



**Enrollment Form**

273 376912

Agreement Number (provided when American Home Shield receives your application)

**PROPERTY INFORMATION**

602 E Main St  
 Property Address to be Covered  
 Elkpoint SD 57025  
 City State ZIP  
 Listing Expiration Date (if selling) Home sq. ft.

**SELLER INFORMATION**

Wayne L Rasmussen Trisha L Rasmussen  
 First Name Last Name  
 Phone Number Email Address  
 602 E Main St  
 Elkpoint SD 57025

Mailing Address — Only if different from covered property

**BUYER INFORMATION**

First Name Last Name  
 Phone Number Email Address

Mailing Address — Only if different from covered property

**Total and Sign**

Buyer Home Warranty \$ 500 575 00  
 Buyer Options Total \$ 0  
 Seller Coverage Option \$ 75  
 Sales Tax \$ 34.50 37 38  
 Grand Total \$ 609.50 612 38

I accept the benefits of the American Home Shield Home Warranty coverage. I received a copy of the American Home Shield Home Warranty and understand the key terms, coverage, limitations and exclusions, and I had the opportunity to ask questions regarding such coverage.

Home Buyer or Seller Signature Date  
 9-10-19

**REAL ESTATE COMPANY INFORMATION**

Initiating Real Estate Associate Buyer  Seller

United Real Estate Solutions, Inc  
 Real Estate Company  
 (712) 226-6000  
 Main Office Phone Number Fax Phone Number  
 Nick Tramp NickTramp@MyUnitedAgent.com  
 Agent Name Agent Email  
 Cooperating Real Estate Associate Buyer  Seller   
 United Real Estate Solutions, Inc  
 (712) 226-6000  
 Main Office Phone Number Fax Phone Number  
 Nick Tramp NickTramp@MyUnitedAgent.com  
 Agent Name Agent Email

**CLOSING COMPANY**

United Escrow  
 Closing Company Name  
 (712) 255-8015  
 Main Office Phone Number Fax Phone Number  
 Estimated Closing Date Closing Number  
 Closing Representative Name Email Address

American Home Shield may provide compensation to real estate brokers and their related companies for services provided in connection with its home warranty program. In connection with the program, a broker may provide information regarding you and your home to American Home Shield. By submitting this application, you authorize the broker to share such information with American Home Shield and authorize American Home Shield to use such information in connection with its program. You are not required to buy a home warranty and, if you want one, you are not required to buy it through a broker or sales associate.

I decline the opportunity to purchase the American Home Shield Home Warranty coverage.

Real Estate Professional Signature Date

*Next Steps for:*

**Home Buyers and Sellers**

- ✔ Talk to your **real estate professional** about ordering the home warranty on your behalf.
- ✔ **Read your Agreement** thoroughly to verify what items are covered.
- ✔ Register for **MyAccount** at **ahs.com/myaccount** to manage your plan online.

Request service  
800.776.4663

**Real Estate Professionals**

Register for MyAccount Pro at **pro.ahs.com**.

- ✔ Enter and edit **Home Warranty Plan applications**.
- ✔ Add and edit **closing information**.
- ✔ **Email order confirmations** and escrow information.

Sales info  
800.735.4663, ext. 1

Send us the enrollment application.

**Mail with Payment**  
 AHS, P.O. Box 2803  
 Memphis, TN 38101

**Mail without Payment**  
 AHS, P.O. Box 849  
 Carroll, IA 51401