

# 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
- Extra Heat Pump
- Extra Heating Unit
- Extra Cooling Unit
- Extra Water Heater
- Extra of Other Items

### Home Warranty Facts

- Homeowners spend an average of **\$900** each year to repair home systems and appliances.<sup>1</sup>
- 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%**.<sup>2</sup>
- A home system or appliance repair can range from **\$65 to \$2,000**; replacement costs average **\$1,085**.<sup>3</sup>

<sup>1</sup> Consumer Expenditure Survey U.S. Census    <sup>2,3</sup> Home Repair and Remodel, Marshall & Swift L.P.

## Your coverage can begin TODAY!



Scan the QR code to register your warranty today!

Or visit [homewarrantyinc.com/register-shpp](https://homewarrantyinc.com/register-shpp)

### Other ways to register:

(877) 977-4949

[homewarrantyinc.com](https://homewarrantyinc.com)

(866) 977-4949

[info@homewarrantyinc.com](mailto:info@homewarrantyinc.com)

Registration form and pricing on reverse side

Review all plan terms, conditions, available coverage, limitations and exclusions at [homewarrantyinc.com/terms](https://homewarrantyinc.com/terms). This plan does not cover all situations.

**Spanish marketing materials available!**

# Supplemental Home Protection Plan 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](http://homewarrantyinc.com). Call toll-free (877) 977-4949 for multi-unit pricing and terms. The purpose of this form is coverage selection only. Final invoicing will reflect accurate pricing, including sales tax (if applicable).

	Monthly Price
<b>BASE COVERAGE (single dwelling)</b>	<b>\$30</b> <input type="checkbox"/>
<b>Options</b>	
Pool	\$17 <input type="checkbox"/>
Spa	\$17 <input type="checkbox"/>
Pool/Spa with Shared Equipment	\$17 <input type="checkbox"/>
Well Pump	\$8 <input type="checkbox"/>
Jetted Bathtub	\$5 <input type="checkbox"/>
Water Softener	\$2.50 <input type="checkbox"/>
Ice Maker	\$2.50 <input type="checkbox"/>
<b>Extras</b>	
Extra Heat Pump	\$10 <input type="checkbox"/>
Extra Heating Unit	\$5 <input type="checkbox"/>
Extra Cooling Unit	\$5 <input type="checkbox"/>
Extra Water Heater	\$6 <input type="checkbox"/>
Extra of Other Items	
Item 1: _____	\$2.50 <input type="checkbox"/>
Item 2: _____	\$2.50 <input type="checkbox"/>
Item 3: _____	\$2.50 <input type="checkbox"/>
Item 4: _____	\$2.50 <input type="checkbox"/>

## MULTI-UNIT PRICING

Duplex	\$54 <input type="checkbox"/>
Triplex	\$77 <input type="checkbox"/>
Quadplex	\$100 <input type="checkbox"/>

**Subtotal: \$** \_\_\_\_\_

**Sales Tax (AR, AZ, CT, KY, NC, NJ, NM, NC, SD, WA, WV): \$** \_\_\_\_\_

*Call or register online for accurate applicable sales tax*

**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*

Financial Institution Name \_\_\_\_\_  
Routing # \_\_\_\_\_  
Checking/Savings Account # \_\_\_\_\_  
Accountholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit card (select card type below):**

Mastercard  Visa  Discover  American Express

Name on Card \_\_\_\_\_  
Credit Card Number \_\_\_\_\_  
Expiration Date (mm/yy) \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_  
Billing Address (if different than mailing address) \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_