

PROFESSIONAL SERVICES DISCLOSURE AND ELECTION

See Form 760G for instructions on completing this form.

“Client”: _____ Buyer or Seller

“Firm”: _____

“Property”: _____

For each item below, Client should either select or waive the service with their initials. If a service is selected, then indicate who will order it and identify the name of the service provider.

CLOSING SERVICES

Accountant/CPA/Tax Advisor _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

Appraisal _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

Attorney (Closing/Docs/Title) _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

Home Warranty _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

Mortgage Loan _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

INSURANCE SERVICES

Flood Insurance _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

**Flood Insurance Program
Elevation Certificate (National)** _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

Property Insurance _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

INSPECTIONS

Elevator Inspection _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

Engineer Inspection _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

Home Inspection _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

HVAC Inspection _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

**Pest Inspection/Report – Wood
Destroying Insects (WDIR)** _____ Selected Provider Name: _____
_____ Waived Ordered by: _____

**Pest Inspection
(Pests other than WDIR)** _____ Selected Provider Name: _____
_____ Waived Ordered by: _____



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Pool/Spa Inspection	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
Private Bridge Inspection	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
Private Road Investigation	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
Radon Inspection	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
Re-inspection of Repairs	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
Septic Inspection	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
Sewer Inspection	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
Survey	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
Water Quality Inspection	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
Well Inspection	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____

ADDITIONAL SERVICES

_____	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
_____	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
_____	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
_____	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
_____	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____
_____	_____ Selected _____ _____ Waived _____	Provider Name: _____ Ordered by: _____

1. **Disclaimer:** Client understands that Firm cannot give advice in certain matters that may relate to the purchase or sale of the Property, including but not limited to matters of law, taxation, financing, surveying, wood-destroying insect infestation, structural soundness, or engineering. Client acknowledges Firm has recommended that Client consult with a professional for an opinion regarding each service listed above to be performed pursuant to Client's purchase or sale of the Property. Even if client has indicated above that a particular service is waived or not applicable, Client may elect such service at a later time. ALTHOUGH FIRM MAY PROVIDE BUYER OR SELLER THE NAMES OF PROVIDERS WHO CLAIM TO PERFORM SERVICES IN ONE OR MORE OF THE LISTED AREAS, CLIENT UNDERSTANDS THAT FIRM CANNOT GUARANTEE THE QUALITY OF SERVICE OR LEVEL OF EXPERTISE OF ANY SUCH PROVIDER.

2. **Hold Harmless:** Client hereby agrees to indemnify and hold Firm harmless from and against any and all liability, claim, loss, damage, suit, or expense that Firm may incur either as a result of Client's selection and use of any of the listed service providers or Client's election not to have one or more of the listed services performed.

3. **Environmental Inspections:** In addition to testing for the presence of radon, consideration should be given to testing the air and any private drinking well water for the presence of other contaminants, including but not limited to, biological, chemical, and radiological contaminants. Client should consult with an air and/or water quality specialist regarding the need for and scope of any such testing.

4. **Surveys:** Situations arise all too often that could have been avoided if the buyer had obtained a new survey from a NC registered surveyor. A survey will normally reveal such things as encroachments on the Property from adjacent properties (fences, driveways, etc.); encroachments from the Property onto adjacent properties; road or utility easements crossing the Property; violations of set-back lines; lack of legal access to a public right-of-way; and indefinite or erroneous legal descriptions in previous deeds to the Property. Although title insurance companies may provide lender coverage without a new survey, the owner's policy contains an exception for easements, set-backs and other matters which would have been shown on a survey. Many such matters are not public record and would not be included in an attorney's title examination. In addition, if the buyer does not obtain their own survey, they would have no claim against a surveyor for inaccuracies in a prior survey.

5. **Payment:** Client agrees to pay the full amount due for any service selected above whether the transaction closes or not.

NC REALTORS® MAKES NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION.

Client: (Name) _____ (Signature) _____ (Date) _____

Contact: (Phone and Email) _____

Mailing Address: _____

Client: (Name) _____ (Signature) _____ (Date) _____

Contact: (Phone and Email) _____

Mailing Address: _____

Entity Client: (Name of LLC, Corp., Trust, etc.) _____

By: (Name & Title) _____ (Signature) _____ (Date) _____

Contact: (Phone and Email) _____

Mailing Address: _____

Firm: (Name) _____ (License Num.) _____ (Phone) _____

By: (Agent Signature) _____ (License Num.) _____ (Date) _____

Office Address: _____

Agent Contact: (Phone, Fax, and Email) _____