Home Warranty
Toll Free: 800.555.9431
Fax: 877.762.7922

Travelers Insurance Company of Canada
Suite 2700, 530 – 8th Avenue S.W.
Calgary, AB
T2P 3S8

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: _____ _____ **E-mail:** _____
(Home) **(Work)**

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 Builder) **(Signature Owner)**

_____ _____
(Print Name) **(Date)** **(Print Name)** **(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 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

SAMPLE

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White – Travelers Insurance Company of Canada Yellow – Builder Pink – Owner