Service Agreement Application:

I. SELECT YOUR PREFERRED TERM OPTION AND SERVICE FEE

COVERAGE:	<u>New</u>			<u>Pre-Owned</u>		
Term	2 years	3 years	5 years	1 year 2 years 3 years		
Service Fee	\$25	\$50	\$100	\$50 \$100 \$200		
Covered Components	1-6			1-5		

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.

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

OPTIONAL PREMIER COVERAGE:	<u>New</u>	<u>Cost</u>	Pre-Ow	<u>ned</u>	Cost
Air Conditioning	Included	-0-	Yes	No	
Commercial Use	Yes No	0	Not Ava	ilable	Not Available
Freezer	Yes No	o	Yes	No	
Ice Maker	Yes No	o	Yes	No	
Pool	Yes No	0	Yes	No	
Spa	Yes No	0	Yes	No	
Pool/Spa Combination	Yes No	0	Yes	No	
Roof Leaks	Yes No	0	Yes	No	
Septic Tank	Yes No	0	Yes	No	
Well Pump	Yes No	0	Yes	No	
Washer/Dryer/Refrigerator	Yes No		Yes	No	
	Optional Coverage S Agreeme Sales Tax (if app	ent Price	Ag	erage Subtotal reement Price (if applicable) TOTAL	

PLEASE NOTE: Repair coverage begins on the Agreement 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 that come with the sale of the house. By signing this application, the Builder/Retailer and Purchaser each certify that all covered appliances and systems are sound and in good working order at the time of purchase of this Agreement. Any dispute regarding this Agreement will be submitted to binding arbitration as provided in the Agreement. This program is separate from any structural or other coverage provided by the Builder/Retailer. The Builder/Retailer may receive a fee for services rendered in the marketing and administration of the sale of this Agreement from USHP. The Builder/Retailer must make check payable to USHP, LLC 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 the Purchaser within 60 days to confirm enrollment. Refer to Agreement for terms, conditions and limitations. THE MAXIMUM LIABILITY FOR USHP UNDER THIS AGREEMENT SHALL NOT EXCEED AN AGGREGATE EQUAL TO \$25,000.

III. COMPLETE THIS SECTION AND SUBMIT WITH PROPER PAYMENT TO "USHP, LLC":

Mail To: USHP, LLC • 5300 Derry Street • Harrisburg, PA 17111 Questions? Call 866-394-5135 or (Local) 717-561-3896

Purchaser Information: All Purchaser information must be completed.						
Purchaser(s) Nam	e(s):					
Address (of home t	o be covered):					
City:		State:	Zip:			
Mailing Address	if different from enrolled	d address):				
 City:		State:	Zip:			
Phone:	Email:					
	Date:					
Check here if -Provide Enro	this home is enrolled Ilment # (if applicabl	in a structural warr	anty offered by MHWC			
Check here if -Provide Enro Purchaser's Signa	this home is enrolled llment # (if applicabl ture	in a structural warr	ranty offered by MHWC			
Check here if -Provide Enro Purchaser's Signa Office Use Only	this home is enrolled Illment # (if applicabl ture	in a structural warre):	anty offered by MHWC			
Check here if -Provide Enro Purchaser's Signa Office Use Only	this home is enrolled Illment # (if applicabl ture	in a structural warre):	ranty offered by MHWC			
Check here if -Provide Enro Purchaser's Signa Office Use Only Platinum Advan	this home is enrolled Illment # (if applicabl ture ture tage Effective Date:	in a structural warre):	anty offered by MHWC			
Check here if -Provide Enro Purchaser's Signa Office Use Only Platinum Advant	this home is enrolled Illment # (if applicabl ture ture tage Effective Date:	in a structural warre):	anty offered by MHWC			
Check here if -Provide Enro Purchaser's Signa Office Use Only Platinum Advant Platinum Advant Customer ID #:	this home is enrolled llment # (if applicabl ture ture tage Effective Date:	in a structural warr	Date			
Check here if -Provide Enro Purchaser's Signa Office Use Only Platinum Advant Platinum Advant Customer ID #: Platinum Advant	this home is enrolled Illment # (if applicabl ture tage Effective Date: tage Sold By: tage Agreement #:	in a structural warre):	Date			

Manufacturer Information:

Manufacturer Name:

Serial #:	Year:
Make:	Model:
Effective Date of Manufacturer's Warranty:_	
Retail Price:	Size:
Homes 25 years old or more are ineligible fo	r coverage under Platinum Advantage
If Platinum Advantage is being offered to the the Builder should also complete the followin	ng section:
Builder/Retailer Name:	Date
	Date
Authorized Builder/Retailer's Signature	Title
Authorized Builder/Retailer's Signature Builder/Retailer MHWC Registration # (if ap	