

# 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

## HH0875 03/08

### Select coverage desired:

Single family residence  \$419

Condominium  \$389

Multiple family (\$419 + \$180 each additional unit)  \$\_\_\_\_

### HSA New Construction <sup>\$75.00 deductible</sup> Coverage begins one year after closing

Year 2  \$419

Year 2 through 4  \$519

### Optional Coverage For Buyer:

Water well pump/septic system  \$30

Water softener  \$20

Electronic air cleaner  \$40

Clothes washer and dryer  \$70

Home freezer  \$30

Hot tub  \$100

Swimming pool  \$150

Pool/hot tub combination (must share common mechanicals)  \$175

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

**Buyer 5 Star Upgrade\***  \$60

**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

