

APPLICATION FOR HOMEGARD® WARRANTY

1093 FISHINGER ROAD • COLUMBUS, OH 43221 • (614) 459-4273 FAX: (614) 273-7774

Address _____ City/State _____ Zip _____

SELLER INFORMATION

Seller Name(s) _____

Phone _____
Date of Listing _____ Listing Expiration Date _____
Listing Agent _____
Real Estate Company _____ Phone _____

Type of Home: Single Family _____ Condominium _____
(Home must be owner occupied)

SELLER(S) STATEMENT

The Seller(s) hereby represents the items checked are located within the home at the date of listing, properly connected and in satisfactory operating condition. Any defects or special conditions currently existing on any of the items checked should be specified in writing to HOMEGARD.

SELLER(S) COVERAGE

(During Listing Contract)

- | | |
|--|---|
| <input type="checkbox"/> Plumbing System | <input type="checkbox"/> Trash Compactor |
| <input type="checkbox"/> Electrical System | <input type="checkbox"/> Built-In Microwave |
| <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> Range/Oven/Cooktop |
| <input type="checkbox"/> Built-In Dishwasher | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Garbage Disposal | |

I have been advised that my real estate sales associate will be compensated for the sale of this warranty.

SIGNATURES:

Seller(s): _____
Date _____

BASIC HOMEGARD PROTECTION
\$399.00

Total fees to be paid to HomeGard at closing \$ _____
Date of Closing _____
Was property covered by HomeGard at time of closing? Yes No

BUYER INFORMATION

Buyer Name(s) _____

Phone _____
Date of Closing _____
Selling Agent _____
Real Estate Company _____ Phone _____

BUYER(S) BASIC COVERAGE

- | | |
|---|--|
| <input type="checkbox"/> Central Heating System Heat/Pump | <input type="checkbox"/> Built-In Dishwasher |
| <input type="checkbox"/> Duct Work | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Central Air Conditioning System | <input type="checkbox"/> Trash Compactor |
| <input type="checkbox"/> Electrical System | <input type="checkbox"/> Built-In Microwave |
| <input type="checkbox"/> Plumbing System | <input type="checkbox"/> Range/Oven/Cooktop |
| <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Kitchen Refrigerators | |
- Additional Equipment: _____

In addition to the basic coverage above, the following additional equipment (second unit) will be covered upon payment of the additional fee(s).

- | | |
|---|----------|
| <input type="checkbox"/> Central Heating System/Heat Pump | \$130.00 |
| <input type="checkbox"/> Central Air Conditioning System | \$120.00 |
| <input type="checkbox"/> Built-In Dishwasher | \$74.00 |
| <input type="checkbox"/> Sump Pump | \$45.00 |
| <input type="checkbox"/> Hot Water Heater | \$90.00 |
| <input type="checkbox"/> Garbage Disposal | \$48.00 |
| <input type="checkbox"/> Trash Compactor | \$36.00 |
| <input type="checkbox"/> Built-In Microwave | \$37.00 |
| <input type="checkbox"/> Range/Oven/Cooktop | \$90.00 |

OPTIONAL COVERAGE AVAILABLE FOR THE HOME BUYER

- | | |
|---|---------|
| <input type="checkbox"/> Washer/Dryer Package | \$80.00 |
| <input type="checkbox"/> Well Pump | \$85.00 |

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SIGNATURES:

Buyer(s): _____
Date _____

WAIVER

The benefits of the HOMEGARD Home Warranty Contract have been explained to me (us) and I (we) elect to reject the HOMEGARD Protection.

Buyer(s): _____ Date _____
Seller(s): _____ Date _____

