

## 4 fast, easy ways to order now!

Universal Home Protection	Internet: <b>uhpwarranty.com</b> Mail: 1111 Deming Way, Ste: 207 Madison, WI 53717	Phone: <b>608-831-0285</b> Fax: <b>608-831-0286</b>	Toll Free: <b>877-225-5847</b> Toll Free: <b>888-321-6355</b>
PROPERTY INFOI	RMATION	HOME WARRANTIES AVAILABLE	
Address of property to be covered		🗌 Elite Home Warranty	\$625
City	State Zip	🗌 Ultimate Home Warranty	\$725
Applicant mailing address if different than address above		Basic Homeowner Direct Wa (Becomes effective 30 days after UF	arranty <b>\$525</b> HP receives application and payment in full)
City State Zip		Elite Homeowner Direct War (Becomes effective 30 days after UF)	rranty <b>\$625</b> HP receives application and payment in full)
State Zip SELLER INFORMATION For seller coverage, the warranty must be initiated at the time of listing, unless the Ultimate		New Construction Warranty	
	ccepted by UHP, and the property is being actively marketed.	Basic Duplex Warranty	\$925
		Elite Duplex Warranty	
Name(s)		Ultimate Duplex Warranty	
Email Address (Required) Phone Number		OPTIONAL COVERAGE FOR SELLER  HVAC coverage for seller (optional)	
MLS #		-	
Listing Data		Duplex HVAC coverage for seller (optional)  5120 OPTIONAL COVERAGES FOR BUYER	
Listing Date	Listing Expiration Date	Quantity	FORBUIER
<b>BUYER INFORMA</b>	TION	Additional Heating System.	\$100
	e effective at closing provided proper payment is received by	<u> </u>	
UHP within 10 days of clo	sing.	Additional Range, Wall Ove	
 N=====(=)		Additional Refrigerator	
Name(s)		Additional Built-in Dishwas	
Email Address (Required) Phone Number		Additional Built-in Microwa	
		Additional Water Heater	
 MLS #		Well Pump	
		Septic System	
 Closing Date		Sewer Lateral Cleaning Swimming Pool	
etosnig bote			
AGENT INFORMA	TION	Combination Pool/Spa (sha	ared mechanicals) \$225
Agent Name		TOTAL DUE AT CLOSING	
		Price of Warranty \$	
Broker Company Name		Total Optional Coverage(s) \$	
		Total Warranty Price \$	
Agent Phone		Paid for by: Seller Buyer	r Other
		<b>PAYMENT INFORMATION</b>	N
Agent Email (Required)		Check (make payable to UHP, and mail to: 1111 Deming Way, Suite 207, Madison, WI 53717)	
CLOSING INFORMTATION		Credit Card - For security purposes, please call UHP at <b>1-877-225-5847</b> to provide credit card information or apply and	
Title Company/Closing Co	ompany	pay via credit card online at <b>uh</b>	
 Closing Agent	Closing Agent Email Address	<ul> <li>Deductible per malfunction - \$75 (additional tax may apply.)</li> </ul>	

🗌 I consent to receive the official home warranty contract and other pertinent home warranty information via email. I understand upon request, UHP will mail the Terms And Conditions to me. My consent to electronic delivery will apply to all future correspondence unless consent is withdrawn by me.

🗌 I acknowledge and understand that defects existing in covered items at the time and date of this contract are "excluded" from coverage. Further, I declare that all covered items are now operational and will be when the sale is closed, except: