

## NISUS CORPORATION BORA-CARE® WARRANTY MANAGEMENT SYSTEM

## **Home Inspection Form**

Home inspections must be conducted annually and registered to maintain warranty coverage. Be sure the home is registered before submitting the inspection form.

Pest Company Name			
Pest Company Address			
Street			
City	State	ZIP	
Name of person inspecting (first, last)			
Date of Inspection			
O Inside Structural Inspection Completed REQUIRED			
O Outside Structural Inspection Completed REQUIRE	D		
Address/Location of Inspected Home			
Street			
City	State	ZIP	
New square footage added to home since original tr	eatment or last inspe	ection:	

O New Square Footage Treated

O Conducive Conditions Exist
O Untreated Additions
Untreated additions description and square footage
O Excessive Moisture
Excessive Moisture Comments
O Wood Mulch in Contact with Foundation
Wood Mulch in Contact with Foundation Comments
O Structural Alterations
Structural Alterations Comments
O Other
Other Comments

Please check the required fields before submitting.

**E-MAIL YOUR COMPLETED FORM TO:** info@nisuscorp.com **SUBJECT:** Attn: Bora-Care Warranty

