## I. SELECT YOUR PREFERRED TERM OPTION AND SERVICE FEE

Coverage Selections:	New			Pre-Owned		
Term	○ 3 years	$\bigcirc$ 5 years	○ 7 years	🔿 1 year	○ 2 years	○ 3 years
Service Fee	\$25	\$50	○ \$100	\$50	() \$100	○ \$200
Covered Components	1 - 6			1 - 5		

## **II. SELECT YOUR CHOICES - TERMS MUST BE IDENTICAL TO THE TERM FROM PART ONE**

Optional Coverages	New	Cost	Pre-Owned	Cost
Air Conditioning	Included	-0-	🔿 Yes 🔿 No	
Commercial Use	🔿 Yes 🔿 N	No	Not Available	Not Available
Freezer	O Yes O I	No	🔿 Yes 🔿 No	
Ice Maker	O Yes O I	No	🔿 Yes 🔿 No	
Pool	O Yes O I	No	🔿 Yes 🔿 No	
Spa	O Yes O I	No	O Yes O No	
Pool/Spa Combination	O Yes O 1	No	🔿 Yes 🔿 No	
Roof Leaks	O Yes O I	No	🔿 Yes 🔿 No	
Septic Tank	O Yes O I	No	🔿 Yes 🔿 No	
Well Pump	🔿 Yes 🔿 N	No	🔿 Yes 🔿 No	
Washer/Dryer/Refrigerator	O Yes O I	No	🔿 Yes 🔿 No	
Optional Coverage Subtotal				
Agreement Price				
Sales Tax (if applicable)				
Total				

PLEASE NOTE: Repair coverage begins on the Agreement purchase date ("Effective Date") specified below and continues for the term selected by the Purchaser. The Service Fee selected is payable on a "per trade call" basis. Except for the optional coverage for a washer, dryer or refrigerator supplied by the Purchaser (if this coverage is purchased by the Purchaser), coverage is provided only on systems and appliances that come with the sale of the house. By signing this application, the Builder/Retailer and Purchaser each certify that all covered appliances and systems are sound and in good working order at the time of purchase of this Agreement. Any dispute regarding this Agreement will be submitted to binding arbitration as provided in the Agreement. This program is separate from any structural or other coverage provided by the Builder/Retailer. The Builder/Retailer may receive a fee for services rendered in the marketing and administration of the sale of this Agreement from USHP. The Builder/Retailer must make check payable to USHP, LLC and submit it along with this application to: USHP, LLC, 5300 Derry Street, Harrisburg, PA 17111. A copy of this application and a confirmation receipt will be returned to you within 60 days to confirm enrollment. Refer to Agreement for terms, conditions and limitations. THE MAXIMUM LIMIT OF LIABILITY OF USHP FOR ALL CLAIMS MADE UNDER THIS AGREEMENT IS \$25,000.

## **III. COMPLETE THIS SECTION AND SUBMIT WITH PROPER PAYMENT TO "USHP,LLC":**

Purchaser Information: All Purchaser information must be completed. Purchaser(s) Name(s) Address:	Manufacturer Information:         Please provide the following information about this home.         Manufacturer Name:		
Telephone: Email: Original Closing Date: Check here if this home is enrolled in any of the structural warranties offered I MHWC (circle appropriate company) Enrollment # (if applicable):	Serial #:       Year:         Make:       Model:         by       Effective Date of Manufacturer's Warranty:         Retail Price:       Size:         Note: Platinum Advantage is available for New Homes or Pre-Owned Homes b		
Purchaser's Signature     Date       Purchaser's Signature     Date	Builder/Retailer Information         (if applicable)           If Platinum Advantage is being offered to the Purchaser by the Builder, the complete the following section:         Builder/Retailer Name:	Builder should also	
Office Use Only:         Platinum Advantage Effective Date:         Platinum Advantage Sold By:         Customer ID#:         Platinum Advantage Agreement #:         Platinum Advantage Registration #:         Date Received: Check #: Check Amount:	Builder/Retailer MHWC Registration # (if applicable)	Title	