

Application

Four easy ways to enroll

1. Online

www.onlinehsa.com

2. Phone

800-367-1448

3. Fax

877-638-1741

4. Mail with payment to HSA

310 N. Midvale Blvd., Madison, WI 53705

Warranted Property (Required)

STREET _____

CITY _____ STATE _____ ZIP _____

Real Estate Professional Information

Please send warranty confirmation by: Fax E-mail Mail

NAME _____ E-MAIL ADDRESS _____

COMPANY NAME _____

FAX (Required) _____ TELEPHONE _____

OFFICE STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Seller Information

Please send warranty confirmation by: Fax E-mail Mail

NAME _____ TELEPHONE _____

E-MAIL ADDRESS _____

MAILING ADDRESS (if different from warranted property) _____

CITY _____ STATE _____ ZIP _____

Closing Information

ESCROW/CLOSING/TITLE COMPANY _____

CLOSING AGENT _____ E-MAIL ADDRESS _____

FAX (Required) _____ TELEPHONE _____

OFFICE STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Buyer Information

Please send warranty confirmation by: Fax E-mail Mail **CLOSE DATE** _____

NAME _____ TELEPHONE _____

E-MAIL ADDRESS _____

MAILING ADDRESS (if different from warranted property) _____

CITY _____ STATE _____ ZIP _____

Purchase Agreement: When seller coverage is selected, seller agrees to pay the fee shown on the date legal title transfers to the buyer. This agreement is binding and may not be cancelled. If seller fails to pay the specified fee, seller shall be liable for all attorney fees and court costs incurred by HSA to collect the fee. By application for this contract, seller and/or buyer represent that, to the best of their knowledge, all items are in good working order on the date of application for this coverage. Further, seller and/or buyer agree that failure to notify HSA prior to repair or replacement of any covered item may result in a refusal of coverage on that item.

HSA discloses to the purchaser of this warranty, and the purchaser consents and acknowledges by his/her signature that the employing broker may receive a minimal fee for services rendered in marketing or administering the sale of this warranty plan.

Coverage Desired: Seller and Buyer Coverage Buyer Coverage Only

Applicant signature _____ Date _____

Coverage Limitations: Some limitations and general exclusions apply to covered items. Please read the Sample Contract section of this brochure for details.

Waiver: Purchase of this coverage is not mandatory. No other services are contingent upon the purchase of the warranty. I have reviewed the Home Warranty Protection plan and hereby decline coverage. I agree to hold the real estate broker and real estate professional harmless in the event of a subsequent mechanical failure which otherwise would have been covered under the warranty plan.

Signature _____ Date _____

CONTRACT NUMBER _____

DATE ASSIGNED _____

FORM NUMBER _____

Telephone application

PFR2 01/08

Select coverage desired:

\$55 Deductible

Single family residence	<input type="checkbox"/>	\$435
Condominium	<input type="checkbox"/>	\$405
Multiple family (\$435 + \$200 each additional unit)	<input type="checkbox"/>	\$

\$100 Deductible

Single family residence	<input type="checkbox"/>	\$399
Condominium	<input type="checkbox"/>	\$369
Multiple family (\$399 + \$180 each additional unit)	<input type="checkbox"/>	\$

HSA New Construction \$50.00 deductible Coverage begins one year after closing

Year 2	<input type="checkbox"/>	\$435
Year 2 through 4	<input type="checkbox"/>	\$535

Optional Coverage For Seller:

Central heat, central air and ductwork	<input type="checkbox"/>	\$60
--	--------------------------	------

Optional Coverage For Buyer:

Water well pump/septic system	<input type="checkbox"/>	\$50
Water softener	<input type="checkbox"/>	\$30
Electronic air cleaner	<input type="checkbox"/>	\$40
Clothes washer and dryer	<input type="checkbox"/>	\$70
Refrigerator (including icemaker/beverage dispenser)	<input type="checkbox"/>	\$30
Home freezer	<input type="checkbox"/>	\$25
Hot tub	<input type="checkbox"/>	\$100
Swimming pool	<input type="checkbox"/>	\$150
Pool/hot tub combination (must share common mechanicals)	<input type="checkbox"/>	\$175

New Construction: Call for optional coverage pricing 1-800-367-1448

Buyer 5 Star Upgrade*	<input type="checkbox"/>	\$50
------------------------------	--------------------------	------

Total \$

**If the Buyer 5 Star Upgrade has been selected and the property is a multiple family dwelling, the upgrade package must be purchased for each unit.*

Payment Due At Closing

- Check is enclosed (payable to HSA) Charge my credit card
 Discover MasterCard Visa American Express

Account # _____ Expiration Date _____

Name as on credit card _____

Cardholder's signature _____ Date _____

Home Security of America, Inc.
310 N. Midvale Boulevard
Madison, WI 53705
www.onlinehsa.com
1-800-367-1448

