

Subterranean Termite Soil Treatment Builder's Guarantee

This form is completed by the builder.

This form is submitted for proposed (new) construction cases when soil treatment for prevention of subterranean termite infestation is specified by the builder or required by the lender, the architect, FHA or VA.

This form is to be completed by the builder. This guarantee is issued by the builder to the buyer. This guarantee is not to be considered as a waiver of, or in place of, any legal rights or remedies that the buyer may have against the builder.

FHA/VA Case No.: _____

Location of Structure(s) (Street Address, or Legal Description, City, State and Zip): _____

Buyer's Name: _____

The undersigned builder guarantees to the buyer and his or her successors, and assignees, that the structure at the location referenced above has been treated for subterranean termites by an application of a liquid termiticide. The builder further guarantees that the applicator is a state licensed pest control company and that the product was applied in accordance with the product label and state requirements. All treatment materials and methods used comply with state and federal regulations.

The builder hereby guarantees that, if subterranean termite infestation should occur within 5 years from the date of treatment, the builder will ensure that a licensed or otherwise state authorized pest control company (where required by state law) or other qualified licensed pest control company, retreat the soil, or at the option of the buyer use other EPA registered products, as necessary to control the infestation in the structure. This retreatment and application will be without cost to the buyer. The builder further agrees to repair all damage by subterranean termites within the one year builder's warranty period. This guarantee does not apply to additions or alterations that are made which affect the original structure or treated soil. Examples include, but are not limited to, landscape and mulch alterations which disturb the chemical barrier and create new subterranean termite hazards, or interfere with the control measures.

If within the guarantee period the builder questions the validity of a claim by the buyer, the claim will be investigated by an unbiased expert mutually agreeable to the builder and buyer. The report of the expert will be accepted as the basis for disposition of the case. The non-prevailing party will pay the cost of any inspections made to investigate the claim.

Builder's Company Name: _____ Phone No.: () _____

Authorized Signature: _____ Date: _____

Attention Buyer: You may have the option of having the pest control company which performed the treatment or another pest control company inspect the property annually for an additional fee. For further information, contact the pest control firm listed on the NPCA-99b.

Consumer Maintenance Advisory regarding Integrated Pest Management for Prevention of Wood Destroying Insects
Information regarding prevention of wood destroying insect infestation is helpful to any property owner interested in protecting the structure from infestation. Any structure can be attacked by wood destroying insects. Periodic maintenance should include measures to minimize possibilities of infestation in and around a structure. Factors which may lead to infestation from wood destroying insects include foam insulation at foundation, earth-wood contact, faulty grade, firewood against structure, insufficient ventilation, moisture, wood debris in crawl space, wood mulch, tree branches touching structures, landscape timers, and wood rot. Should these or other such conditions exist, corrective measure should be taken by the owner in order to reduce the chances of infestations by wood destroying insects, and the need for treatment.

An original and one copy of this guarantee are to be prepared by the builder and sent to the lender. The lender provides one copy to the buyer at closing and includes a copy in the VA loan package or HUD insurance case binder. The builder sends one copy to the licensed pest control company which performed the treatment.

Attached is a copy of the state authorized pest control company's New Construction Subterranean Termite Soil Treatment Record, NPCA-99b.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Form NPCA-99a

THIS FORM MAY NOT BE ALTERED.

New Construction Subterranean Termite Soil Treatment Record

This form is completed by the licensed Pest Control Company.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when soil treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control Operator and builder, unless stated otherwise.

Section 1: General Information (Treating Company Information)

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Company Business License No.: _____ Company Phone No.: (____) _____

FHA/VA Case No. (if any): _____

Section 2: Builder Information

Company Name: _____

Phone No.: (____) _____

Section 3: Property Information

Location of Structure(s) Treated (Street Address, or Legal Description, City, State and Zip): _____

Type of Construction: Slab Basement Crawl Other _____
(More than one box may be checked)

Approximate Depth of Footing: _____ Outside: _____ Type of Fill: _____
Inside: _____

Section 4: Treatment Information

Date(s) of Treatment(s): _____

Brand Name of Product(s) Used: _____ EPA Registration No.: _____

Approximate Final Mix Solution %: _____

Approximate Size of Treatment Area:
Sq. ft.: _____ Linear ft.: _____ Linear ft. of Masonry Voids: _____

Approximate Total Gallons of Solution Applied: _____

Was treatment completed on exterior? YES NO

Service Agreement Available: YES NO

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List): _____

Comments: _____

Name of Applicator(s): _____ Certification No. (IF REQUIRED BY STATE LAW): _____

The applicator has used a product in accordance with the product label and state requirements. All treatment materials and methods used comply with state and federal regulations.

Authorized Signature: _____ Date: _____

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Form NPCA-99b