



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: _____

Table with 3 columns: System/Appliance, Brand, Pre-Existing Conditions Noted. Rows include Furnace, Air Conditioner, Water Heater, Refrigerator, Dishwasher, Range/Oven/Cooktop Stove, Clothes Washer, Clothes Dryer, Built In Microwave.

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 866-977-4949 info@homewarrantyinc.com

Questions? Call 877-977-4949

Broker/Agent Signature