

HVAC PRODUCT PROTECTION PLAN

CERTIFICATE NUMBER
TGHW -

CONTRACT HOLDER INFORMATION

Name _____ Phone () _____
Address _____ City _____
Province _____ Postal Code _____

DEALER INFORMATION

Dealer _____ City _____
Phone () _____

TYPE OF COVERAGE

- Years 2 - 5 Labour Only* Years 2 - 10 Labour /Years 6 - 10 Parts* 1 Year Parts & Labour**
 Years 2 - 5 Parts & Labour* Years 2 - 10 Parts & Labour* Other _____

* Available only on products under 1 year of age.
** Available on all makes up to 20 years of age. Annual maintenance of equipment is mandatory for coverage.

NEW EQUIPMENT - 5 & 10 YEAR COVERAGE				
Product	Make/Model	Size	Serial Number	Installation Date
<input type="checkbox"/> GAS <input type="checkbox"/> OIL				MM / DD / YYYY
<input type="checkbox"/> GAS <input type="checkbox"/> OIL				MM / DD / YYYY
COVERAGE BEGINS 1 YEAR FROM THE INSTALLATION DATE				

EXISTING EQUIPMENT - ANNUAL COVERAGE					
Product	Make/Model	Size	Serial Number	Age	Installation Date
<input type="checkbox"/> GAS <input type="checkbox"/> OIL					MM / DD / YYYY
<input type="checkbox"/> GAS <input type="checkbox"/> OIL					MM / DD / YYYY
COVERAGE BEGINS ON THE START DATE					
PRICE			TAXES		TOTAL

This policy becomes active once full payment and this document have been received and accepted by the administrator.

DECLARATION OF ELIGIBILITY

As an authorized representative of the issuing dealer, I hereby certify that each unit has been inspected, is in proper working condition and meets warranty coverage standards at the time of inspection.

Dealer Signature _____ Date _____

CONTRACT HOLDER ACKNOWLEDGEMENT

Coverage will be in force on the above listed equipment only for the period outlined. The dates of coverage are subject to verification by the administrator. I have read, understand and will abide by the terms, conditions and restrictions of this program as outlined in the accompanying document containing "TERMS, CONDITIONS AND RESTRICTIONS". By accepting this plan, I agree to the terms and conditions contained herein.

Contract Holder Signature _____ Date _____

Administrator:



Integrated Warranty Systems Inc.
495 Richmond Street, Suite 300
London, ON N6A 5A9
1-800-862-7184

Underwritten by:

Trisura Guarantee Insurance Company
70 York Street, Suite 1100
Toronto, ON M5J 1S9