



Certified Warranty #: \_\_\_\_\_

# APPLICATION

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> | \$425         | \$765          |
| <input type="checkbox"/> <b>Structural Components:</b>   | \$175*        | \$320*         |
| <input type="checkbox"/> <b>Structural Inspection:</b>   | \$ _____      | N/A            |

\*Structural 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 structural inspection *MUST* be paid at time of order. Balance of Warranty Fee may be paid at closing. Structural 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 and a confirmation receipt will be returned to you within 60 days to confirm enrollment, provided Key Estates certifies the inspection of your home. Refer to the Warranty 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 Warranty are defined in "Key Estates Certified Warranty Coverage – Sections: Repair Coverage and Term" and will be listed in the Confirmation Letter sent by Key Estates to the Purchaser upon receipt of the Key Estates Certification, the completed application and applicable fees. Seller's Coverage is available for 180 days from the listing date. The Real Estate Professional may receive a fee for services rendered in marketing & administering the sale of this Warranty from Key Estates. 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 Warranty purchase and that the coverage as outlined in the Warranty is accepted.

If the Structural Inspection component is selected and paid for, the Structural Inspection will be performed by a 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 Key Estates 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 Warranty and all its options have been presented to me and I decline such coverage. I agree to hold harmless the Real Estate Professional in the event of any future Covered Failures which may otherwise have been covered.

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

## CONTACT INFORMATION

Warranty Purchaser is:  Real Estate Professional  Seller  Buyer

**Property Address:** \_\_\_\_\_

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

Age of Home: \_\_\_\_\_ Listing Price: \_\_\_\_\_

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

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

Check this box if the Free Listing Period Coverage is being selected.

**Real Estate Professional:** \_\_\_\_\_

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

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

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

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

Key Estates ID #: \_\_\_\_\_

Key Estates Signature: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

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

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

## PAYMENT INFORMATION

**Submit payment and completed application to Key Estates at the address listed below or call 1-866-394-5135 to enroll by telephone. If paying by check, please make payable to Key Estates.**

**Check**

**Credit Card**

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

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

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

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

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

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

<b>Office Use Only</b>	Date Received _____	Amount Paid _____
	Check # _____	
	Account Executive _____	