



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: 5 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: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUILDERS INFORMATION

BUILDER NAME: \_\_\_\_\_ BUILDER MEMBERSHIP #: \_\_\_\_\_

BUILDER PHONE: \_\_\_\_\_ BUILDER E-MAIL: \_\_\_\_\_

IMPORTANT:

Homeowner Initials X \_\_\_\_\_ I understand that the defects evident at possession as well as incomplete items are contractual matters, not warranty defects and do not constitute warranty coverage under the program. THE PURCHASER HEREBY ACKNOWLEDGES AND ACCEPTS THE TERMS AND CONDITIONS OF THE LUX WARRANTY.

List incomplete items, defects or other no warranty items. Attach list if required.

\_\_\_\_\_
\_\_\_\_\_

1. The Builder and Purchaser certify that the residential unit is ready for occupancy on the possession date. Both the Builder and Purchaser have obtained an "Occupancy certificate" from the local inspection authority confirming building inspections have been approved and completed.

2. To effect warranty coverage this form must be fully completed with an original copy mailed within 7 days of possession to the Lux address above. Failure of the homeowner(s) to provide Lux with a copy of this possession form in the 7 days after possession, could result in no warranty coverage. Upon Lux's receipt of this completed possession form, the limited warranty certificate will be sent to the homeowner(s).

EXTENDED WARRANTY coverage is available to purchase for such items as water penetration in roofs, foundations, as well as many other items.

YES [ ] NO [ ] DO YOU WISH TO BE CONTACTED 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.