

# Registration

## Supplemental Home Protection Plan (2026-27)



The purpose of this form is coverage selection only. Final invoicing will reflect accurate pricing, including sales tax (if applicable).  
Our most current Terms and Conditions can be found at [homewarrantyinc.com/terms](http://homewarrantyinc.com/terms).

### Covered Property Information

Property Address

City / State / Zip Code

Homeowner Information

Name

EmailPhone

Mailing Address (if different than Covered Property Address)

City / State / Zip Code

### Referring Company

Company Name

AgentPhone

Email

### Agreement

Purchase or registration of this plan implies consent to all Agreement Terms and Conditions.

This plan does not cover any pre-existing conditions and requires all appliances and mechanical systems to be in normal working condition when this plan takes effect. Prior service records on an item may be required in the claims adjustment process.

A **\$100 service fee per incident** is due at the time of service.

Agreement Number (we will provide): \_\_\_\_\_

### Select Coverage

Prices valid until 12/31/2027. After that date, call (877) 977-4949 or verify prices online at [homewarrantyinc.com](http://homewarrantyinc.com).

Monthly Price	
BASE COVERAGE (single dwelling)	\$30 <input type="checkbox"/>
Options	
Pool	\$17 <input type="checkbox"/>
Spa	\$17 <input type="checkbox"/>
Pool/Spa with Shared Equipment	\$17 <input type="checkbox"/>
Well Pump	\$9 <input type="checkbox"/>
Jetted Bathtub	\$5 <input type="checkbox"/>
Water Softener	\$3 <input type="checkbox"/>
Ice Maker	\$3 <input type="checkbox"/>
Extras	
Extra Heat Pump	\$10 <input type="checkbox"/>
Extra Heating Unit	\$5 <input type="checkbox"/>
Extra Cooling Unit	\$5 <input type="checkbox"/>
Extra Water Heater	\$4 <input type="checkbox"/>
Extra of Other Items	
Item 1: _____	\$3 <input type="checkbox"/>
Item 2: _____	\$3 <input type="checkbox"/>
Item 3: _____	\$3 <input type="checkbox"/>
Item 4: _____	\$3 <input type="checkbox"/>

MULTI-UNIT PRICING (\$30 for first living unit + \$20/subsequent unit)	
Duplex	\$50 <input type="checkbox"/>
Triplex	\$70 <input type="checkbox"/>
Quadplex	\$90 <input type="checkbox"/>

Subtotal:	\$
Sales Tax: (AR, AZ, CT, KY, NJ, NM, NC, SD, WV) Call or register online for accurate applicable sales tax	\$

TOTAL PER MONTH:	\$
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### Billing Information for Monthly Payments (Annual billing available upon request.)

SELECT PAYMENT METHOD (choose one)

☐ ACH debit from checking/savings account:  
Attach a voided check or deposit slip

☐ Credit card (select card type below):  
☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Financial Institution Name

Routing #Deposit Account #

Accountholder SignatureDate

Home Warranty of the Midwest, Inc.  
303 S. 2nd Ave., P.O. Box 1, Rock Rapids, IA 51246  
p: (877) 977-4949 | f: (866) 977-4949  
[info@homewarrantyinc.com](mailto:info@homewarrantyinc.com) | [homewarrantyinc.com](http://homewarrantyinc.com)

Name on Card

Credit Card Number

Expiration Date (mm/yy)3-Digit Security Code

Billing Address (if different than mailing address)

Cardholder SignatureDate

Protect What Matters