

EXTENDED WARRANTY APPLICATION / BUILDERS

1 SELECT YOUR PREFERRED TERM OPTION & SERVICE FEE

Service Fee	Term: 2 years	3 years	5 years
\$25	\$275	\$415	\$550
\$50	\$220	\$360	\$495
\$100	\$195	\$330	\$470

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.

2 SELECT OPTIONAL COVERAGE

TERM MUST BE IDENTICAL TO THE TERM FROM PART ONE

Optional Coverage	Term: 2 years	3 years	5 years
Guardian Package	\$39	\$44	\$55
Freezer	\$33	\$39	\$50
Ice Maker	\$17	\$22	\$33
Pool	\$110	\$121	\$143
Spa	\$94	\$105	\$127
Pool/Spa Combination	\$138	\$149	\$171
Roof Leaks	\$83	\$94	\$116
Septic	\$39	\$44	\$55
Well Pump	\$44	\$50	\$61
Wash/Dry/Refrigerator (If supplied by Purchaser)	\$110	\$121	\$143

Optional Coverage Subtotal: \$ _____

TOTAL DUE (Sections 1 + 2): \$ _____

PLEASE NOTE: Repair coverage begins on the Warranty 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 installed or supplied by the Builder. **By signing this application, the Builder and Purchaser each certify that all covered appliances and systems are sound and in good working order at the time of purchase of this Warranty. Any dispute regarding this Warranty will be submitted to binding arbitration as provided in the Warranty.** This program is separate from any structural or other coverage provided by the Builder. Make your check payable for the Total Due 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 you within 60 days to confirm enrollment. Refer to Warranty for terms, conditions and limitations. **THE MAXIMUM LIABILITY FOR USHP UNDER THIS WARRANTY SHALL NOT EXCEED AN AGGREGATE EQUAL TO \$25,000.**

3 COMPLETE & SUBMIT WITH PAYMENT

BUILDER INFO:

Company Name: _____

Builder Name/Title: _____

RWC or HOME Reg #: _____
(If Applicable)

Authorized Builder Signature / Date: _____

PURCHASER INFO:

Date Construction Completed: _____

Date Of Closing*: _____

*The effective date is the original closing date.

Homebuyers First/Last Name: _____

Address (of home to be covered): _____

Mailing Address (if different than above) _____

Phone: _____

Email: _____

Purchaser's Signature / Date: _____

_____ Homeowner must initial here if Key Estates Warranty coverage was offered to them but is being denied.

PAYMENT:

Submit payment and completed application to USHP at the address listed below or call 866-394-5135 to enroll by phone. If paying by check, please make payable to USHP, LLC.

Check Visa Mastercard

Name of Cardholder: _____

Account #: _____

Expiration Date: _____

Billing Address: _____

City, State, Zip: _____

Cardholder Signature: _____

Key Estates Effective Date: _____

Key Estates Sold By: _____

Key Estates Agreement #: _____

OFFICE USE ONLY

Key Estates Customer ID #: _____

Key Estates Registration #: _____

Date Received: _____

Check #: _____

Check Amount: _____