

Platinum Advantage - Extended Warranty Service Agreement Application:

I. SELECT YOUR PREFERRED TERM OPTION AND SERVICE FEE

	2 YEARS	3 YEARS	5 YEARS
\$25 Service Fee	\$275	\$415	\$550
\$50 Service Fee	\$220	\$360	\$495
\$100 Service Fee	\$195	\$330	\$470

The Service Fee selected is payable on a "per trade call" basis. The service fee for any Roof Leak Repair is \$250.00 per service call.

Platinum Advantage price based on Term and Service Fee selected: _____

II. SELECT YOUR CHOICES FOR PLATINUM PLUS OPTIONAL COVERAGE:

TERM MUST BE IDENTICAL TO THE TERM FROM PART ONE

	2 YEARS	3 YEARS	5 YEARS	
Guardian Package	\$39	\$44	\$55	_____
Freezer	\$33	\$39	\$50	_____
Ice Maker	\$17	\$22	\$33	_____
Pool	\$110	\$121	\$143	_____
Spa	\$294	\$105	\$127	_____
Pool/Spa Combo	\$138	\$149	\$171	_____
Roof Leaks	\$83	\$94	\$116	_____
Septic	\$39	\$44	\$55	_____
Well Pump	\$44	\$50	\$61	_____
Wash/Dry/Fridge <i>(If supplied by Purchaser)</i>	\$1910	\$121	\$143	_____

Subtotal for **Platinum Plus** Options Selected: _____

Total for **Platinum Advantage & Platinum Plus** Options Selected: _____

Total Due: _____

PLEASE NOTE: Repair coverage begins on the Agreement purchase date ("Effective Date") specified below and continues for the term selected by the Purchaser. The Service Fee selected is payable on a "per trade call" basis. Except for the optional coverage for washer, dryer or refrigerator supplied by the Purchaser (if this coverage is purchased by the Purchaser), coverage is provided only on systems and appliances installed or supplied by the Builder. **By signing this application, the Builder and Purchaser each certify that all covered appliances and systems are sound and in good working order at the time of purchase of this Agreement. Any dispute regarding this Agreement will be submitted to binding arbitration as provided in the Agreement.** This program is separate from any structural or other coverage provided by the Builder. The Builder may receive a fee for services rendered in the marketing and administration of the sale of this Agreement from USHP. Make your check payable for the Total Due and submit it along with this application to: **USHP, LLC, 5300 Derry Street, Harrisburg, PA 17111.** A copy of this application and a confirmation receipt will be returned to you within 60 days to confirm enrollment. Refer to Agreement for terms, conditions and limitations. **THE MAXIMUM LIABILITY FOR USHP UNDER THIS AGREEMENT SHALL NOT EXCEED AN AGGREGATE EQUAL TO \$25,000.**

III. COMPLETE THIS SECTION AND SUBMIT WITH PROPER PAYMENT TO "USHP, LLC":

Mail To: USHP, LLC • 5300 Derry Street • Harrisburg, PA 17111 Questions? Call 866-394-5135 or (Local) 717-561-3896

Purchaser Information: All Purchaser information must be completed.

Purchaser(s) Name(s): _____

Address (of home to be covered): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from enrolled address): _____

Phone: _____ Email: _____

Original Closing Date: _____

Check here if this home is enrolled in a structural warranty offered by RWC
-Provide Enrollment # (if applicable): _____

Purchaser's Signature _____ Date _____

Payment Options: Submit payment and completed application to USHP at the address listed above or call 866-394-5135 to enroll by telephone. If paying by check, please make payable to USHP, LLC.

Check Mastercard Visa

If paying by card: Name of Cardholder: _____

Account #: _____

Expiration Date: _____

Billing Address: _____

Cardholder Signature: _____

Builder Information: (If applicable)

If Platinum Advantage is being offered to the Purchaser by the Builder, the Builder should also complete the following section:

Builder Name: _____ Date _____

Authorized Builder's Signature _____ Title _____

Builder RWC Registration # (if applicable) _____

_____ Homeowner must initial here if Platinum Advantage coverage was offered to them but is being denied.

Office Use Only:

Platinum Advantage Effective Date: _____

Platinum Advantage Sold By: _____

Platinum Advantage Customer ID #: _____

Platinum Advantage Agreement #: _____

Platinum Advantage Registration #: _____

Date Received: _____ Check #: _____ Check Amount: _____