

AMERIGUARD COVERED COMPONENT INVENTORY REPORT

Warranted Property Address: _____
ADDRESS CITY ST ZIP

BUYER OR SELLER NAME

TELEPHONE

EMAIL

AGENT NAME

TELEPHONE

EMAIL

Brand * Model# * Serial# **

Standard Coverage

AC Unit			
Furnace			
Central Vacuum			
Dishwasher			
Garage Door Opener			
Garbage Disposal			
Microwave (Built-In)			
Range/Oven/Cooktop			
Refrigerator			
Trash Compactor			
Washer			
Dryer			
Water Heater			

Optional Coverage

Freezer			
Additional Refrigerator			
Additional Furnace			
Additional AC Unit			

Were any existing defects to any covered item listed on disclosure notice(s)? Yes No N/A

If yes, please include a description of all item(s) and defect(s): _____

Is Structural Coverage Included on Warranty Property listed above? Yes No

Name of Engineer Performing the Structural Inspection: _____

Were any existing structural defects identified? Yes No N/A

Comments: _____

PLEASE NOTE: The AmeriGuard Covered Component Inventory Report is **required** if the administrative fee is to be paid to the Broker. Please fax or email the completed report to AmeriGuard's administrator, USHP, within thirty (30) days after closing to ensure processing.

The AmeriGuard Covered Component Inventory Report has been completed to the best of my ability.

BROKER/AGENT SIGNATURE

USHP REGISTRATION #

DATE

* Required Information

** Please provide if # is accessible