



HOMEOWNER INFO/PROPERTY ADDRESS

Name  
Street Address  
City / State / Zip Code  
Phone Email Address

CONTRACTOR INFO

Name  
Street Address  
City / State / Zip Code  
Phone Email Address

HVAC SYSTEM INFO\*

Make of Unit Install Date  
Make of Unit Install Date  
Make of Unit Install Date

\* Invoice/receipt must accompany this registration.

COVERAGE/PRICING

Furnace (\$200)  Evaporator Coil & Condenser Coil (\$200)  
 Boiler (\$200)  Heating & Cooling Unit (\$350)  
 Air Handler (\$200)  
Sales Tax (for AR, AZ, CT, KY, NJ, NM, NC, SD, WV): \$  
TOTAL TO HOME WARRANTY: \$

PAYMENT INFO (select a payment method)

Check  Credit/debit card (provide details below)  
Cardholder Name  
Card Number  
Expiration Date (mm/yy) CVC number  
Cardholder Signature

RETURN completed form, invoice/receipt and payment (if by check):

Mail: Home Warranty of the Midwest, Inc.  
Attn: LAP  
P.O. Box 1 • Rock Rapids, IA 51246

Email: info@homewarrantyinc.com

LAP-OrderForm-06/24/2024



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