



HOME REGISTRATION FORM

RESIDENTIAL WARRANTY PROGRAM

BUILDER INFORMATION

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

Company Name: _____ Address: _____

Postal Code: _____

Please send my confirmation memorandum to:

Fax # _____ Email: _____ Banker, Realtor, Etc Email: _____

HOME INFORMATION

Dry Basement Wrap Delta Paid by Builder \$235 Offer to Owner \$235

Platon

2 Year Envelope Warranty Paid by Builder \$80 Offer to Owner \$250

The 1 & 8 Year Lux Warranty Program

Extend Warranty to 10 Years \$300 (Repair Warranty)

Type of Registration and Fee (per unit):

Single Unit - Regular Member (R) \$499.00 + HST or GST

Single Unit - Probationary Member (PB) \$599.00 + HST or GST

Semi-Detached Same as Single - Per Unit

Row-Townhouse Same as Single - Per Unit

Extend Warranty to 10 Years \$300.00 + HST or GST

Unit Details

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

City: _____ Province: _____ ON SPEC

Start Date: _____ Selling Price: _____

| 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 | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Garage (Attached) | <input type="checkbox"/> Walkout Basement | <i>(engineer report required)</i> | |
| <input type="checkbox"/> Garage (Detached) | | <input type="checkbox"/> Exterior Basement Entrance | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Carport (Attached) | | <input type="checkbox"/> Insulated Concrete Forms | <input type="checkbox"/> Electric |
| | | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

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

Lux Residential Warranty Program Inc

PO Box 27046 Dieppe, NB. E1A-6V3 Toll Free: (877) 854-4432 Fax: (506) 854-6330

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 in the program

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

Builder (PRINT FULL NAME) _____

Signature of Builder: _____ Date: _____