



BLUE RIBBON HOME WARRANTY, INC.

95 S. Wadsworth Blvd. Lakewood, Colorado 80226
phone 303.986.3900 fax 303.986.3152
Toll Free: phone 800.571.0475 fax 800.571.5792
E-Mail: blueribbon@brhw.com

Application

When completed, please
fax, mail or phone in to B.R.H.W., Inc.

Thank You!

IMPORTANT: Home Owner(s) not selling or coverage for rental properties. Coverage begins when payment is received; Company accepts contract and completion of home inspection. Coverage continues for 14 months or 2 years. Subject to exclusions and conditions contained herein. **For service: Call 303-986-3900 or out of the Denver Metro Area 800-571-0475.** Blue Ribbon requires a \$55 service fee per trade call and will not reimburse for services done without approval. Call for pricing on Duplex, Triplex, and Fourplex Properties, or Multiple Units. (See sample contract for details). *Visa & Master Card Accepted – Call office.*

Homeowner

Name(s) _____

Phone # _____

E-mail _____

Pre-Inspection: Mechanical systems and all appliances to be covered must be up and running at time of inspection. A non-refundable fee of \$75 will be charged in advance for inspection. This charge will be applied to the warranty premium. Complimentary pre-inspection may not be available in some areas of Colorado.

Address of Property Covered Vacant

City _____ State _____ Zip _____

(Use custom plan items when adding duplicate systems and/or additional items.)

Owners Mailing Address if different _____

Acceptance of Coverage:

By submission of this application, the applicant agrees to be bound by the terms and limitations of the contract available at www.BlueRibbonHomeWarranty.com/contract2.htm. If submitted unsigned, phoned, faxed or emailed in, applicant agrees to be bound by the terms and limitations of the coverage contract, and authorizes escrow/closing agency, or others, to pay total warranty fee to B.R.H.W., Inc.

Signature _____ Date _____

Signature _____ Date _____

How did you hear about us? _____

Coverage Plans Available

BASIC PLAN (14 months of coverage) \$299 \$ _____
or..... \$22.50 per month \$ _____
2 Years \$500 \$ _____
or..... \$22 per month \$ _____

GOLD PLAN (14 months of coverage) \$380 \$ _____
or..... \$28.50 per month \$ _____
2 Years \$625 \$ _____
or..... \$27.25 per month \$ _____

CONDO OR TOWN HOME PLANS

Basic Plan (14 months of coverage) \$235 \$ _____
or..... \$17.75 per month \$ _____
2 Years \$390 \$ _____
or..... \$17 per month \$ _____
Gold Plan (14 months of coverage)..... \$310 \$ _____
or..... \$23.50 per month \$ _____
2 Years \$510 \$ _____
or..... \$22.50 per month \$ _____

CUSTOM PLAN ITEMS - Add duplicate systems and/or additional items, or create a Custom Plan. Call for 2 year pricing. (3 item minimum for Custom Plan)

- Heating System \$95 Ductwork \$15 Water Heater \$70 Plumbing System \$75
- Electrical \$40 Refrigerator \$45 Stove \$35 Dishwasher \$35
- Garbage Disposal \$25 Built-in Microwave Oven \$35 Trash Compactor \$35
- Central Vacuum \$35 Garage Door Opener \$35
- Washer \$35 Dryer \$35 A/C, Evap. Cooler or Whole House Fan \$70 Roof \$40
- Sub-Zero Refrigerator \$90 Double Oven \$90 Gas Fireplace \$60 Septic Tank \$50
- Well \$80 Hot Tub/Spa \$150 Pool \$150 Pool & Hot Tub/Spa (with common equipment) \$150

Custom Plan Total (14 months of coverage) \$ _____
Add \$25 Inspection fee for Custom Plan only..... \$ _____

BLUE RIBBON PREMIER UPGRADE (14 months of coverage) ... \$50 \$ _____
2 Years \$100 \$ _____
(With Basic or Gold Plans only)

PREVENTATIVE MAINTENANCE CHECK & CLEANING..... \$50 \$ _____
(With Basic or Gold Plans only)

MONTHLY PAYMENTS..... \$ _____

TOTAL (If paying in full) \$ _____

*If heating system is excluded from Basic, Gold or 2-Year Plans, subtract \$70 from total
Condominium and Town House Plans Excluded. No other discounts apply.*