

Service Agreement #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**BASIC PLANS**

Enroll this home for the following coverage(s):

	<i>1 Year</i>	<i>2 Years</i>
<input type="checkbox"/> <b>Appliance &amp; Systems:</b>	\$340	\$615
<input type="checkbox"/> <b>Structural Components:</b>	\$175*	\$320*
<input type="checkbox"/> <b>Home Inspection:</b>	\$ _____	N/A

\*Inspection *MUST* also be ordered if **Structural Components Coverage** selected. Call 1-866-394-5135 for details on pricing.

**OPTIONAL Coverage**

(Term selected for options must be the same Term as selected for your Basic Plan above):

<input type="checkbox"/> Guardian Package	\$39	\$69
<input type="checkbox"/> Freezer	\$33	\$59
<input type="checkbox"/> Ice Maker	\$17	\$30
<input type="checkbox"/> Pool Only	\$110	\$198
<input type="checkbox"/> Pool/Spa Combination	\$138	\$248
<input type="checkbox"/> Roof Leak Repair	\$83	\$149
<input type="checkbox"/> Septic	\$39	\$69
<input type="checkbox"/> Spa Only	\$94	\$168
<input type="checkbox"/> Well Pump	\$44	\$79
<input type="checkbox"/> Each Additional HVAC System	\$88	\$158
<input type="checkbox"/> Each Additional Water Heater	\$44	\$79
<input type="checkbox"/> Each Additional Boiler	\$88	\$158

**Total Premium Due:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Payment for Inspection:** \$ \_\_\_\_\_

**Balance Due at Closing:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*Cost of inspection *MUST* be paid at time of order. Balance of Agreement Fee may be paid at closing. Inspection will be scheduled once payment is received.

**PLEASE NOTE: Payment must be received within ten (10) days of closing or coverage will not be issued. If payment is not received and a claim is made after closing, coverage will be denied.**

Please Note: A copy of this application, terms and conditions for the program you have selected and a confirmation receipt will be returned to you within 60 days to confirm enrollment. Refer to the Agreement for terms, conditions and limitations.

**THE MAXIMUM LIMIT OF LIABILITY OF USHP IS \$25,000 FOR ALL CLAIMS MADE UNDER THE APPLIANCE & SYSTEMS AGREEMENT AND \$100,000 UNDER THE STRUCTURAL COMPONENTS AGREEMENT.**

**Please Note:** The Effective and Expiration Dates for this Agreement are defined in "Extended Warranty Service Agreement Coverage – Sections: Repair Coverage and Term" and will be listed in the Confirmation Letter sent by USHP to the Purchaser upon receipt of the completed application and applicable fees. Seller's Coverage is available for 180 days from the listing date. The Broker/Real Estate Agent may receive a fee for services rendered in marketing & administering the sale of this Agreement from USHP. By submitting this application, the parties to this real estate transaction certify that all covered appliances, systems and structural components, if applicable, are sound and in good working order at the time of Agreement purchase and that the coverage as outlined in the Agreement is accepted.

If the Home Inspection component is selected and paid for, the Inspection will be performed by Criterium Engineers or a similarly qualified engineer, who will prepare a written report of the findings of the inspection for the Purchaser. A summary of this report will also be provided to USHP to assist with the evaluation and issuance of any extended warranty coverage also selected by the Purchaser. By submitting this application, the parties to this real estate transaction agree to this disclosure.

**REFUSAL OF EXTENDED WARRANTY:** The Agreement and all its options have been presented to me and I decline such coverage. I agree to hold harmless the Broker/Real Estate Agent in the event of any future Covered Failures which may otherwise have been covered.

Homebuyer Signature: \_\_\_\_\_

**CONTACT INFORMATION**Warranty Purchaser is:  Buyer  Seller  Existing Homeowner**Property Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age of Home: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Listing Date: \_\_\_\_\_ Listing Expiration: \_\_\_\_\_

Closing Date: \_\_\_\_\_

**Seller(s):** \_\_\_\_\_

Telephone: HM: \_\_\_\_\_ WK: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Buyer(s):** \_\_\_\_\_

Telephone: HM: \_\_\_\_\_ WK: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Broker/Real Estate Agent:** \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

AmeriGuard Registration #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**PAYMENT INFORMATION**

Submit payment and completed application to USHP at the address listed below or call 1-866-394-5135 to enroll by telephone.

**Check** - Make payable to USHP, LLC

**Credit Card** - For your security, do NOT email or fax your card information.

Name of Cardholder: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Payment at final closing for Agreement coverage** (Inspection fee, if applicable, must be pre-paid)

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_

Check # \_\_\_\_\_

Account Executive \_\_\_\_\_