



CERTIFICATE OF POSSESSION

5 YEAR MAJOR STRUCTURAL DEFECTS

LUX BUILDER NUMBER: _____

LUX HOME REGISTRATION NUMBER: _____ POSSESSION DATE: (Day/Month/Year) _____ / _____ / _____

PURCHASER(S) NAME(S): _____

EMAIL MY CERTIFICATE & WARRANTY INFO TO: _____

HOME PHONE: _____ OTHER: _____

NEW HOME ADDRESS:

CIVIC NUMBER: _____ STREET NAME: _____ UNIT NUMBER (If applicable): _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

BUILDERS INFORMATION: Builder Name: _____ Phone: _____

DRY BASEMENT WRAP:

Does the foundation have a drainage board installed? YES NO

If yes, which type? Delta MS Platon Super Seal Other _____

IS THIS A RENTAL? YES NO

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.

Homeowner Initials X



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 and **sent to Lux Warranty within 7 days of possession**.

Failure of the homeowner(s) to provide Lux with a copy of this completed possession within the required time frame, may result in no warranty coverage. Upon activation of the subject warranty, within the 7-day period, the limited warranty certificate will be sent to the homeowner (s).

SIGNATURE OF BUILDER: _____ DATE: _____

SIGNATURE OF PURCHASER(S): _____ DATE: _____

_____ DATE: _____

Trade Names:

Foundation: _____ Phone: _____ Siding: _____ Phone: _____

Roofer: _____ Phone: _____ Plumber: _____ Phone: _____



Please Send to Lux Home Warranty by:

Email : info@luxwarranty.com

Mail : PO Box 27046, Dieppe, NB E1A 6V3

Phone : (506) 854-4432 Toll Free : (877) 854-4432

Document # Pos-00102-NOV2024