



# SERVICES VERIFICATION FORM

PO Box 1 · Rock Rapids, IA 51246 · Phone: 877-977-4949 · Fax: 866-977-4949 · Online: homewarrantyinc.com

Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Property Address to Be Covered: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

System/Appliance	Brand	Pre-Existing Conditions Noted
Furnace*		
Air Conditioner*		
Water Heater*		
Refrigerator		
Dishwasher		
Range/Oven/Cooktop Stove		
Clothes Washer		
Clothes Dryer		
Built In Microwave		

\*Brand identification and pre-existing conditions noted are required for these systems.

### Check Additional Items Associated with this Property:

Water Softener  Well Pump  Pool/Spa  Icemaker  Jetted Tub  Additional Heating and/or Cooling Units

### Agent Instructions:

#### TO FILE BY FAX/EMAIL/MAIL:

The undersigned hereby confirms that he/she made their best effort to perform services outlined in executed Services Fee Agreement and hereby submits the information collected as part of those services. The agent is by no means liable for any inaccuracies or inconsistencies associated with this information as it pertains to the home warranty contract. Submission of the services verification form may result in the payment of a fee to a broker or sales agent.

**MAIL TO:** Home Warranty, Inc.  
PO Box 1  
Rock Rapids, IA 51246  
**FAX:** 866-977-4949  
**EMAIL:** [info@homewarrantyinc.com](mailto:info@homewarrantyinc.com)

**Questions?** Call 877-977-4949

\_\_\_\_\_  
Broker/Agent Signature