

HomeServe®

PRSRT STD
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PAID
MAILED FROM
ZIP CODE 19612
PERMIT NO. 5003

Important Information Enclosed

For Residential Address:

<<MR. SAMPLE A SAMPLE_XX>>

<<MAIL_ADDRESS1_XXXXXXX>>

<<MAIL_ADDRESS2_XXXXXXX>>

<<MAIL_CITY_XX, ST ZIP>>



Estimated Age of
Original Structure

<<<<House_Age>>
Years>>

Response Requested by

<<Month XX, XXXX>>

Part 2

Re: Interior Plumbing and Drainage Information for <<Serv_Address1_XXXXXX>>

<<Sample Sample_XXXXXXX>>,

Your home and the interior plumbing and drainage lines in it continue to age and can be affected by normal wear and tear. You are currently not enrolled in Interior Plumbing and Drainage System Coverage from HomeServe, who is offering eligible homeowners protection for their interior plumbing and drainage lines.

Because you own these lines, you are responsible for repairs in the event of a sudden breakdown.

We are writing to you to provide you with an opportunity to accept protection against the costs of covered repairs if these lines break down. Your interior plumbing and drainage lines are primarily affected by aging and normal wear and tear. **If these lines require replacement, it may cost you hundreds of dollars.**

<<Serv_City>> Homeowner Benefit Review:

Homeowner: <<Sample Sample_XXXXXXX>>

Location: <<Serv_Address1_XXXXXXX>>

<<Serv_City_XXX, Serv_State, Serv_ZIP>>

Benefit Amount: Up to \$5,000 annually with 2 service calls up to \$2,500 each for covered repairs
30-day waiting period includes a money-back guarantee

Without this *optional* protection, homeowners may be at risk for expensive interior plumbing and drainage line repair costs. For just \$12.99 per month, eligible homeowners can take action to help prevent the unexpected burden of high repair bills for aging interior plumbing and drainage lines.

Signature Required For Processing.

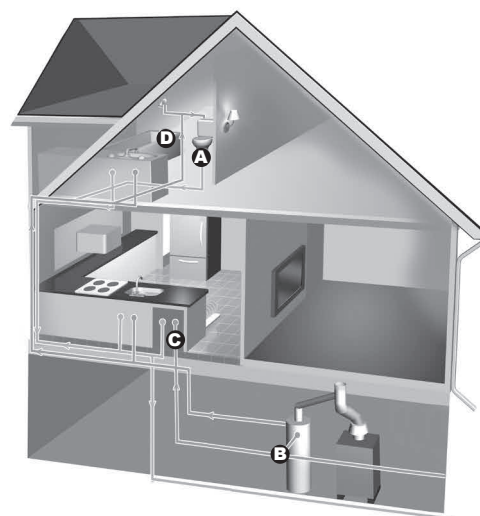
Please respond today by signing, completing and returning the enclosed Acceptance Form to help protect your finances from the covered cost to repair or replace your interior plumbing and drainage lines. Or call 1-833-397-0296. **For fastest processing of your coverage, visit www.PlansforOmaha.com today.**

Part 3

KNOW YOUR RESPONSIBILITY

As a homeowner, you are responsible for the plumbing and drainage lines inside your home, and you will have to arrange and pay for any necessary repairs. This illustration shows the location of the plumbing and drainage lines inside your home. Also shown are repairs that are commonly performed on these lines and how much licensed and insured plumbers would typically charge.

A Leaking Wax Seal \$181 Plan Members: No Charge*	B Leaking Supply Pipe to Hot Water Heater \$259 Plan Members: No Charge*
C Repair/Replace Burst Interior Water Pipe (6–25 ft.) \$248 Plan Members: No Charge*	D Blocked Drain \$203 Plan Members: No Charge*



Many homeowners do not know that basic homeowners insurance typically only covers things like property damage to your home, but not damage due to normal wear and tear to your plumbing and drainage lines. You are not covered with Interior Plumbing and Drainage System Coverage in the event of a breakdown.

*National average repair costs as of June 2020. No charge for covered repairs up to your service call benefit amount (max 2 calls/year).

Please complete and return
in the postage-paid envelope

Call 1-833-397-0296 to speak
to a live representative

Visit www.PlansforOmaha.com
for fastest processing

Important Coverage Information: Eligibility: An owner of a residential single structure, or a unit within a structure, that is not intended to be moved may be eligible for coverage. If you own a multi-family home or multiple housing units, you must provide the specific mailing address for each service agreement you purchase. You are not eligible if your property is used for commercial purposes; you know of any current problems with your interior plumbing and drainage lines before enrollment; or your entire interior plumbing and drainage line is shared with a 3rd party or covered by a homeowners' association or the like. In IA, properties with more than 4 dwelling units are not eligible. Benefit Details: Coverage provides, up to the applicable benefit limit, to repair or replace the interior plumbing and drainage lines for which you have sole responsibility, that are damaged due to normal wear and tear, not accident or negligence. Not covered: Appliances, fittings and fixtures; pressure reducing valves; backflow prevention devices; pumps or grinders; non-conforming drain lines; frozen pipes; and damage from accidents, negligence or otherwise caused by you, others or unusual circumstances. Additional exclusions apply. Disputes resolved by arbitration, without class action or jury trial, unless otherwise stated in your full Terms and Conditions. Making a Service Call: Your plan starts the day your enrollment is processed. There is an initial 30-day waiting period before you can make a service call, providing 11 months of coverage during the first year. Upon renewal/reactivation (if applicable), there is no waiting period. Cancellation: Cancel any time by calling HomeServe at 1-833-397-0296. If you cancel within 30 days of your start date, you will get a full refund (less claims paid, where applicable). Cancellations after the first 30 days will result in a pro-rata refund (less claims paid, where applicable). Renewal: The plan is annual. Unless you cancel, your plan automatically renews annually at the then-current renewal price with your same payment terms.

See full Terms and Conditions with complete coverage and exclusion details prior to enrolling by calling 1-833-397-0296 or going to www.PlansforOmaha.com. HomeServe is an independent company, separate from your local utility or community. If you would prefer not to receive solicitations from HomeServe, please call 1-833-397-0296.

<<E-Z Pay: A paperless and stress-free way to pay for your coverage. Payments are automatically debited from the bank/checking account of your choice as your payment becomes due, at no additional cost.>>

<<2108xxxxKxxxxNEA-xxxx>>

PLEASE REPLY BY:

<<x/x/xxxx>>

E-mail Address: _____ Phone #: _____

I authorize HomeServe to use account information from the enclosed check to make electronic fund transfers to automatically initiate debits to my bank account at the frequency and in the amounts specified in the Payment Schedule, plus any applicable taxes, in connection with my payments for <<Product_Name_XXXXXXXXXXXX_2>>. I understand the enclosed check itself will not be deposited but rather used for account information. I understand that, regardless of the payment frequency I select, my optional coverage is based on an annual contract and will be *automatically renewed annually* on the same payment terms I selected at the then-current renewal price, plus any applicable taxes. I have the option to cancel this contract at any time without additional cost to me by calling <<1-XXX-XXX-XXXX>>. I confirm that I am the homeowner and have read the information in this package, understand there are limitations and exclusions, and meet the eligibility requirements for this coverage.

☐ <<M_PR>> per month
☐ <<Q_PR>> per quarter
☐ <<A_PR>> per year

SIGNATURE (required)

<<customer_no>>

2109 ZJL App NC 2108xxxxKxxxNEA

CREDIT/DEBIT CARD

I authorize HomeServe to charge my first and all future payments, plus any applicable taxes, for <<Product_Name_XXXXXXXXXXXXX_2>> to my credit/debit card at the frequency specified. I understand that, regardless of the payment frequency I select, my optional coverage is based on an annual contract and will be *automatically renewed annually* on the same payment terms I selected at the then-current renewal price, plus any applicable taxes. I have the option to cancel this contract at any time without additional cost to me by calling <<1-XXX-XXX-XXXX>>. I confirm that I am the homeowner and have read the information in this package, understand there are limitations and exclusions, and meet the eligibility requirements for this coverage.

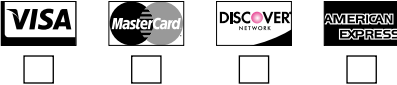
SIGNATURE (required)

ANNUAL CHECK OR MONEY ORDER

I have enclosed my check or money order for my payment of <<A_PR>> for <<Product_Name_XXXXXXXXXXXXX_2>>. I understand my optional coverage is based on an annual contract that will be *automatically renewed annually* at the then-current renewal price, and that I will be invoiced for future payments. I have the option to cancel this contract at any time without additional cost to me by calling <<1-xxx-xxx-xxxx>>.

SIGNATURE (required)

- ☐ <<M_PR>> per month
- ☐ <<Q_PR>> per quarter
- ☐ <<A_PR>> per year



Expiration Date:

/

Card Number:

I confirm that I am the homeowner and have read the information in this package, understand there are limitations and exclusions, and meet the eligibility requirements for this coverage.
PLEASE MAKE PAYABLE TO HOMESERVE