



# APPLICATION

EASY ENROLLMENT OPTIONS

Online: [www.onlinehsa.com](http://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 **PA-OH2013**

## 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"/> \$465
Condominium	<input type="checkbox"/> \$455	<input type="checkbox"/> \$430
Duplex	<input type="checkbox"/> \$685	<input type="checkbox"/> \$640
Triplex	<input type="checkbox"/> \$885	<input type="checkbox"/> \$815
Fourplex	<input type="checkbox"/> \$1,080	<input type="checkbox"/> \$995

## 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 well pump	<input type="checkbox"/> \$45
Septic system	<input type="checkbox"/> \$45
Water softener	<input type="checkbox"/> \$40
Electronic air cleaner	<input type="checkbox"/> \$40
Clothes washer and dryer	<input type="checkbox"/> \$70
Hot tub	<input type="checkbox"/> \$100
Swimming pool	<input type="checkbox"/> \$150
Pool/hot tub combination (must share common mechanicals)	<input type="checkbox"/> \$175

## TOTAL

Subtotal	\$ _____
Sales Tax**	\$ _____
<b>Total (payment due at closing)</b>	<b>\$ _____</b>

**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 \_\_\_\_\_