



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 _____

Year Built: _____ Square Footage: _____ Water Source: City Well

Type of HEATING Unit:

- Forced Air Furnace Heat Pump Geothermal Boiler
 Other (please specify _____)

Total number of heating units: _____

Type of COOLING System:

- Central A/C Heat Pump Mini-Split PTAC Wall A/C
 Other (please specify _____)

Total number of cooling units: _____

Check All ADDITIONAL ITEMS Associated with this Property:

- Water Softener Well Pump Pool/Spa Icemaker Jetted Tub Septic System

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. This form must be submitted within 2 years of the warranty's active date.

Broker/Agent Signature

MAIL TO: Home Warranty of the Midwest, Inc.
PO Box 1
Rock Rapids, IA 51246
FAX: 866-977-4949
EMAIL: info@homewarrantyinc.com

Questions? Call 877-977-4949