

AGREEMENT HOLDER INFORMATION		
NAME	PHONE	
ADDRESS (Complete only if Holder's mailing address is different from the Covered Property Address)		
CITY	STATE	ZIP

COVERED PROPERTY ADDRESS		
ADDRESS		
CITY	STATE	ZIP

AGREEMENT INFORMATION			
M2M	AGREEMENT PURCHASE DATE	AGREEMENT EFFECTIVE DATE	AGREEMENT RENEWAL DATE (if applicable)
	AGREEMENT EXPIRATION DATE	SERVICE CALL FEE \$75	AGREEMENT PURCHASE PRICE

COVERAGE SELECTED

Coverage Options:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> [DEXLUXE COVERAGE PLAN – includes the following:] <ul style="list-style-type: none"> ▪ [Built-In Microwave] ▪ [Dishwasher] ▪ [Garbage Disposal] ▪ [Kitchen Refrigerator] (excludes ice maker) ▪ [Range/Oven/Cooktop] ▪ [Clothes Washer] ▪ [Clothes Dryer] ▪ [Central Air Conditioner] ▪ [Central Heating System] ▪ [Water Heater] | <input type="checkbox"/> [DLX BUNDLE #1 COVERAGE]
[Everything covered in the <u>DELUXE</u> coverage plan, plus] <ul style="list-style-type: none"> ▪ [Septic System] ▪ [Garage Door Opener] ▪ [Programmable Thermostat] ▪ [Ice Maker] | <input type="checkbox"/> [DLX BUNDLE #2 COVERAGE]
[Everything covered in the <u>DLX BUNDLE #1</u> coverage plan, plus] <ul style="list-style-type: none"> ▪ [Swimming Pool] |
|--|---|--|

[Optional Coverages – additional charges apply]

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> [Central Vacuum System] | <input type="checkbox"/> [Spa] | <input type="checkbox"/> [Garage Door Opener] | <input type="checkbox"/> [Wine Cooler] |
| <input type="checkbox"/> [Free-Standing Freezer] | <input type="checkbox"/> [Swimming Pool] | <input type="checkbox"/> [Additional AC Unit] | <input type="checkbox"/> [Secondary Refrigerator] |
| <input type="checkbox"/> [Programmable Thermostat] | <input type="checkbox"/> [Internal Plumbing System] | <input type="checkbox"/> [Ice Maker] | <input type="checkbox"/> [Septic System] |
| <input type="checkbox"/> [Well Pump] | | | |

Select the dwelling type being covered by this Agreement:

- | | |
|---|--|
| <input type="checkbox"/> Single-Family home less than 5,000 sq. ft. | <input type="checkbox"/> Single-Family home from 5,000 to 8,000 sq. ft. |
| <input type="checkbox"/> Townhome less than 5,000 sq. ft. | <input type="checkbox"/> Single-Family home from 8,001 to 12,000 sq. ft. |
| <input type="checkbox"/> Condominium less than 5,000 sq. ft. | |

SELLER INFORMATION		
NAME	PHONE	
ADDRESS		
CITY	STATE	ZIP

THERE IS A THIRTY (30) DAY WAITING PERIOD AFTER THE AGREEMENT PURCHASE DATE. IN THIS THIRTY (30) DAY WAITING PERIOD YOU ARE NOT ELIGIBLE FOR COVERAGE. You are required to receive prior approval from Us as soon as the problem is discovered. We will accept service calls from [8:00 AM to 5:00 PM CST Monday through Friday] at [844-947-4237]. If there is an after-hours emergency You must send an email to urgent@omegahomecare.com outlining the details of the issue. Your **Service Fee** for each service requested is [\$75]. Should You have questions pertaining to billing or this Agreement, please call Our office at [844-947-4237] and select the billing option from the menu. Please do not hesitate to call Us if You have any questions about Your Agreement.