



DATE 12/30/24 POLICY # 687010467
 AGENT CODE 1727957 CLOSING DATE TBA
 ESCROW ID 1416497

Buyer/Seller Information

BUYERS NAME _____ BUYERS PHONE _____
 BUYERS E-MAIL _____
Shawn Lucas **3144893999**
 SELLERS NAME SELLERS PHONE

0687010467000045000

Property Information

230 Victoria Dr
 ADDRESS OF PROPERTY TO BE COVERED
Troy MO 63379
 CITY STATE ZIP
230 Victoria Dr
 MAILING ADDRESS IF DIFFERENT
Troy MO 63379-2418
 CITY STATE ZIP

Initiating Real Estate Company

Tim Prinkey
 AGENTS NAME
Alexander Realty
 REAL ESTATE COMPANY NAME
6362334846
 REAL ESTATE COMPANY MAIN PHONE MAIN FAX
tim@timprinkey.com
 AGENTS PHONE IF DIFFERENT AGENTS EMAIL

Cooperating Real Estate Company

AGENTS NAME _____
 REAL ESTATE COMPANY NAME _____
 REAL ESTATE COMPANY MAIN PHONE MAIN FAX _____
 AGENTS PHONE IF DIFFERENT AGENTS EMAIL _____

Escrow Company

ESCROW COMPANY NAME _____
 ESCROW COMPANY MAIN PHONE ESCROW OFFICER EMAIL _____
 ESCROW NUMBER ESCROW OFFICER _____

CHOICE PLAN
 Includes: Air Conditioning, Ceiling Fans, Dishwasher, Ductwork, Electrical System, Garage Door Opener, Garbage Disposal, Heating System, Microwave, Oven Stove Cooktop, Plumbing Stoppage, Plumbing System, Water Heater, ReKey, sump pump, Garbage-Trash Compactor, drywall

OPTIONAL COVERAGE

<input type="checkbox"/> Addl Refrig/Freezer	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Pool-Spa
<input type="checkbox"/> Limited Roof Leak	<input type="checkbox"/> Sept. System/Pumping	<input type="checkbox"/> Central Vacuum
<input type="checkbox"/> Well Pump	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Icemaker
<input type="checkbox"/> Smart Home	<input type="checkbox"/> Irrigation System	<input type="checkbox"/> Guest/In-Law Suite
<input type="checkbox"/> Outdoor Kitchen	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Washer/Dryer
<input type="checkbox"/> External Water Line	<input type="checkbox"/> External Sept/Sewer	<input type="checkbox"/> Bev/Wine Cooler
<input type="checkbox"/> Handset Protection		

TYPE OF HOME: Single Family
SERVICE CALL FEE: \$75
TERM: TBA
SELLERS COVERAGE: \$0.00
PLAN PRICE: \$450
OPTION TOTAL: \$0
HOME TYPE ADDTL: \$0.00
TOTAL: \$450

Make check payable to "Choice Home Warranty"
 Mail To (Standard): Choice Home Warranty
 PO Box 1539
 Kilmarnock, VA 22482
 FedEx/UPS (Expedited): Choice Home Warranty
 Lockbox Services Support
 35 School Street
 Kilmarnock, VA 22482

Coverage is dependant on plan and optional coverage selected. Please see contract for actual coverage, limitations, and exclusions; coverage may vary by state. I have read and understood all the terms & conditions listed in the home service agreement which can be found at <https://www.choicehomewarranty.com/> and agree to be bound by them. I acknowledge that I am of legal age, have provided true and complete information, and have received a copy of the home service agreement.

Choice Home Warranty administrates this home service agreement, but the obligor the agreement varies from state to state. Please see your specific agreement for the obligor name and address.