

Do Not Fax - Please Mail Original To:

Lux Residential Warranty Program Inc. PO Box 9, RPO Centennial, Kingston, Ontario, K7M 3G1

CERTIFICATE OF POSSESSION

1 YEAR LATENT DEFECTS: 10 YEAR MAJOR STRUCTURAL DEFECTS

LUX NEW HOME REGISTRATION NUMBER: POSSESSION DATE: (Day/Month/Year)//		
PURCHASER(S) NAME(S):		
EMAIL MY CERTIFICATE & WARRANTY INFO	TO EMAIL:	
HOME PHONE:	OTHER:	
NEW HOME ADDRESS:		
CIVIC NUMBER: STREET NAME	:	UNIT NUMBER (If applicable):
CITY:		
	TROVINOL.	POSTAL CODE.
BUILDERS INFORMATION		
BUILDER NAME:	_	BUILDER MEMBERSHIP #:
BUILDER PHONE:		BUILDER E-MAIL:
IMPORTANT:		
ACCEPTS THE TERMS AND CONDITIONS OF THE List incomplete items, defects or other no warran		
obtained an "Occupancy certificate" from the local ins 2. To effect warranty coverage this form must be full above. Failure of the homeowner(s) to provide Lux w	pection authority y completed with th a copy of this p	r occupancy on the possession date. Both the Builder and Purchaser have confirming building inspections have been approved and completed. an original copy mailed within 7 days of possession to the Lux address possession form in the 7 days after possession, could result in no form, the limited warranty certificate will be sent to the homeowner(s).
EXTENDED WARRANTY coverage is available to pure	chase for such ite	ms as water penetration in roofs, foundations, as well as many other items.
YES NO DO YOU WISH TO BE CONTAC	TED REGARDING	THIS COVERAGE NEAR THE EXPIRY OF YOUR 1ST YEAR COVERAGE?
SIGNATURE OF BUILDER:		DATE:
SIGNATURE OF PURCHASER(S):		DATE:
		DATE:



For more information on your warranty, see: www.luxwarranty.com/homeowner/documents/warrantyagreement or call us for a copy or any other assistance at 1-877-854-4432.