

# KEY ESTATES NEW HOME CERTIFIED EXTENDED WARRANTY APPLICATION

## I. SELECT YOUR PREFERRED TERM OPTION AND SERVICE FEE

Service Fee Options	Term Options		
	2 years	3 years	5 years
\$25	\$275	\$415	\$550
\$50	\$220	\$360	\$495
\$100	\$195	\$330	\$470

The Service Fee selected is payable on a "per trade call" basis. The service fee for any Roof/Leak Repair is \$250.00 per service call.

Key Estates price based on Term and Service Fee selected: \_\_\_\_\_

System and appliances included in the standard coverage of Key Estates.

- Air Conditioning
- Electrical System
- Heating System
- Ductwork
- Plumbing System
- Central Vacuum
- Dishwasher
- Garbage Disposal
- Garage Door Opener
- Microwave
- Refrigerator
- Trash Compactor
- Washer & Dryer
- Water Heater
- Range/Oven/Cooktop
- Range Exhaust Unit

## II. SELECT YOUR CHOICES - TERM MUST BE IDENTICAL TO THE TERM FROM PART ONE

Premier Optional Coverages	Term Options			
	2 years	3 years	5 years	
Guardian	\$39	\$44	\$55	_____
Freezer	\$33	\$39	\$50	_____
Ice Maker	\$17	\$22	\$33	_____
Pool	\$110	\$121	\$143	_____
Spa	\$94	\$105	\$127	_____
Pool/Spa Combination	\$138	\$149	\$171	_____
Roof Leaks	\$83	\$94	\$116	_____
Septic	\$39	\$44	\$55	_____
Well Pump	\$44	\$50	\$61	_____
Wash/Dry/Refrigerator <i>(If supplied by Purchaser)</i>	\$110	\$121	\$143	_____

Subtotal for Premier Options Selected: \_\_\_\_\_

Total for Key Estates & Premier Options Selected: \_\_\_\_\_

Total Due : \_\_\_\_\_

**PLEASE NOTE:** Repair coverage begins on the Warranty 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 washer, dryer or refrigerator supplied by the Purchaser (if this coverage is purchased by the Purchaser), coverage is provided only on systems and appliances installed or supplied by the Builder. **By signing this application, the Builder and Purchaser each certify that all covered appliances and systems are sound and in good working order at the time of purchase of this Warranty. Any dispute regarding this Warranty will be submitted to binding arbitration as provided in the Warranty.** This program is separate from any structural or other coverage provided by the Builder. The Builder may receive a fee for services rendered in the marketing and administration of the sale of this Warranty from USHP. Make your check payable for the Total Due 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 Warranty for terms, conditions and limitations. **THE MAXIMUM LIABILITY FOR USHP UNDER THIS WARRANTY SHALL NOT EXCEED AN AGGREGATE EQUAL TO \$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 RWC or HOME:  
Enrollment # (if applicable): \_\_\_\_\_

Purchaser's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_  
 Check  
 Credit Card: Type of Card: MC \_\_\_\_\_ Visa \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_

**Builder Information:** (If applicable)

Builder Name: \_\_\_\_\_ Date \_\_\_\_\_

Authorized Builder's Signature \_\_\_\_\_

Builder Title \_\_\_\_\_

Builder RWC or HOME Registration # (if applicable) \_\_\_\_\_

\_\_\_\_\_  
 Homeowner must initial here if Key Estates coverage was offered to them but is being denied.

### Office Use Only:

Key Estates Effective Date: \_\_\_\_\_

Key Estates Sold By: \_\_\_\_\_

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

Key Estates Agreement #: \_\_\_\_\_

Key Estates Registration #: \_\_\_\_\_

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_

USHP, LLC • 5300 Derry Street • Harrisburg, PA 17111  
 866-394-5135 • Local 717-561-3896