



APPLICATION

EASY ENROLLMENT OPTIONS

Online: www.onlinehsa.com

Phone: 1-800-367-1448 • Fax: 1-800-329-2478

Mail WITH payment: HSA, P.O. Box 2803 • Memphis, TN 38101

Mail WITHOUT payment: HSA, P.O. Box 849 • Carroll, IA 51401

Contract Number

Date Assigned

Form Number **MW2013**

PROPERTY INFORMATION (REQUIRED)

Property Address to be Covered _____

City _____ State _____ Zip _____

Listing Expiration Date (if selling) _____

REAL ESTATE PROFESSIONAL INFORMATION

Initiating Real Estate Associate: Buyer Seller

Real Estate Company Information _____

Main Office Number _____ Fax Phone Number _____

Agent Name _____ Agent Email _____

COOPERATING REAL ESTATE ASSOCIATE

Buyer Seller

Main Office Number _____ Fax Phone Number _____

Agent Name _____ Agent Email _____

CLOSING INFORMATION

Escrow/Closing/Title Company _____

Main Office Phone Number _____ Fax Phone Number _____

Estimated Closing Date _____ Closing Number _____

Closing Representative Name _____ Email Address _____

SELLER INFORMATION

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Mailing Address - Only if different from covered property _____

BUYER INFORMATION

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Mailing Address - Only if different from covered property _____

* If the upgrade package has been selected and the property is a multiple family dwelling, the upgrade must be purchased for each unit.
 **Add tax where required by law. To obtain exact tax amounts please call 800-367-1448.
 Final tax will be calculated on the order confirmation.
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SELECT COVERAGE DESIRED

SELLER/BUYER COVERAGE	\$75 TRADE CALL FEE	\$100 TRADE CALL FEE
Single Family	<input type="checkbox"/> \$485	<input type="checkbox"/> \$455
Condominium	<input type="checkbox"/> \$455	<input type="checkbox"/> \$420
Duplex	<input type="checkbox"/> \$775	<input type="checkbox"/> \$705
Triplex	<input type="checkbox"/> \$1,060	<input type="checkbox"/> \$960
Fourplex	<input type="checkbox"/> \$1,345	<input type="checkbox"/> \$1,215

OPTIONAL SELLER COVERAGE

Central heat, air conditioning/heat pump \$60

NEW CONSTRUCTION (Coverage begins one year after closing)

Year 2	<input type="checkbox"/> \$485	N/A
Year 2 through 4	<input type="checkbox"/> \$595	N/A

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

BUYER 7 STAR UPGRADE* \$149

OPTIONAL BUYER COVERAGE

Water softener	<input type="checkbox"/> \$40
Water well pump	<input type="checkbox"/> \$45
Septic system	<input type="checkbox"/> \$45
Electronic air cleaner	<input type="checkbox"/> \$40
Home freezer	<input type="checkbox"/> \$30
Roof leaks	<input type="checkbox"/> \$45
Hot tub	<input type="checkbox"/> \$150
Swimming pool	<input type="checkbox"/> \$150
Pool/hot tub combination (must share common mechanicals)	<input type="checkbox"/> \$175

TOTAL

Subtotal	\$ _____
Sales Tax**	\$ _____
Total (payment due at closing)	\$ _____

Please mail payment in with application.

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

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 _____

WAIVER: Purchase of this coverage is not mandatory. HSA is not the only warranty available. 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 _____