



APPLICATION

Certified Warranty #: _____

Date Issued: _____

BASIC PLANS

Enroll this home for the following coverage(s):

	<i>1 Year</i>	<i>2 Years</i>
<i>Appliance & Systems:</i>	\$425	\$765
<i>Structural Components:</i>	\$175*	\$320*
<i>Structural Inspection:</i>	\$ _____	N/A

*Structural Inspection *MUST* also be ordered if *Structural Components Coverage* selected. Call 1-866-394-5135 for details on pricing.

OPTIONAL Coverage

(Term selected for options must be the same Term as selected for your Basic Plan above):

Guardian Package	\$39	\$69
Freezer	\$33	\$59
Ice Maker	\$17	\$30
Pool Only	\$110	\$198
Pool/Spa Combination	\$138	\$248
Roof Leak Repair	\$83	\$149
Septic	\$39	\$69
Spa Only	\$94	\$168
Well Pump	\$44	\$79
Each Additional HVAC System	\$88	\$158
Each Additional Water Heater	\$44	\$79
Each Additional Boiler	\$88	\$158
Total Premium Due:	\$ _____	\$ _____
Payment for Inspection:	\$ _____	
Balance Due at Closing:	\$ _____	\$ _____

*Cost of structural inspection *MUST* be paid at time of order. Balance of Warranty Fee may be paid at closing. Structural inspection will be scheduled once payment is received.

PLEASE NOTE: Payment must be received within ten (10) days of closing or coverage will not be issued. If payment is not received and a claim is made after closing, coverage will be denied.

Please Note: A copy of this application, terms and conditions and a confirmation receipt will be returned to you within 60 days to confirm enrollment, provided Key Estates certifies the inspection of your home. Refer to the Warranty for terms, conditions and limitations.

THE MAXIMUM LIABILITY UNDER THE APPLIANCE & SYSTEMS WARRANTY SHALL NOT EXCEED AN AGGREGATE EQUAL TO \$25,000 AND THE STRUCTURAL WARRANTY SHALL NOT EXCEED AN AGGREGATE EQUAL TO \$100,000.

Please Note: The Effective and Expiration Dates for this Warranty are defined in "Key Estates Certified Warranty Coverage – Sections: Repair Coverage and Term" and will be listed in the Confirmation Letter sent by Key Estates to the Purchaser upon receipt of the Key Estates Certification, the completed application and applicable fees. Seller's Coverage is available for 180 days from the listing date. The Real Estate Professional may receive a fee for services rendered in marketing & administering the sale of this Warranty from Key Estates. By submitting this application, the parties to this real estate transaction certify that all covered appliances, systems and structural components, if applicable, are sound and in good working order at the time of Warranty purchase and that the coverage as outlined in the Warranty is accepted.

If the Structural Inspection component is selected and paid for, the Structural Inspection will be performed by a qualified engineer, who will prepare a written report of the findings of the inspection for the Purchaser. A summary of this report will also be provided to Key Estates to assist with the evaluation and issuance of any extended warranty coverage also selected by the Purchaser. By submitting this application, the parties to this real estate transaction agree to this disclosure.

REFUSAL OF EXTENDED WARRANTY: The Warranty and all its options have been presented to me and I decline such coverage. I agree to hold harmless the Real Estate Professional in the event of any future Covered Failures which may otherwise have been covered.

Homebuyer Signature: _____

Administered by USHP, LLC: 5300 Derry Street, Harrisburg, PA, 17111
Toll Free: 866-394-5135 Local: 717-561-3896

CONTACT INFORMATION

Who is paying for this Warranty? Seller Buyer Other

Street Address of Home to be Enrolled: _____
 City, State, Zip: _____
 Age of Home: _____ Listing Price: _____
 Listing Date: _____ Listing Expiration: _____
 Closing Date: _____
 Check this box if the Free Listing Period Coverage is being selected.

Real Estate Professional: _____
 Agency: _____
 Address: _____
 Telephone: _____
 E-Mail: _____
 Key Estates ID #: _____

Seller(s): _____
 Telephone: Home: _____ Cell: _____
 E-Mail: _____

Buyer(s): _____
 Telephone: Home: _____ Cell: _____
 E-Mail: _____

PAYMENT INFORMATION

Submit payment and completed application to Key Estates at the address listed below or call 1-866-394-5135 to enroll by telephone. If paying by check, please make payable to Key Estates Warranty.

Check
Credit Card
 Name of Cardholder: _____
 Account #: _____
 Expiration Date: _____
 Billing Address: _____
 City, State, Zip: _____
 Cardholder Signature: _____

Payment at final closing for Warranty coverage (Structural Inspection fee, if applicable, must be pre-paid)

Key Estates Warranty will return a confirmation email to you upon receipt of this form. You may use that email as your invoice for payment purposes. Check this box if a separate payment invoice is also needed for closing.

Office Use Only	Date Received _____	Amount Paid _____
	Check # _____	
	Account Executive _____	