

PROPERTY INFORMATION

Property Address to be Covered

City State Zip

Mailing address if different from above

City State Zip

This mailing address is for: Buyer Seller

SELLER INFORMATION

Name(s)

Phone Number E-mail Address

Listing Start Date Listing End Date

BUYER INFORMATION

Name(s)

Closing Date Phone Number E-mail Address

AGENT INFORMATION

Real Estate Office/Member Broker No. Main Office Phone Number

Real Estate Office Address City, State, Zip

Real Estate Agent Name

Real Estate Agent E-mail Address Real Estate Agent Cell Phone

Disclosure: In addition to representing the home seller and/or buyer, the named real estate agent/company also will be completing certain warranty-related processing, administrative and other services. Your charge for this warranty may include an amount paid to the real estate agent/company for performing these services.

This coverage includes only those systems, appliances and components that were in proper operating condition at the contract effective date. The following systems, appliances and components should be excluded from coverage:

Acceptance of Coverage: Applicant acknowledges that he/she understands the terms and conditions of coverage and authorizes closing agent to pay the required fees upon closing.

Waiver of Coverage: I hereby decline the protection plan that has been presented to me. I agree to hold real estate broker and agent harmless in the event of a subsequent mechanical failure that otherwise would have been covered under the protection plan.

Signature Date

PAYMENT

Please make checks payable to : HMS Home Warranty
Mail to: P.O. Box 559003 Fort Lauderdale, FL 33355-9003

1. PLANS AND PRICING

SELLER PLANS: Coverage begins at enrollment, converts to buyer at closing.
No payment until property transfer

SELECT YOUR DEDUCTIBLE SELECT YOUR PLAN	\$100 OR \$200	
	Single Family:	<input type="checkbox"/> \$549
Condo/Townhome:	<input type="checkbox"/> \$519	<input type="checkbox"/> \$419
Seller/Air Heat Coverage (optional)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50

BUYER PLANS:

SELECT YOUR DEDUCTIBLE SELECT YOUR PLAN	\$100 OR \$200	
	Base Plan	Single Family: <input type="checkbox"/> \$549
	Condo/Townhome: <input type="checkbox"/> \$519	<input type="checkbox"/> \$419
Existing Homeowner (No real estate transaction):	<input type="checkbox"/> \$549	<input type="checkbox"/> \$449
New Home Construction (Years 2-4):	<input type="checkbox"/> \$649	<input type="checkbox"/> \$549
Premier Plan (Includes Premier Upgrade Package*)	Single Family: <input type="checkbox"/> \$648	<input type="checkbox"/> \$548
	Condo/Townhome: <input type="checkbox"/> \$618	<input type="checkbox"/> \$518
Existing Homeowner (No real estate transaction):	<input type="checkbox"/> \$648	<input type="checkbox"/> \$548
New Home Construction (Years 2-4):	<input type="checkbox"/> \$748	<input type="checkbox"/> \$648

*The Premier Upgrade Package (PUP) provides Buyers with extra coverage for items excluded under any home warranty. Some examples include, but not limited to: fees required for permits mandated by federal or local government, upgrades as required when replacing heating or air systems and non covered items associated with a covered claim. Limit 2 claims per year up to \$1,000 per claim. See Terms, Conditions and Limitations in the Agreement.

2. ADDITIONAL SYSTEMS & COMPONENTS

Each Additional Sump Pump	<input type="checkbox"/> \$60
Each Additional Water Heater	<input type="checkbox"/> \$50
Each Additional Refrigerator	<input type="checkbox"/> \$25

3. OPTIONAL BUYER ONLY COVERAGE (Each Item, Per Unit)

Prices are based on single items; Multiples of each item can be purchased

Outside Gas Line	<input type="checkbox"/> \$60
Outside Sewer Line	<input type="checkbox"/> \$60
Outside Water Line	<input type="checkbox"/> \$60
Outside Gas/Sewer/Water Line (combo)	<input type="checkbox"/> \$120
Pool	<input type="checkbox"/> \$205
Spa	<input type="checkbox"/> \$205
Combo Pool/Spa (shared equipment)	<input type="checkbox"/> \$205
Septic Tank/Pumping	<input type="checkbox"/> \$45
Water Softener	<input type="checkbox"/> \$50
Well Pump System w/Booster Pump	<input type="checkbox"/> \$150

4. TOTAL DUE AT CLOSING

Total All Fees (Sections 1, 2 and 3) \$ _____

For multiple years, multiply the total by the number of years:

\$ _____ X \$ _____ = \$ _____
(Total of All Fees with Tax) (Number of Years) (Total Price)

TO ENROLL:

ONLINE: www.hmsnational.com

PHONE: 800.843.4663

E-MAIL: enroll@hmsnational.com

FAX: 800.546.2777

DO NOT CALL A CONTRACTOR YOURSELF. TO FILE A CLAIM CALL: 888.432.1033.

Coverage is subject to a Trade Service Call fee up to your deductible per service call, per trade agent.

Additional charges may apply to certain repairs or replacements.