

# Warrantech Assurance Home Warranty

# APPLICATION

Confirmation #

Phone: (800) 723-1496

Fax: (800) 723-1497

Online: [www.warrantechassurance.com](http://www.warrantechassurance.com)

email: [homeapplications@warrantech.com](mailto:homeapplications@warrantech.com)

EMERALD COVERAGE:	BUYER	SELLER
HEATING SYSTEM	✓	✓
13 SEER	✓	✓
DUCTWORK	✓	✓
DISHWASHER	✓	✓
OVEN/RANGE/COOKTOP	✓	✓
BUILT-IN MICROWAVE OVEN	✓	✓
PLUMBING PIPE LEAKS	✓	✓
WATER HEATER	✓	✓
WATER SOFTENER	✓	✓
TOILETS	✓	✓
GARBAGE DISPOSAL	✓	✓
ELECTRICAL SYSTEM	✓	✓
CEILING FANS	✓	✓
GARAGE DOOR OPENER	✓	✓

**EMERALD COVERAGE: \$295**

For homes greater than 5,000 Square Feet, Please call for quotes.

<input type="checkbox"/> Condominium	\$295
<input type="checkbox"/> Duplex	\$649
<input type="checkbox"/> Triplex	\$749
<input type="checkbox"/> Fourplex	\$849

Excludes Washer, Dryer and Refrigerator coverage. Call for Plex Options.

**Options Available (BUYER ONLY)**

<input type="checkbox"/> Air Conditioning System	\$100
<input type="checkbox"/> Central Vacuum	\$25
<input type="checkbox"/> Clothes Washer	\$25
<input type="checkbox"/> Clothes Dryer	\$25
<input type="checkbox"/> Jetted Bathtub	\$25
<input type="checkbox"/> Kitchen Refrigerator	\$25
<input type="checkbox"/> Roof Leaks*	\$100
<input type="checkbox"/> Sump Pump	\$25
<input type="checkbox"/> Trash Compactor	\$25
<input type="checkbox"/> Swimming Pool	\$150
<input type="checkbox"/> Spa	\$150
<input type="checkbox"/> Well Pump	\$50
<input type="checkbox"/> Septic Tank	\$50
<input type="checkbox"/> Freestanding Freezer	\$25
<input type="checkbox"/> Wine Cooler	\$25
<input type="checkbox"/> Premier SEER Upgrade (per HVAC System)	\$75
<input type="checkbox"/> Guest House	\$225
<input type="checkbox"/> Telephone/Alarm Wiring	\$25
<input type="checkbox"/> Freestanding Icemaker	\$25
<input type="checkbox"/> Each Additional Toilet	\$25
<input type="checkbox"/> Premier Upgrade	\$50

water heater sediment, garage door springs, hinges, remote transmitters, removal of existing units, freon recovery, freon disposal, code violations up to \$250 aggregate limit, access to automobile and consumer electronics warranties

**TOTAL FEE DUE:**

\$65 DEDUCTIBLE  
\*\$100 DEDUCTIBLE  
(\*Roof Leaks Only)

Please call (800) 662-2555 for 24/7 Customer Service

**PROPERTY**

Property Address

City, State Zip Code

**APPLICANT INFORMATION**  BUYER  SELLER

Mailing Address (IF DIFFERENT FROM ABOVE)

City, State Zip Code

Seller(s) Name

Telephone #

Email

Buyer(s) Name

Telephone #

Email

**REAL ESTATE OFFICE INFORMATION**

Initiating Agent

Initiating Agent Email Address

Office Name

Office Street

City

State

Zip

Main Office Telephone

Fax

Listing Expiration Date

Closing Company Name

Main Office Telephone

Fax Number

File Number

Officer Name

Estimated Closing Date

**Notice:** Coverage includes only those systems, appliances and components that were in proper operating condition at the contact effective date. WAHW 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.

**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 and agent harmless in the event of a subsequent mechanical failure which otherwise would have been covered under the home warranty plan.

**COVERAGE LIMITATIONS:** Some limitations and general exclusions apply to covered items. Please refer to the Home Warranty Agreement for actual Terms and Conditions.

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

**PAYMENT INFORMATION:**

Master Card  Discover  AmEx  Visa  
 Closing Fees  Check Enclosed

WARRANTECH ASSURANCE, PO BOX 99402, FORT WORTH, TX 76199-0402

**SIGNATURE:**

**CARD #:**

**EXP. DATE:**

**CREDIT CARD BILLING ZIP CODE:**

**PRINT CARD HOLDER'S NAME:**