

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

1861 Ludden Dr., Cross Plains, WI 53528

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

MW09 01/09

Select coverage desired:

\$75 Deductible

Single family residence \$439

Condominium \$409

Multiple family (\$439 + \$160 each additional unit) \$____

\$100 Deductible

Single family residence \$419

Condominium \$389

Multiple family (\$419 + \$150 each additional unit) \$____

HSA New Construction \$75.00 deductible Coverage begins one year after closing

Year 2 \$439

Year 2 through 4 \$539

Optional Coverage For Buyer:

Electronic air cleaner \$40

Hot tub \$150

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* \$50

Buyer 7 Star Upgrade* \$149

Total \$

*If upgrade(s) have been selected and the property is a multiple family dwelling, the upgrade package(s) 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.

1861 Ludden Drive
Cross Plains, WI 53528
www.onlinehsa.com
1-800-367-1448

