



# CERTIFICATE OF POSSESSION

## 8 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  **INITIALS HERE**

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