

Florida
**Supplemental
 Home Protection Plan**
 2024-25



Home Warranty of the Midwest, Inc.
 (877) 977-4949 | homewarrantyinc.com

Choice of contractor

- Kitchen refrigerator, washer & dryer included
- Cash-out option on claims
- LIVE call answering
- \$100 deductible due at time of service

Great coverage starts at \$30/month and includes:

Primary Heating Unit
 Primary Cooling Unit
 Air Exchanger
 Water Heater (including tankless)

Garbage Disposal

Central Vacuum

Garage Door Opener

Trash Compactor

Built-In or Over-the-Range Microwave

Kitchen Refrigerator

Dishwasher

Range, Oven or Cooktop Stove

Clothes Washer

Clothes Dryer

Additional Optional Coverages Available

Pool or Spa (or both with shared equipment)

Well Pump

Jetted Bathtub

Water Softener

Ice Maker

Extras of: Heat Pump

Extra Heating Unit

Extra Cooling Unit

Extra Water Heater

Extra of Other Items

Appliance Facts

- Homeowners spend an average of **\$900** each year to repair home systems and appliances.¹
- The average life expectancy of nine critical appliances/home systems is **13 years**, and the likelihood of failure of one of these systems in a given year is **68%**.²
- A home system or appliance repair can range from **\$65 to \$2,000**; replacement costs average **\$1,085**.³

¹ Consumer Expenditure Survey U.S. Census ^{2,3} Home Repair and Remodel, Marshall & Swift L.P.

Your coverage can begin TODAY!



Scan the QR code to register your service contract today!

Or visit homewarrantyinc.com/register-shpp

Other ways to register:

(877) 977-4949

homewarrantyinc.com

(866) 977-4949

info@homewarrantyinc.com

Registration form and pricing on reverse side

Review all plan terms, conditions, available coverage, limitations and exclusions at homewarrantyinc.com/terms-conditions-florida. This plan does not cover all situations.

Products and services are provided by Lyndon Southern Insurance Company (in FL, Lic. No.: FL-03698), a subsidiary of The Fortegra Group, Inc. This is a summary of the benefits available. For complete information including details of benefits, coverage, specific exclusions, and limitations please refer to the complete terms and conditions of the home protection plan. A home protection plan is optional, cancellable and in no way required to obtain credit. A home protection plan is not a warranty.

Supplemental Home Protection Plan *Florida* Registration



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 | homewarrantyinc.com

Covered Property Information

Property Address

City / State / Zip Code

Homeowner Information

Name

Email Phone

Mailing Address (if different)

Referring Company

Company Name

Agent Phone

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 12/31/2025. After that date, call or verify prices online at homewarrantyinc.com. Call toll-free (877) 977-4949 for multi-unit pricing and terms.

	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: \$

Total per month: \$

Billing Information for Monthly Payments

Annual billing available upon request.

SELECT PAYMENT METHOD (select 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 #

Checking/Savings Account #

Accountholder Signature

Date

Name on Card

Credit Card Number

Expiration Date (mm/yy)

3-Digit Security Code

Billing Address (if different than mailing address)

Cardholder Signature

Date