

PLATINUM ADVANTAGE - EXTENDED WARRANTY SERVICE AGREEMENT APPLICATION:

I. SELECT YOUR PREFERRED TERM OPTION AND SERVICE FEE

| | | |
|----------------------|---|--|
| Coverage Selections: | <u>New</u> | <u>Pre-Owned</u> |
| Term | <input type="radio"/> 3 years <input type="radio"/> 5 years <input type="radio"/> 7 years | <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years |
| Service Fee | <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100 | <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$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- | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Commercial Use | <input type="radio"/> Yes <input type="radio"/> No | _____ | Not Available | Not Available |
| Freezer | <input type="radio"/> Yes <input type="radio"/> No | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Ice Maker | <input type="radio"/> Yes <input type="radio"/> No | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Pool | <input type="radio"/> Yes <input type="radio"/> No | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Spa | <input type="radio"/> Yes <input type="radio"/> No | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Pool/Spa Combination | <input type="radio"/> Yes <input type="radio"/> No | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Roof Leaks | <input type="radio"/> Yes <input type="radio"/> No | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Septic Tank | <input type="radio"/> Yes <input type="radio"/> No | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Well Pump | <input type="radio"/> Yes <input type="radio"/> No | _____ | <input type="radio"/> Yes <input type="radio"/> No | _____ |
| Washer/Dryer/Refrigerator | <input type="radio"/> Yes <input type="radio"/> No | _____ | <input type="radio"/> Yes <input type="radio"/> 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: _____

Telephone: _____ Email: _____

Original Closing Date: _____

Check here if this home is enrolled in any of the structural warranties offered by MHWC (circle appropriate company)

Enrollment # (if applicable): _____

Purchaser's Signature _____ **Date** _____

Purchaser's Signature _____ **Date** _____

Office Use Only:

Platinum Advantage Effective Date: _____

Platinum Advantage Sold By: _____

Customer ID#: _____

Platinum Advantage Agreement #: _____

Platinum Advantage Registration #: _____

Date Received: _____ Check #: _____ Check Amount: _____

Manufacturer Information:

Please provide the following information about this home.

Manufacturer Name: _____

Serial #: _____ Year: _____

Make: _____ Model: _____

Effective Date of Manufacturer's Warranty: _____

Retail Price: _____ Size: _____

Note: Platinum Advantage is available for New Homes or Pre-Owned Homes built after 1980.

Builder/Retailer Information (if applicable)

If Platinum Advantage is being offered to the Purchaser by the Builder, the Builder should also complete the following section:

Builder/Retailer Name: _____ Date: _____

Authorized Builder/Retailer's Signature _____ **Title** _____

Builder/Retailer MHWC Registration # (if applicable) _____

_____ Homeowner must initial here if Platinum Advantage coverage was offered to them but is being denied.