

**ASSURANCEHOME**  
WARRANTY CORPORATION

1-866-99-ASSURANCE

1.) PROPERTY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_  
State Zip

2.) CHOOSE PLAN:

6 MONTH \$175.00     12 MONTH STANDARD \$275.00

12 MONTH PLUS \$350.00

3.) APPLICANT INFORMATION:  BUYER  SELLER  HOMEOWNER

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

CITY STATE ZIP

EXISTING HOMEOWNER NAME / BUYERS NAME

( ) ( )  
TELEPHONE FAX

SELLERS NAME

( ) ( )  
TELEPHONE FAX

**OPTIONS:**

SWIMMING POOL \$160.

SPA \$160

WELL PUMP \$75

SEPTIC TANK \$75

FREESTANDING FREEZER \$25

FREESTANDING ICEMAKER \$25

TELEPHONE / ALARM WIRING \$25

PLATINUM PACKAGE UPGRADE \$75

**PLATINUM PACKAGE INCLUDES:** WATER HEATER SEDIMENT, GARAGE DOOR SPRINGS, HINGES, AND TRANSMITTERS, REMOVAL OF EXISTING UNITS, FREON RECOVERY, CODE VIOLATIONS UP TO \$250.

4.) REAL ESTATE OFFICE INFORMATION

INITIALIZING AGENT E-MAIL

OFFICE NAME

OFFICE ADDRESS

CITY STATE ZIP

( ) ( )  
OFFICE TELEPHONE FAX

LISTING EXPIRATION DATE CLOSING DATE

CLOSING COMPANY NAME

( ) ( )  
TELEPHONE FAX

OFFICER NAME FILE NUMBER

**5.) NOTICE:** Coverage includes only those systems, appliances and components that were in proper operating condition at the contract effective date. AssuranceHWC discloses to the purchaser of this warranty, and the purchaser consents and acknowledges by his/her signature that the employing broker and/or agent may receive a minimal fee for services rendered in marketing or administering the sale of this warranty program.

**[ ] Acceptance of Coverage**

Applicant acknowledges that he/she understands the terms and conditions of coverage. Acceptance is acknowledged and completed with remittance of payment to:

\*

**ASSURANCE HOME WARRANTY CORPORATION**  
1785 E. SAHARA AVE.  
SUITE 490-465  
LAS VEGAS, NV 89104

**TOTAL PLAN INVESTMENT**

**TOTAL FEE PAYABLE**

\$

ALL PLANS HAVE A **\$50.00 DEDUCTIBLE**  
\*\$75.00. DEDUCTIBLE FOR ROOF LEAK COVERAGE

**COVERAGE LIMITATIONS:** Some limitations and general Exclusions apply to covered items. Please refer to the contract for actual Terms and Conditions.

**PLEASE DO NOT CALL A CONTRACTOR YOURSELF: YOU WILL NOT BE REIMBERSED** FOR ANY WORK PERFORMED WITHOUT ASSURANCE HWC APPROVAL.

**IF SERVICE IS REQUIRED:**

1. SHUT OFF the system or appliance to prevent further damage.
2. Make sure the problem is covered
3. Is your contract still in effect?
4. Call the Service line telephone number

**Phone: 1-866-992-7787**

**Fax: 1-866-982-7787**

**[ ] Waiver of Coverage**

I hereby decline to purchase the home warranty plan which has been presented to me. I agree to hold the Real Estate Broker/Agent and the Home Inspector harmless in the event of any subsequent mechanical failure which otherwise would have been covered under this plan.

ASSURANCEHWC ALSO ACCEPTIBLE FOR PAYMENT