, damages, costs or expenses (including attorneys' fees and court costs) which the Indemnified Parties shall incur based upon (1) any defects in the Property that are obvious, known, or easily discoverable, (2) the information contained in or that should have been contained in the tests, inspections and disclosure statements set forth in Paragraph M below, and (3) any damage to the Property resulting from or arising out of Buyer's inspections, tests or investigations.
- J. **BUYER DEFAULT:** Notwithstanding anything to the contrary contained in the Purchase Agreement, if Buyer defaults in the performance of the Purchase Agreement, it is expressly agreed that Seller shall have the right to retain the earnest money deposit, such right to be without prejudice to the right of Seller to pursue any remedy available at law or in equity, including, without limitation, payment of other damages.
- K. **PRORATIONS:** All prorations shall be made through the date of closing. Tax prorations shall be based on the most recently published tax bill or, if appropriate, by estimate based on local custom. Seller assumes no responsibility for supplemental tax bills, if any, issued after date the sale of the Property closes. Buyer agrees to pay any and all tax bills issued after the date the sale of the Property closes.
- L. **SALE OF BUYER'S PROPERTY:** This offer is not contingent upon the sale and closing of any property owned by Buyer.
- M. **INSPECTION REPORTS/DISCLOSURE STATEMENT:** Seller has obtained the following inspection reports, and/or prior occupying owner's disclosure statement, copies of which accompany this Addendum, the receipt of which Buyer acknowledges by initialing below. The inspection reports, if any, represent opinions of the inspectors and were obtained to assist Seller evaluate the property.

Inspection Company	Description	Date	Buyer Initial & Date
	Mobility Homeowner Disc. Stmt.	12/7/2011	_____
RAL Inspection Services	General Home ERC with Addendum	11/18/11	_____

- N. **DISCLAIMERS/CONTINGENCIES:**
  1. SELLER IS A RELOCATION MANAGEMENT FIRM. THIS TRANSACTION IS SUBJECT TO SELLER PURCHASING THE PROPERTY FROM THE PRIOR OWNER AND BECOMING THE CONTRACTUAL OWNER OF THE PROPERTY. IN THE EVENT SELLER DOES NOT ACQUIRE TITLE TO THE PROPERTY ON OR BEFORE THE SCHEDULED CLOSING DATE UNDER THE PURCHASE AGREEMENT, SELLER SHALL HAVE THE RIGHT TO TERMINATE THE PURCHASE AGREEMENT. UPON TERMINATION OF THE PURCHASE AGREEMENT IN ACCORDANCE WITH THIS PARAGRAPH N.1, SELLER SHALL RETURN TO BUYER THE EARNEST MONEY DEPOSIT PAID BY BUYER TO SELLER AND THE PARTIES SHALL HAVE NO FURTHER LIABILITY TO EACH OTHER.
  2. THIS TRANSACTION IS SUBJECT TO THE REVIEW AND APPROVAL BY SELLER OF ALL WRITTEN SALES DOCUMENTS AND DELIVERY OF MARKETABLE PROPERTY TITLE TO SELLER.

Buyer's Initials (\_\_\_\_\_) (\_\_\_\_\_)  
 Seller's Initials (\_\_\_\_\_) (\_\_\_\_\_)

3. SELLER HAS NEVER OCCUPIED THE PREMISES AND SUBSTITUTES THE PRIOR OWNER'S DISCLOSURE STATEMENT FOR SELLER'S DISCLOSURES WITH RESPECT TO THE PROPERTY. SELLER'S KNOWLEDGE AND DISCLOSURES ARE BASED SOLELY ON THE INSPECTION REPORTS DESCRIBED ABOVE AND THE PRIOR OCCUPYING OWNER'S DISCLOSURE STATEMENT PROVIDED TO THE BUYER BY SELLER. SELLER MAKES NO REPRESENTATION OR WARRANTIES, EITHER EXPRESS OR IMPLIED, WITH REGARD TO THE PROPERTY.
4. DISCLOSURE OF ANY INSPECTION REPORTS BY SELLER IS NOT A WARRANTY OF THE PROPERTY CONDITION. SELLER DOES NOT GUARANTEE THE PERFORMANCE OF THE SERVICES BY THE INSPECTOR AND/OR THE INSPECTION COMPANY.
5. THE PROPERTY IS SOLD "AS IS," WITH NO IMPLIED OR EXPRESSED WARRANTIES AS TO CONDITION, INCLUDING, BUT NOT LIMITED TO, EXISTING OR LATENT DEFECTS IN ANY COMPONENT OF THE PROPERTY INCLUDING, BUT NOT LIMITED TO, EXISTING IMPROVEMENTS ON THE PROPERTY, BOUNDARIES, WELLS OR SEPTIC SYSTEMS. BUYER ACKNOWLEDGES THAT BUYER IS PURCHASING THE PROPERTY UPON BUYER'S OWN JUDGEMENT AND EXAMINATION AND NOT BY REASON OF ANY REPRESENTATION MADE BY SELLER OR SELLER'S AGENTS AS TO THE PROPERTY, INCLUDING, BUT NOT LIMITED TO, CONDITION, HABITABILITY, SIZE, LOCATION, PRESENT VALUE, FUTURE VALUE, FITNESS FOR A PARTICULAR USE, INCOME THEREFROM OR ITS PRODUCTION, COMPLIANCE WITH ANY ZONING ORDINANCES, HEALTH OR BUILDING CODES OR OTHER APPLICABLE LAND OR DEVELOPMENT REGULATIONS, OR ANY OTHER APPLICABLE COVENANTS, RESTRICTIONS, LAWS, STATUTES OR ORDINANCES. BUYER FURTHER ACKNOWLEDGE THAT BUYER IS PURCHASING AN EXISTING PROPERTY WHICH HAS EXPERIENCED USE, WEAR AND TEAR AND HAS BEEN SUBJECTED TO THE ELEMENTS. BUYER HAS EXAMINED SAID PROPERTY TO BUYER'S INTEREST AND BUYER ACCEPTS THE PROPERTY IN ITS "AS IS, WHERE IS, WITH ALL FAULTS" CONDITION.
6. SELLER AND/OR SELLER'S AGENTS DO NOT WARRANT THE SQUARE FOOTAGE OF THE PROPERTY OR ANY STRUCTURE ON THE PROPERTY. IF SQUARE FOOTAGE IS A MATERIAL CONSIDERATION, IT IS BUYER'S RESPONSIBILITY TO MEASURE THE PROPERTY.
7. PERSONAL PROPERTY IS SOLD "AS IS" WITH NO EXPRESS OR IMPLIED WARRANTY AS TO CONDITION OR OPERATING CAPABILITY.

**Buyer:**

\_\_\_\_\_  
 \_\_\_\_\_

**Date:**

\_\_\_\_\_

**Seller:**

NuCompass Mobility Services Inc.

**By:**

\_\_\_\_\_  
 \_\_\_\_\_

**Date:**

\_\_\_\_\_



(David E. Bornside 4101 Albemarle Street NW Apt. 639 Washington, District Of Columbia 20016 )

YES NO

5. DRAINAGE/WATER

- a. Is this property located in a Flood Hazard Area?  YES  NO
- b. Are you required to carry flood insurance on this property?  YES  NO
- If yes, is the policy still in force? Please attach a copy of the policy.  YES  NO
- If yes, were you required to provide an elevation certificate?  YES  NO
- c. Has the property ever had drainage or flooding problems?  YES  NO
- d. Have any properties in the immediate neighborhood ever had drainage or flooding problems?  YES  NO

6. BOUNDARIES

- a. Have you ever had a survey of your property completed? (No explanation needed)  YES  NO
- b. Are the boundaries of your property marked in any way? If yes, please describe (use back of this form if needed)  YES  NO

- c. Is your property situated on protected wetlands?  YES  NO
- d. If the answer is yes, have the wetlands been modified? If yes, please describe.  YES  NO

- e. Is your property currently in compliance with the wetlands restrictions?  YES  NO
- f. Are you aware of any violations issued against your property for modifying the wetlands?  YES  NO

7. ADDITIONS/REMODELS

- a. Were any structural additions, changes, or repairs made to the property by former owners without obtaining all necessary permits and governmental approvals? If yes, please describe.  YES  NO
- b. Have you made any structural additions, changes, or repairs to the property? If yes, please describe and include the year of completion.  YES  NO
- c. Have you obtained all necessary permits and government approvals? If no, please describe.  YES  NO

8. HOMEOWNERS ASSOCIATION

- a. Is the property subject to rules and regulation of any Homeowners Association?  YES  NO
- b. Are there any problems relating to any common area?  YES  NO
- c. Are there any conditions which may result in an increase in taxes or assessments?  YES  NO
- d. Are there any pending or threatened claims or lawsuits against the Homeowners Association?  YES  NO

9. NEIGHBORHOOD

- a. Is there any unusual amount of noise from any source (for example, airplanes, traffic, schools, or business) that affects the property?  YES  NO
- b. Are there any other neighborhood conditions or problems affecting the property?  YES  NO

10. MISCELLANEOUS

- a. Does the property now contain or has it ever contained any toxic substances, asbestos or lead?  YES  NO
- If yes, where? \_\_\_\_\_  YES  NO
- b. Does the property now contain or has it ever contained any underground tanks?  YES  NO
- If yes, where? \_\_\_\_\_  YES  NO
- c. Are there any violations of local, state or federal government laws or regulations relating to this property?  YES  NO
- d. Have any termites/pest control reports on the property been prepared in the last five years?  YES  NO
- e. Are there any encroachments, overlaps, boundary line disputes or unrecorded easements relating to this property?  YES  NO

(David E. Bernside 4101 Albemarle Street NW Apt. 639 Washington, District Of Columbia 20016 )

YES NO

- f. Are there any existing or threatened legal actions affecting this property?            X
- g. Are there any past or present problems with driveways, walkways, patios, seawalls, fences, retaining or party walls on the property or adjacent property?            X
- h. Is the property located on an earthquake fault?            X
- i. Are there any bonds or assessments affecting this property?            X
- j. Does the house have central air conditioning? (No explanation needed) X
- k. Is the residence equipped with an operable smoke detector? (No explanation needed) X
- l. Are any of the property's systems (alarm, water softener, etc.) leased or rented?            X
- m. Have there been any significant repairs made to the property or to any of its systems or components within the last five years?            X
- n. Is the property located next to or in close proximity of a dump, junk yard or toxic disposal site?            X
- o. Has the property been tested for radon gas?            X
- p. Does your home have Polybutylene piping?            X
- q. Do you own water shares or mineral rights? If so how many            X
- r. Is Chinese drywall/Corrosive Imported drywall present in your home? Yes/No            X
- s. Are you or other occupants aware that the home or certain room(s) have either a sulfur-like odor or other unusual odors now or in the past? Yes/No            X
- t. Are metallic surfaces (silverware, mirrors, chrome fixtures, accessible plumbing lines, exposed plumbing fixtures, brass components, electrical wiring, metal door hinges and electrical components, etc.) showing signs of corrosion? Yes/No            X

11. SIDING siding is a common fixture  
 What type of siding does your home have?  
 Wood            Aluminum/Vinyl            Brick            Synthetic Stucco (EIFS)            Cement Stucco             
 Cement Asbestos            Masonite Hardboard            Name of Manufacturer             
 What year was it installed?             
 Other Composition Board Siding            Type           

12. REPORTS  
 Please attach copies of all existing reports and documents relating to this property including:

- a. Surveys
- b. Building Permits
- c. Pest Control Warranties or Maintenance Contracts
- d. Inspection Reports (less than 6 months old) Home Inspection By NuComp X
- e. Other

13. GENERAL CONDITION  
 a. Do you know any other facts, conditions, or circumstances which may affect the value, beneficial use, or desirability of this property?            X



# 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 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.

### SECTION 1. GENERAL INFORMATION

File #: <b>PNCX110227</b>	Client: <b>NuCompass Mobility Services, Inc</b>	
Contact: <b>Janna Marazita Kim Starkes</b>	Phone: <b>203-423-2425</b>	Fax:
E-mail Address: <b>jmarazita@nucompass.com</b>		
Client Address: <b>40 Danbury Road, Suite 101</b>		
City/State/Postal Code: <b>Wilton , CT 06897</b>		
Transferee(s): <b>David Bornside</b>		
Transferee Property Address: <b>4101 Albemarle Street NW Apt 639</b>		
City/State/Postal Code: <b>Washington , DC 20016</b>		
Property Assessment Provider: <b>RAL Inspection Services</b>	Job/File#: <b>175949</b>	
Reviewer: <b>Gary Widmer</b>	Phone: <b>800-766-2366 x305</b>	Email: <b>gwidmer@ralls.com</b>
Date: <b>11/14/2011</b>	Time: <b>12:00 PM</b>	Weather: <b>Sunny</b> Temp: <b>70</b> Est. Age of Main Dwelling (yrs): <b>8</b>
Parties Present at Time of Assessment: <b>Homeowner</b>		Occupied: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 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.

### SECTION 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.

## SECTION 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 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, emission of gas from any building materials, and any other environmental or indoor 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.

## SECTION 5. 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.
- NA= 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 in section 4 above.

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

ITEM	REMARKS
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<b>LOTS &amp; GROUNDS (LG)</b>	
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1 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Walks:
2 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Stoops/Steps:
3 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Patio:
4 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Deck/Balcony:
5 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Porch:
6 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Retaining Walls:
7	<b>SURFACE WATER CONTROL:</b>
8 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Grading:
9 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Swales:
10 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Basement Stairwell Drain:
11 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Window Wells:
12 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Exterior Surface Drain:

<b>ROOF (R)</b>	
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1	<b>METHOD OF ASSESSMENT:</b>
2 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Roof#1: <span style="float: right;">Approx. Age:      Design Life:</span>
3 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Roof#2: <span style="float: right;">Approx. Age:      Design Life:</span>
4 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Roof#3: <span style="float: right;">Approx. Age:      Design Life:</span>
5 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Roof#4: <span style="float: right;">Approx. Age:      Design Life:</span>
6 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Roof#5: <span style="float: right;">Approx. Age:      Design Life:</span>
7 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Flashing:
8 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Skylights:
9 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Chimney:
10	<b>ROOF WATER CONTROL:</b>
11 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Gutters:
12 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Downspouts & Extensions:
<b>R 2,7,11,12 No assessment high rise building unit on the six floor with units below and above.</b>	

Client: NuCompass Mobility Services, Inc	Client File #: PNCX110227
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ITEM	REMARKS
<b>EXTERIOR SURFACES (ES)</b>	
1 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Surface#1: <b>Stone (all sides)</b>
2 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Surface#2:
3 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Surface#3:
4 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Trim: <b>Not visible.</b>
5 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Fascia:
6 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Soffitts:
7 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Windows:
<b>GARAGE / CARPORTS (G/C)</b>	
	<input checked="" type="checkbox"/> Garage <input type="checkbox"/> Carport <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached
1 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Door Operation:
2 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Automatic Door Opener:
3 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Condition:
<b>STRUCTURE (S)</b>	
1 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Foundation:
2 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Beams:
3 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Bearing Walls:
4 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Joists/Trusses:
5 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Piers/Posts:
6 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Floor/Slab:
7 <input type="checkbox"/> AC <input type="checkbox"/> NP <input checked="" type="checkbox"/> NA <input type="checkbox"/> DE	Hand Rails:
<b>ATTIC (A)</b>	
1	METHOD OF ASSESSMENT: <b>No attic.</b>
2 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Roof Framing:
3 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Sheathing:
4 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Ventilation:
5 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Attic Fan:
6 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Whole House Fan:
7 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Evidence of water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
<div style="display: flex; justify-content: space-between;"> <span>Client: NuCompass Mobility Services, Inc</span> <span>Client File #: PNCX110227</span> </div>	

ITEM	REMARKS
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<b>BASEMENT (B)</b>	
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1 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Sump Pump:
2 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Floor:
3 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Heat:
4 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Evidence of water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, describe:

<b>CRAWL SPACE (CS)</b>	
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1	METHOD OF ASSESSMENT:
2 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Moisture:
3 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Access:
4 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Evidence of water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, describe:

<b>ELECTRICAL (E)</b>	
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1	Amps: <b>200</b> Volts: <b>120/240</b>
2 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Service Cable:
3 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Panel:
4 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Branch Circuits:
5 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Ground:
6 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Wire Conductor:
7 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	GFI:
8 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Smoke Detector:
9 <input checked="" type="checkbox"/> AC <input type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Is the size of the incoming electrical service adequate to meet the needs of the dwelling? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>

Client: NuCompass Mobility Services, Inc	Client File #: PNCX110227
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ITEM	REMARKS
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<b>POOL AND HOT TUB (P/T)</b>	
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1	Pool Type: _____	Hot Tub Type: _____
2 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Pool: _____	
3 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Deck/Apron: _____	
4 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Heater: _____	
5 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Pump: _____	
6 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Filter: _____	
7 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Fence: _____	
8 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Hot Tub: _____	

<b>FIREPLACE (FP)</b>	
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1 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Fireplace: _____
2 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Free-standing Stove: _____
3 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Fireplace Insert: _____
4 <input type="checkbox"/> AC <input checked="" type="checkbox"/> NP <input type="checkbox"/> NA <input type="checkbox"/> DE	Flue: _____

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

<b>FINAL COMMENTS</b>	
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Were any other unsafe or hazardous conditions observed during the assessment that are not specifically designated on this Property Assessment document?  Yes  No      If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of additional pages appended to this Property Assessment:   6  

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:   RAL Inspection Services        Date:   11/17/11  

Client: **NuCompass Mobility Services, Inc**      Client File #: **PNCX110227**

**RAL RELOCATION PROPERTY ASSESSMENT ADDENDUM**

**ITEM                      REMARKS**

**ROOMS & DOORS (RD)**

Do not report cosmetic defects

- 1  AC    NP    NA    DE   Walls and ceilings: \_\_\_\_\_
  - 2  AC    NP    NA    DE   Floors: \_\_\_\_\_
  - 3  AC    NP    NA    DE   Doors: \_\_\_\_\_
  - 4  AC    NP    NA    DE   Closets: \_\_\_\_\_
  - 5  AC    NP    NA    DE   Stairs, Balconies &  
Railings: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**DRIVEWAYS (D)**

- 1  AC    NP    NA    DE   Driveway: \_\_\_\_\_

**ATTIC MATERIALS (AM)**

- 1  AC    NP    NA    DE   Attic Insulation Type: \_\_\_\_\_ Thickness: in.   Est. R Value: \_\_\_\_\_
  - 2  AC    NP    NA    DE   Fire Rated Plywood, if present provide brand: \_\_\_\_\_
- Attic Materials Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**ENVIRONMENTAL (ENV)**

During the course of this assessment did you observe any of the following conditions which merits additional investigation? If yes, please describe.

- 1                      Asbestos:    yes    no    suspected  
Location: \_\_\_\_\_
  - 2                      Underground Storage Tank(s):    yes    no    suspected  
Location: \_\_\_\_\_
  - 3                      Other / Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**\*Notice: This Inspection Addendum is not part of the Worldwide ERC® Property Assessment.**

Client: NuCompass Mobility Services, Inc

Client file #: PNCX110227

16848 Southpark Drive, #100  
Westfield, IN 460742  
Toll Free 800/766-2366  
Fax 800-472-6355  
Email info@ralis.com



## **RAL INDOOR AIR QUALITY DISCLAIMER**

Indoor Air Quality (IAQ) services, including those associated with mold/fungus, emission of gas from any building material and/or any other indoor air pollutants are not a part of this inspection report. RAL has performed no inspections or testing for the presence or absence of any indoor air pollutants unless expressly and separately contracted for and separately reported. Inspecting and testing of IAQ is outside the scope of this inspection.

Readily visible mold/fungus, conditions conducive to mold/fungus growth and/or other indoor air pollutants may be noted in the report for informational purposes only. Clients who desire IAQ testing of any structure or material, or who may desire remediation are advised to seek further evaluations by IAQ experts who can determine if further testing and remediation may be warranted.

RAL may, at our discretion and for additional fees, arrange for specific IAQ evaluations by professionals to determine the need for testing and remediation of specific indoor air pollutants.

Clients who desire additional IAQ information can obtain it from the federal Environmental Protection Agency (EPA) at:

Website: [www.epa.gov](http://www.epa.gov)  
Email: [iaqinfo@aol.com](mailto:iaqinfo@aol.com)  
Phone: 1-800-438-4318  
Mail: U.S. EPA/Office of Radiation and Indoor Air  
Indoor Environments Division  
1200 Pennsylvania Avenue, NW  
Mail Code 6609J  
Washington, DC 20460