

## INFORMATION PROPERTY

The sections that are bold must be supplied in order to complete the home protection plan order.

**Property Address to be Covered**

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Contract Number (Provided when AHS receives your application)

## SELLER'S INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_ email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Real Estate Company \_\_\_\_\_

Agent Name \_\_\_\_\_

Agent email Address \_\_\_\_\_

Main Office Phone Number \_\_\_\_\_

Listing Expiration Date (if Selling) \_\_\_\_\_

## BUYER'S INFORMATION

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **email Address** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Real Estate Company \_\_\_\_\_

Agent Name \_\_\_\_\_

Agent email Address \_\_\_\_\_

Main Office Phone Number \_\_\_\_\_

## CLOSING COMPANY

Closing Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Estimated Closing Date \_\_\_\_\_ Closing Number \_\_\_\_\_

Closing Representative Name \_\_\_\_\_

email Address \_\_\_\_\_

**\$75 Trade Service Call Fee for each service contractor of a different trade requested. Additional charges may apply to certain repairs and replacements.**

\* Refrigerator must be located in the Kitchen unless Kitchen Refrigerator option is purchased.  
 \*\* Kitchen Refrigerator option must be purchased.  
 \*\*\* Not available for Condo/Townhome/Mobile Home.  
 † Plus applicable sales tax.

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 Patrick Milia

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## HOME PROTECTION PLAN COVERAGE

A. CORE COVERAGE PLAN®	Seller & Buyer	Buyer
<input type="checkbox"/> Single Family Home (SFH)	\$520	\$460
<input type="checkbox"/> Condo/Townhome/Mobile Home	\$480	\$420
<input type="checkbox"/> New Construction SFH (yrs. 2-5)	N/A	\$682
<input type="checkbox"/> New Construction Condo (yrs. 2-5)	N/A	\$592

### OPTIONAL PACKAGES (may be added to Core Coverage Plan®)

<input type="checkbox"/> ServicePlus Package®	\$80	\$80
<input type="checkbox"/> CoveragePlus Package®	\$55	\$55

### B. FLEXPLAN COMBO® (Includes Core Coverage Plan, CoveragePlus Package & ServicePlus Package)

<input type="checkbox"/> Single Family Home (SFH)	\$600	\$540
<input type="checkbox"/> Condo/Townhome/Mobile Home	\$560	\$500
<input type="checkbox"/> New Construction SFH (yrs. 2-5)	N/A	\$762
<input type="checkbox"/> New Construction Condo (yrs. 2-5)	N/A	\$672

**Note:** For Duplex, Triplex and Fourplex properties, SFH between 5,000 sq. ft. and 10,000 sq. ft. and homes with a guest unit please call **866-797-4788** for a quote.

## HOME PROTECTION PLAN BUYER OPTIONS

<input type="checkbox"/> Washer/Dryer/Refrigerator w/Ice Maker and Dispenser*	\$110 <sup>†</sup>
<input type="checkbox"/> Kitchen Refrigerator w/Ice Maker and Dispenser	\$45 <sup>†</sup>
<input type="checkbox"/> Additional Refrigerator w/Ice Maker and Dispenser**	\$25 <sup>†</sup>
<input type="checkbox"/> Washer and Dryer	\$80 <sup>†</sup>
<input type="checkbox"/> Free Standing Ice Maker	\$50 <sup>†</sup>
<input type="checkbox"/> Swimming Pool***	\$165

## PREVENTATIVE MAINTENANCE PLAN (Buyer only)

For Pricing Call **866-797-4788**

## TOTAL & SIGN

Home Protection Plan Coverage Total	\$ _____
Home Protection Plan Buyer Options Total	\$ _____
Sales Tax	\$ _____
Grand Total	\$ _____

American Home Shield may provide compensation to real estate brokers and their related companies for services provided in connection with its home protection plan program. In connection with the program, a broker may provide information regarding you and your home to AHS. This information will be used by AHS only in connection with its home protection plan program and will not be shared with any third party. By submitting this application, you authorize the broker to share such information with AHS and authorize AHS to use such information in connection with its program. You are not required to buy a home protection plan and, if you want one, you are not required to buy it through a broker or sales associate.

I accept the benefits of the **Coldwell Banker®** Home Protection Plan coverage. I received a copy of the **Coldwell Banker** Home Protection Plan contract and understand the key terms, coverage, limitations and exclusions, and had the opportunity to ask questions regarding such coverage.

I decline the opportunity to purchase the **Coldwell Banker** Home Protection Plan coverage.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For use in PA**

FORM NO. SCCB 123 | 1/13

Phone: (610)363-6006

Fax: (215)609-1297

Residential Buyer's