



**Enrollment Form**

267 296302  
Agreement Number (provided when American Home Shield receives your application)

**PROPERTY INFORMATION**

2625 S. Cedar St.  
Property Address to be Covered

Sioux City IA 51106  
City State ZIP

12-25-19 728  
Listing Expiration Date (if selling) Home sq. ft.

**SELLER INFORMATION**

Kerry DeWitt  
First Name Last Name

712. . . . .@il.com  
Phone Number Email Address

Mailing Address — Only if different from covered property

**BUYER INFORMATION**

First Name Last Name

Phone Number Email Address

Mailing Address — Only if different from covered property

**REAL ESTATE COMPANY INFORMATION**  
Initiating Real Estate Associate Buyer  Seller

Real Estate Company

Main Office Phone Number Fax Phone Number

Agent Name Agent Email

Cooperating Real Estate Associate Buyer  Seller

Main Office Phone Number Fax Phone Number

Agent Name Agent Email

**CLOSING COMPANY**

Closing Company Name

Main Office Phone Number Fax Phone Number

Estimated Closing Date Closing Number

Closing Representative Name Email Address

**Total and Sign**

Buyer Home Warranty	\$	<u>470</u>
Buyer Options Total	\$	<u>—</u>
Seller Coverage Option	\$	<u>60</u>
Grand Total	\$	<u>530</u>

American Home Shield may provide compensation to real estate brokers and their related companies for services provided in connection with its home warranty program. In connection with the program, a broker may provide information regarding you and your home to American Home Shield. By submitting this application, you authorize the broker to share such information with American Home Shield and authorize American Home Shield to use such information in connection with its program. You are not required to buy a home warranty and, if you want one, you are not required to buy it through a broker or sales associate.

I accept the benefits of the American Home Shield Home Warranty coverage. I received a copy of the American Home Shield Home Warranty and understand the key terms, coverage, limitations and exclusions, and I had the opportunity to ask questions regarding such coverage.

I decline the opportunity to purchase the American Home Shield Home Warranty coverage.

Home Buyer or Seller Signature \_\_\_\_\_ Date \_\_\_\_\_

David Pepin 6-25-19  
Real Estate Professional Signature Date

*Next Steps for:*

**Home Buyers and Sellers**

- ✓ Talk to your **real estate professional** about ordering the home warranty on your behalf.
- ✓ **Read your Agreement** thoroughly to verify what items are covered.
- ✓ Register for **MyAccount** at **ahs.com/myaccount** to manage your plan online.

**Request service**  
**800.776.4663**

**Real Estate Professionals**

Register for **MyAccount Pro** at **pro.ahs.com**.

- ✓ Enter and edit **Home Warranty Plan applications**.
- ✓ Add and edit **closing information**.
- ✓ **Email order confirmations** and escrow information.

**Sales info**  
**800.735.4663, ext. 1**

Send us the **enrollment application**.

**Mail with Payment**  
AHS, P.O. Box 2803  
Memphis, TN 38101

**Mail without Payment**  
AHS, P.O. Box 849  
Carroll, IA 51401