



Home Warranty
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Travelers Insurance Company of Canada
 Suite 2500 – 650 West Georgia Street
 Vancouver, British Columbia
 V6B 4N7

SCHEDULE "D" - WARRANTY COMMENCEMENT DATE CERTIFICATE

Warranty Type:	Building Type:	Product Type:
Builder Name:		
Builder Address:		
Builder No.:	Tel:	Fax:

UNIT/PROJECT INFORMATION:

Address: _____
 (Street) (City, Province) (Postal Code)

Legal Description: **Strata Plan:** _____ **Lot:** _____ **Section:** _____
Block: _____ **District Lot:** _____ **Plan:** _____
Range: _____ **Twp:** _____
Strata Lot Range: _____ **Strata Lot:** _____
Warranty Certificate Number(s): _____

Owner's Name(s): _____
 (First Name) (Last Name)

OR _____
 (Strata Corporation No. & Project Name)

Mailing Address: _____
 (Unit No. & Street) (City, Province) (Postal Code)

Telephone: _____ **Fax:** _____
 (Home) (Work)

WARRANTY COMMENCEMENT DATE: _____
MM / DD / YY
 (The Warranty Commencement Date as described in the Homeowner 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 Builder)	(Signature Owner)
(Print Name)	(Print Name)
(Date)	(Date)

Purchaser's Solicitor: _____
 (Name) (Address)

This document must be completed and signed by both parties in order to establish the commencement date for home warranty coverage. Upon receipt of this duly executed document, Travelers Insurance Company of Canada (formerly Travelers Guarantee Company of Canada) will issue the Warranty Certificate to the Owner. This document is to be completed at or prior to occupancy.

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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