

PLATINUM ADVANTAGE COVERED COMPONENT INVENTORY REPORT

Warranted Property Address: _____
ADDRESS CITY ST ZIP

BUYER OR SELLER NAME _____

BUILDER NAME _____

TELEPHONE _____

TELEPHONE _____

EMAIL _____

EMAIL _____

*Brand **

*Model # **

*Serial # ***

Appliances

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

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

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

 BUILDER SIGNATURE

 USHP REGISTRATION #

 DATE

* Required Information

** Please provide if # is accessible