

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"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 5 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

<u>Optional Coverages</u>	<u>New</u>	<u>Cost</u>	<u>Pre-Owned</u>	<u>Cost</u>
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 (of home to be covered): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from enrolled address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Original Closing Date: _____

Check here if this home is enrolled in a structural warranty offered by MHWC

Enrollment # (if applicable): _____

Purchaser's Signature _____ **Date** _____

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: Homes 25 years old or more are ineligible for coverage under Platinum Advantage.

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.

Office Use Only:

Platinum Advantage Effective Date: _____

Platinum Advantage Sold By: _____

Customer ID#: _____

Platinum Advantage Agreement #: _____

Platinum Advantage Registration #: _____

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