



Enrollment Form

Agreement Number (provided when American Home Shield receives your application)

PROPERTY INFORMATION

Property Address to be Covered: 4212 Davis Ave

City: Sioux City State: IA ZIP: 51106

Listing Expiration Date (if selling): 3/30/20 Home sq. ft.: 896

SELLER INFORMATION

First Name: Sam Last Name: Chernock

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

REAL ESTATE COMPANY INFORMATION

Initiating Real Estate Associate: URES Buyer Seller

Real Estate Company: 712 226 6000

Main Office Phone Number: _____ Fax Phone Number: _____

Agent Name: Dave Pepin Agent Email: dave@davepepin.com

Cooperating Real Estate Associate: _____ Buyer Seller

Main Office Phone Number: _____ Fax Phone Number: _____

Agent Name: _____ Agent Email: _____

CLOSING COMPANY

Closing Company Name: _____

Main Office Phone Number: _____ Fax Phone Number: _____

Estimated Closing Date: _____ Closing Number: _____

Closing Representative Name: _____ Email Address: _____

American Home Shield may provide compensation to real estate brokers and their related companies for services provided in connection with its home warranty program. In connection with the program, a broker may provide information regarding you and your home to American Home Shield. By submitting this application, you authorize the broker to share such information with American Home Shield and authorize American Home Shield to use such information in connection with its program. You are not required to buy a home warranty and, if you want one, you are not required to buy it through a broker or sales associate.

Total and Sign

Buyer Home Warranty	\$	<u>470</u>
Buyer Options Total	\$	_____
Seller Coverage Option	\$	<u>—</u>
Grand Total	\$	<u>470</u>

I accept the benefits of the American Home Shield Home Warranty coverage. I received a copy of the American Home Shield Home Warranty and understand the key terms, coverage, limitations and exclusions, and I had the opportunity to ask questions regarding such coverage.

I decline the opportunity to purchase the American Home Shield Home Warranty coverage.

Home Buyer or Seller Signature _____ Date _____

Daniel Pepin _____ 9-30-19
Real Estate Professional Signature Date

Next Steps for:

Home Buyers and Sellers

- ✓ Talk to your **real estate professional** about ordering the home warranty on your behalf.
- ✓ **Read your Agreement** thoroughly to verify what items are covered.
- ✓ Register for **MyAccount** at **ahs.com/myaccount** to manage your plan online.

Request service **800.776.4663**

Real Estate Professionals

- Register for **MyAccount Pro** at **pro.ahs.com**.
- ✓ Enter and edit **Home Warranty Plan applications**.
 - ✓ Add and edit **closing information**.
 - ✓ **Email order confirmations** and escrow information.
- Sales info **800.735.4663, ext. 1**

Send us the **enrollment application**.

Mail with Payment AHS, P.O. Box 2803 Memphis, TN 38101	Mail without Payment AHS, P.O. Box 849 Carroll, IA 51401
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