

Home Warranty Toll Free: 800.555.9431

Fax: 877.762.7922

Travelers Insurance Company of Canada Suite 2700, $530-8^{th}$ Avenue S.W. Calgary, AB T2P 3S8

SCHEDULE "D" - WARRANTY COMMENCEMENT DATE CERTIFICATE

Warranty Type:	Building Typ	e :	Product Type:
Builder Name:			
Builder Address:			
Builder No.	Tel:	Fax:	
UNIT/PROJECT IN	IFORMATION:		
Address:	(a)	(8)	
Lawal Danawintian	(Street)		(Postal Code)
Legal Description	Block: District Lot:	Lot: Plan:	Section:
	Range: Twp:	Fidii.	
	Strata Lot Range:	Strata Lot:	
	Warranty Certificate Number(s):	Otrata Lot.	
	Training Commodite Humber(5):		
Owner's Name(s):			
	(First Name)	(Las	t Name)
	(
OR			
(Strata Corporation No. & Project Name)			
Mailing Address:	(Unit No. 0 O(no.st)	(Oite President)	(D = -(-1 O = -(-)
	(Unit No. & Street)	(City, Province)	(Postal Code)
Telephone:		E-mail:	
relephone.	(Home) (Work)	E-iliali.	
	(Hollie)		
WARRANTY COMMENCEMENT DATE:			
MM / DD / YY			
(The Warranty Commencement Date as described in the New Home Buyers Protection Act will prevail if conflicting dates arise.)			
Materials, labour or design provided by the Owner are excluded from home warranty coverage. Please list all owner			
supplied items below:			
•		•	
•		•	
•		•	
-			
To further clarify the scope of work, please provide a copy of the construction contract with the Owner.			
MAINTENANCE MANUAL PROVIDED TO OWNER: YES (Provide proof of delivery with this document.)			
			•
(Signature Owner)			
(Drint Norma)	(Data)	(Drint Name)	(Date)
(Print Name)	(Date)	(Print Name)	(Date)
Purchaser's Solicitor			
Purchasor's Solia	itor		
Purchaser's Solic		(Address)	
	itor: (Name) be completed and signed by both parties in ord	(Address) er to establish the commencement date	for home warranty coverage.
This document must Upon receipt of this	(Name)	er to establish the commencement date	

Your Homeowner's Policy is generated from this document. Please make sure your information is clear and accurate. PLEASE SIGN AND DATE THIS DOCUMENT

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