



America's Preferred
Home Warranty

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DATA COLLECTION FORM

1. Property Information

Home Warranty Contract Number *(Required)*: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Client's Name: _____
 Client's E-mail: _____
 Client's Phone: _____
 Closing Date: _____

2. Housing Information

Single Family Manufactured Number of Baths: ___ Beds: ___
 Condo Duplex House Size: _____ sq. ft.
 New Home Construction Triplex Garage Type: Attached
 Foreclosure/Bank Owned Fourplex Detached None
 City Water City Sewer Septic Well
 Was this property professionally inspected? Yes No

MUST COMPLETE EITHER A OR B

**This form must be
submitted within
60 days of closing.**

3. A. Appliance Brand Names

(If no brand names available, you must complete section B)

Primary System/Appliance:

Furnace/Heat Source

Air Conditioner

Water Heater

Refrigerator

Dishwasher

OR

B. Home Facts

Heat Source:

Electric Geothermal
 Gas Boiler
 Other Heat Pump

Cooling:

Central N/A

Water Heater Type:

Electric Gas Instant

Appliances Included:

Range
 Refrigerator
 Built In Microwave
 Built In Dishwasher

4. Agent Information

Agent Name: _____ Date: _____
 Real Estate Office: _____
 City: _____ State: _____
 E-mail: _____
 I am representing: Buyer Seller Buyer/Seller

SUBMIT