



AUTHORIZATION TO OPEN HOME WARRANTY ORDER

Prepared by: Agent _____ Phone _____
Broker _____ Email _____

DATE: _____, 20____, by _____.

TO HOME WARRANTY INSURER:

Representative _____
Insurer's name _____
Address _____
Phone _____ Cell _____
Fax _____
Email _____

FROM BROKER:

Agent's name _____ DRE#: _____
Broker's name _____ DRE#: _____
Address _____
Phone _____ Cell _____
Fax _____
Email _____

1. Date anticipated for closing _____, 20_____.
2. The property to be insured:
 - 2.1 Address _____
 - 2.2 Type:
 - single family residence
 - condo unit
 - two-to-four residential units
 - _____
 - 2.3 Year constructed _____
 - 2.4 Type of construction _____
 - 2.5 Type of piping: galvanized, copper, or plastic
 - 2.6 Air condition unit: electrical, gas, or none
 - 2.7 Pool, Hot Tub, Spa
 - 2.8 _____
 - 2.9 _____
3. Insured Buyer's name _____
Address after closing _____
4. Escrow information for premium billing:
 - Escrow officer's name _____
 - Escrow number _____
 - Escrow company _____
 - Address _____
 - Phone _____ Fax _____ Email _____
5. Amount of coverage:
 - 5.1 Dollar limit \$ _____
 - 5.2 Policy term: one year, or _____
 - 5.3 Components of improvements to be covered:

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Submitting Agent's Signature: _____