

Printed Name:___

Email:_

Account No.: 4315113

THIS AGREEMENT PROVIDES FOR RETREATMENT OF A STRUCTURE AND THE REPAIR OF DAMAGES CAUSED BY WOOD DESTROYING ORGANISMS WITHIN THE LIMITS STATED IN THIS AGREEMENT.

SUBTERRANEAN TERMITE REPAIR AGREEMENT

| Section I. GENERAL | L INFORMATION. | | | | | |
|--|--|---|--|--|--|--|
| Name: ADAMS | S HOMES/Lot 88 | Billing Address: 100 Sw 75th St | | | | |
| Service Addres | s:311 Sw Silver Palm Dr | City: Gainesville | | | | |
| City: Lake C | | State: FL | Zip Code: 32607-5779 | | | |
| • | Zip Code: 32024-6756 | Home Phone: 352-554-8680 | · 1 ——— | | | |
| | | Work Phone: | | | | |
| a. No Visible b. Visible Live Term Dame Any damag b. above an inspector in Active: In many ca without ben It appea | adily accessible areas of the structure(s) located at the Servible evidence of previous or current subterranean termite infection was observed subterranean termites (description and location indicated on the parts, exit holes or shelter tubes (description and location age from subterranean termites was noted in the following a series of the considered only as evidence of currence checked, some degree of damage, including hidden destroyed and an admage evaluation or any other building construction techniques, and the considered only as evidence of currence checked, some degree of damage, including hidden destroyed and the considered only as evidence of currence checked, some degree of damage, including hidden destroyed and the considered only as evidence of currence checked, some degree of damage, including hidden destroyed and the considered on the considered on the considered on the considered on the considered of the structure(s) may be considered on the considered on | ce Address on the date of the inspection only is estation was observed. as follows: the attached graph) in indicated on the attached graph) rea(s): rent or previous infestation of subterranean termitumage, may be present. The inspector's training tology and/or repair. Any visible evidence observed hout further investigation. Reason: In termites, it is not possible to ascertain whether and of time. In the previously treated. Evidence of previous the previously treated. Evidence of previously treated. | tes. If any of the boxes in subsection g and experience do not qualify the red above appears: er an infestation is active or inactive as treatment: | | | |
| Section V. TYPE OF | TREATMENT | OBLIGATIONS: | | | | |
| _ | n Corrective Treatment | (See reverse side for a description of the Company's obligation to retreat | | | | |
| ☐ Post Construction | n Preventative Treatment | and to repair damage caused by subterranean termites.) | | | | |
| ☑ Pre-Construction | Treatment | Location of Treatment Sticker: | | | | |
| Other: | | | | | | |
| against any other pest "Company") will pro General Terms and C treated structure(s) onl | against the attack of subterranean termites (Reticuliterma is, plant, animal or organism other than subterranean terrivide re-inspections to the structure when deemed necest conditions on the reverse side. Customer agrees to make y upon (a) visual evidence of a live termite infestation or (e structure(s) for health-related molds or fungi. By law, the organization of the structure of the structu | nites. During the term of this Agreement, H ssary by the Company or annually if requeste the treated structure(s) available for re-inspe (b) disturbance of the soil surrounding the treate | tomeTeam Pest Defense, Inc. (the ed by the Customer, subject to the ection. The Company will retreat the d structure(s). The Company has not | | | |
| Actual Treatment Date Initial Treatment Date: | | PAYMENT METHOD: | | | | |
| Down Payment: | \$ 0.00 | ☐ Cash ☐ Check ☐ Credit Card | | | | |
| Balance Due: Annual Renewal: | \$ 0.00 \$ 400.00 | If paying by credit card or recurring de complete the attached Authorization | | | | |
| This Agreement o | contains certain limitations, conditions and exclusions on | the Company's obligations. Please read the er | ntire Agreement before signing. | | | |
| In consideration for th payments indicated ab | the Company performing the services specified above and sove. Customer acknowledges receipt of a signed copy of executive officer of the Company. | subject to the terms and conditions of this Agree | ement, Customer agrees to make the | | | |
| CUSTOMER: | | HOMETEAM PEST DEFENSE, INC. | | | | |
| Signature: | | Signature: RON | HOLDEN | | | |

<u>RIGHT TO CANCEL</u>: YOU, THE CUSTOMER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.

Printed Name:_

Effective Date:__

RON HOLDEN

06/18/2025

Section VI. ORLIGATIONS

An Calculation Configures. So Private My south responsible for annitringing the Treated Positions (the first any condition conditions, co

annual renewal rate.

8. CHEMICAL SENSITIVITY OR SPECIAL HEALTH CONDITIONS. If Customer believes that Customer or other occupants of the treated structure are or may (A) be sensitive to pesticides/termiticides or their odors or (B) have other health conditions that may be affected by pesticides/termiticides or their odors, Company recommends that you not have an initial or a subsequent service performed at your premises until you have consulted with your family physician. At your request, Company will provide information about the chemicals to be used in treating the premises. By permitting the treatment, Customer assumes the risk and waives any and all claims against the Company in connection with such sensitivity or condition. At your request, the Company will provide information about the chemicals to be used in treating the premises.

Company win provide information about the clienticas to be desen in teating the preinises. By perintener, Customine assumes the first and warves any and all claims against the Company in connection with such sensitivity or condition. At your request, the Company will provide information about the chemicals to be used in treating the premises.

9. Arbitration. Any Controversy or claim arising out of or relating to this agreement or any other agreement between the parties, including but not limited to any tort and statutory claims, and any claims for personal injury or property damage, shall be settled by binding arbitration, unless the parties agree otherwise, the arbitration shall be administered under the commercial rules of the american arbitration association ("aaa") or, if applicable, it shall be determined under the aaa procedures for consumer-related disputes. The Parties expressly agree that the arbitrator shall follow the substantive law, including the terms and conditions of this agreement, and that any arbitration proceeding under this agreement will not be consolidated or joined with any action or legal proceeding under any other agreement or involving any other premises, and will not proceed as a class action, private attorney general action or similar representative action. Either party has the right to require a panel of there (3) arbitrators, and the requesting party shall be responsible for the cost of the radiity and arbitrators. Either party may equest at any time prior to the hearing that the award be accompanied by a reasoned opinion. The award reduces the arbitrator(s) shall be final and binding on all parties, except that either party may within 30 days of the original award request an arbitrator(s) fees and costs. The appeal tribunal shall be final and binding. Judgment may be entered on the award in any court having jurisdiction thereof. Customer and company acknowledge and agree that this arbitration provision is made pursulant to a transaction involving interstate commerce and shear ar

ACT.

10. ENTIRE AGREEMENT AND SEVERABILITY. This Agreement and the attached graph constitute the entire agreement between the parties. Customer expressly warrants and represents that, in entering this Agreement, Customer is not relying on any promise, agreement or statement, whether oral or written, that is not expressly and fully set forth in this Agreement. If any part of this Agreement is held to be invalid or unenforceable for any reason, the remaining terms and conditions of this Agreement will remain in full force and effect. The terms of the Agreement stated herein may not be amended or altered unless a written change is approved and signed by a Corporate Officer of Company. No other employees or agents of Company have authority to amend or alter any part of this Agreement. Provided, however, that as to the paragraph on ARBITRATION, if the sentence precluding the arbitrator from conducting an arbitration proceeding as a class, representative or private attorney general action is found to be invalid or unenforceable then the entirety of the ARBITRATION paragraph shall be deemed to be deleted from this Agreement.

09/17 - (53314 5YR) © HomeTeam Pest Defense, Inc. 2017

Subterranean Termite Protection Builder's Guarantee

This form is completed by the builder.

OMB Approval No. 2502-0525 exp. 07/31/2027

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 5 CFR § 1320.8(b)(3)(iii) requires that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions of reducing this burden. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. 24 CFR § 200.26(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires a licensed Pest Control company to provide the builder a record of specific treatment information in those cases when if any method other than use of pressure treated lumber is used for prevention of subterranean termite infestation. When applicable, form HUD-NPMA-99-B, New Construction Subterranean Termite Service Record, must accompany form HUD-NPMA-99-A. The form serves as a record of termite treatment for builders, pest control companies, mortgage lenders, homebuyers, and HUD. HUD expects its third-party business partners who collect, use, maintain, or disseminate HUD information to protect the privacy of individual information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410–5000. When providing comments, please refer to OMB Control No. 2502–0525

This form is submitted for proposed (new) construction cases when prevention of subterranean termite infestation is specified by the builder or required by the lender, the architect, FHA, or the Department of Veterans Affairs (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 Code): 311 Sw Silver Palm Dr, Lake City, FL, 32024-6756 | | | | | | | |
| Buyer's Name: | | | | | | | |
| Builder checks and completes either box 1 or box 2. | treent information) zed pest control company (where required by State law) was contracted to s. The builder further certifies that the contract with the pest control e with all applicable State and Federal requirements. All work required by to prohibited by applicable State requirements, the buyer, for an additional ranean termites. Contact the pest control company listed on the ean termite infestation should occur within one year from the date of ontrol company will treat as necessary to control infestations in the ate law, the buyer may contract directly, at the buyer's expense, with a stered products to control any infestation. The builder will not be apair all damage by subterranean termites within the one-year builder's made by the buyer, which affects the original structure or treatment. sturb the treated area and create new subterranean termite hazards or ions the validity of a claim by the buyer, the claim will be investigated by expert will be accepted as the basis for disposition of the case. The non-for further information, contact your State structural pest control regulatory code. Treatment Installed Physical Barrier System The more sure treated lumber only and certifies that use of the pressure treated cified in HUD Handbook, FHA Single Family Housing Policy Handbook ceptable and violates the requirements of Handbook 4000.1. Date: | | | | | | |
| 1. Pest Control Company Applied Treatment (See form HUD-NPMA 99-B for treatment The undersigned builder hereby certifies that a State licensed or otherwise authorized treat the property at the location referenced above to prevent subterranean termites. Company required the treatment materials and methods used to be in conformance with the contract has been completed unless noted on form HUD-NPMA 99-B. Where not fee payable to the pest control company, may extend the protection against subterrant attachment for further information. The builder hereby guarantees that, if subterraneat closing, the builder will ensure that a licensed or otherwise State-authorized pest cont structure. This further treatment will be without cost to the buyer. If permitted by State pest control company to inspect the property on a periodic basis and use EPA-register responsible for guaranteeing such contracted work. The builder further agrees to repart warranty period. This guarantee does not apply to additions or alterations that are man Examples include, but are not limited to, landscape and mulch alterations, which distuinterfere with the control measures. If within the guarantee period the builder question an unbiased expert mutually agreeable to the buyer and builder. The report of the expensive property of the expe | It pest control company (where required by State law) was contracted to The builder further certifies that the contract with the pest control ith all applicable State and Federal requirements. All work required by prohibited by applicable State requirements, the buyer, for an additional tean termites. Contact the pest control company listed on the intermite infestation should occur within one year from the date of trol company will treat as necessary to control infestations in the law, the buyer may contract directly, at the buyer's expense, with a seried products to control any infestation. The builder will not be seried all damage by subterranean termites within the one-year builder's deby the buyer, which affects the original structure or treatment. The treated area and create new subterranean termite hazards or is the validity of a claim by the buyer, the claim will be investigated by pert 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. For agency. All service must be in compliance with the International Residential Coc | | | | | | | |
| Type of Service: Termite Bait System X Field Applied Wood Treatment Soil Treatment | atment Installed Physical Barrier System | | | | | | |
| 2. Builder Installed Subterranean Termite Prevention Using Pressure Treated Lumbor. The builder certifies that subterranean termite prevention was installed using pressure lumber is in compliance with applicable building codes and HUD requirements specifies 4000.1 (Handbook 4000.1). Note: Using pressure treated sills as a sole method of termite prevention is NOT acceptinitial of Builder: | e treated lumber only and certifies that use of the pressure treated ed in HUD Handbook, <i>FHA Single Family Housing Policy Handbook</i> ptable and violates the requirements of Handbook 4000.1. | | | | | | |
| Attachmenta | | | | | | | |
| Attachments: | | | | | | | |
| I/We, the undersigned, certify under penalty of perjury that the information provided on the | nis form and in any accompanying documentation is true and accurate. | | | | | | |
| Builder's Company Name: Adams Homes | Phone No: 352-554-8680 | | | | | | |
| Builder's Signature: | Date: | | | | | | |

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 timbers, 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 Service Record, form HUD-NPMA-99-B.

WARNING: Anyone who knowingly submits a false claim or makes false statements is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18. U.S.C. §§ 287, 1001, 1010, 1012, and 1014; 31 U.S.C. §§ 3729, 3802).

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525

(exp. 07/31/2027)

This form is completed by the licensed Pest Control company

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. 24 CFR § 200.926d(b)(3) requires that the sites for HUD-insured structures must be free of termite hazards. This form requires a licensed Pest Control company to send to the builder as a record of specific treatment information for the prevention of termites. Builders, pest control companies, lenders, homebuyers, and HUD will use the information collected as a record of termite treatment for specific homes.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410–5000. When providing comments, please refer to OMB Control No 2502–0525.

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

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

| Section 1: General Information (Pest Control Company In Company Name: HomeTeam Pest Defense, Inc. | | | | | | | | |
|--|--------------------------------------|---|---|--|--|--|--|--|
| Company Address:6694 Columbia Park Drive Sout | h City: <u>Jacksonville</u> | State:FL | ZIP Code: <u>32258-2409</u> | | | | | |
| Company Business License No.: 1640370000 Company Phone No.: 904-730-2522 | | | | | | | | |
| FHA/VA Case No. (if any): | | | | | | | | |
| Section 2: Builder Information Company Name: Adams Homes | | Phone No.: <u>3</u> | | | | | | |
| Section 3: Property Information Location of Structure(s) Treated (Street Address or Le | egal Description, City, State, and 2 | 311 Sw Silver Pa Lake City, FL, 3 Zip): | 2024-6756 | | | | | |
| Section 4: Service Information Date(s) of Service(s): 6/18/25 | | | | | | | | |
| Type of Construction (More than one box may be checked) | Slab Basement Cr | awl space Other | | | | | | |
| Check all that apply: | | | | | | | | |
| A. Soil Applied Liquid Termiticide | | | | | | | | |
| Brand Name of Termiticide: | EPA Registration No.: | | | | | | | |
| Approx. Dilution (%):Approx. Total G | Sallons Mix Applied:1 | reatment Completed or | Exterior: X Yes No | | | | | |
| X B. Wood Applied Liquid Termiticide | | | | | | | | |
| Brand Name of Termiticide: Bora-Care | EPA Registration No. | 64405-1-AA | | | | | | |
| Approx. Dilution (%): 23 Approx. Total | Gallons Mix Applied: 12 | | | | | | | |
| C. Bait System Installed | | | | | | | | |
| Name of System: | EPA Registration No:. | Num | ber of Stations Installed: | | | | | |
| D. Physical Barrier System Installed | | | , | | | | | |
| | Attach installation information (| required) | | | | | | |
| Service Agreement Available? X Yes No | | , | | | | | | |
| Note: Some State laws require service agreements to Attachments (List): | | | | | | | | |
| Name of Applicator(s): IAN GRAHAM | Certification No. (if required | by State law): <u>JF22683</u> | 5 | | | | | |
| The applicator has used a product in accordance with the Federal regulations. | product label and State requirer | ments. All materials and | I methods used comply with State and | | | | | |
| I/We, the undersigned, certify under penalty of perjury that | the information provided on this fo | orm and in any accompa | anying documentation is true and accurate | | | | | |
| Authorized Signature: Pon Holden | Date: 96/18 | 1/25 | | | | | | |

WARNING: Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, and 1014; 31 U.S.C. §§ 3729, 3802).



New Construction Subterranean Termite Treatment

This report is submitted for information purposes to the builder on (new) construction cases where treatment for prevention of subterranean termite infestation is required by the Florida Building Code, Section 104.2.6.

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

| Section 1: Hometeam Per Company Address: 6694 Columbia Par | | Citv: Jacl | ksonville | | State: FL |
|---|---|--------------------|-------------------------------------|---|--|
| Zip: 32258-2409 Company Phone N | | | | | 1640370000 |
| Section 2: Builder Inform Company Name: Adams Homes Phone No.: | ation | | | | |
| Section 3: Property Information Building Permit No.: Location of Structure(s) Treated: 311 | | ake City, FL | ., 32024-6756 | | |
| Type of Construction: ☒ Slab ☐ B. Approximate Depth of Footing: Outsi | | | | т | ype Fill: |
| Section 4: Treatment Info | | EPA Regi | stration No.: <u>64</u> 4 | 105-1-AA | |
| Brand Name of Product(s) Used: Bora | a-Care | | | | |
| Final Mix Solution: 23 | _Treatment Area S | q. Ft.: <u>194</u> | 4 | | |
| Linear Ft. 200 | _ Linear Ft. of Mas | onry Void | s: | | |
| <u>Total</u> Gallons of Termiticide Applied: | 12 | | | | |
| Service Agreement Available? Liquid treatment: Liquid Final exterior treatment: Borate treatment: Bait in lieu of Pretreat: | X Yes ☐ No ☐ Yes X No ☐ Yes X No X Yes ☐ No ☐ Yes X No ☐ Yes X No | | prevention of su accordance with | ubterranean In the rules a Tent of Agri | a complete treatment for the termites. Treatment is in and laws established by the cultural and Consumer |
| Note: Some State laws require service | e agreements to be | e issued. | This form does | not preemp | ot State law. |
| Attachments (List) | | | | | |
| Comments | | | | | |
| Name of Applicator(s): IAN GRAHAM | , ,,,,,,, | « | | rtification No | o.: JF226836 |
| Authorized Signature RON | l HOLI | DEN | V | Date 06/18 | 3/25 |