



RESIDENTIAL WARRANTY PROGRAM

HOME REGISTRATION FORM

BUILDER INFORMATION

Member Registration Number _____ Builder's Office # _____ Builder's Cell # _____

Company Name _____ Address _____

Postal Code _____

Please send my confirmation memorandum to: Fax # _____ or Email _____

HOME INFORMATION

Delta MS Foundation Wrap (Consella - Dorken)

The 1 & 8 Year Lux Home Warranty Program

Type of Registration and Fee (per unit)

- | | |
|--|---------------------------|
| <input type="checkbox"/> Single Unit -Regular Member (R) | \$ 400.00 + HST or GST |
| <input type="checkbox"/> Single Unit -Probationary Member (PB) | \$ 535.00 + HST or GST |
| <input type="checkbox"/> Semi-Detached / Duplex | Same as Single - Per Unit |
| <input type="checkbox"/> Row / Townhouse | Same as Single - Per Unit |
| <input type="checkbox"/> Extend Warranty to 10 years | \$150.00 + HST or GST |

Unit Details

Civic # _____ or LOT # _____ Street: _____ PRE-SOLD

City: _____ Province: _____ ON SPEC

Start Date: _____

Check all that apply:			
Unit Description	Type of Building	Foundation	Heating
<input type="checkbox"/> 1 Storey	<input type="checkbox"/> Site Built	<input type="checkbox"/> Concrete	<input type="checkbox"/> FHA
<input type="checkbox"/> 2 Storey	<input type="checkbox"/> Pre-Fabricated	<input type="checkbox"/> Footing on undisturbed Soil	<input type="checkbox"/> Radiant
<input type="checkbox"/> 3 Storey	<input type="checkbox"/> Manufactured	<input type="checkbox"/> Footing on Compacted Fill <i>(engineer report required)</i>	<input type="checkbox"/> Oil
<input type="checkbox"/> Garage (Attached)	<input type="checkbox"/> Walkout Basement	<input type="checkbox"/> Exterior Basement Entrance	<input type="checkbox"/> Gas
<input type="checkbox"/> Garage (Detached)		<input type="checkbox"/> Insulated Concrete Forms	<input type="checkbox"/> Electric
<input type="checkbox"/> Carport (Attached)		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Please fax application to: (506) 854-6330 and mail cheque to:

Lux Residential Warranty Program Inc,

P.O Box 27046, Dieppe, NB, E1A 6V3 Toll-Free: (877) 854-4432 or Ph. (506) 854-4432

It is understood and agreed by the Builder that the information on this form is collected for the registering of this property in the *Lux Residential Warranty Program*. Each home registration must be issued a separate registration in order for a unit to be registered into the program.

Authorization: I declare that all information in this form is accurate and complete in all aspects

Builder: (PRINT FULL NAME) _____

Signature of Builder: _____ **Date:** _____

PLEASE RETAIN A COPY OF THIS APPLICATION FORM FOR RECEIPT PURPOSES!

GST / HST # 848435145RT0001