



K.P.W. Service Association, Inc.

202 Cambridge Trail
Sun City Center, FL. 33573
Office: (813) 633-0061 – Fax: (813) 634-9391

Previous Owner(s): _____
Property Address: _____

Unit #: _____
B S G P
Date: _____

Sun City Center, Fl. 33573

BASIC PACKAGE: (minimum coverage)

Primary A/C & Heat, Kitchen Refrigerator, Range & Water Heater (elements and thermostats only)

Added Coverage:

- 2nd A/C & Heating Unit Dishwasher Microwave Extra Refrigerator
- Washer & Dryer Garbage Disposal Extra Freezer

SILVER PACKAGE:

Primary A/C & Heat, Kitchen Refrigerator, Range, Water Heater (elements and thermostats only)

Washer / Dryer, Dishwasher and Garbage Disposal

Added Coverage:

- 2nd A/C & Heating Unit Microwave Extra Refrigerator Extra Freezer

GOLD PACKAGE:

All A/C & Heat Unit(s), All Refrigerators, Range, Water Heater, Washer / Dryer, Dishwasher, Garbage Disposal and Microwave.

PLATINUM PACKAGE:

All A/C & Heat Unit(s), All Refrigerators, Range, Water Heater, Washer / Dryer, Dishwasher, Garbage Disposal, Microwave, Faucets, Water Valves, Toilets, Drains and Minor Stoppages.

Total paid for coverage \$ _____ Contract date _____ - _____

Comments: _____

Notification of: (check one)

- Transferring Ownership (complete steps 1-5 and return with \$15.00 payable to K.P.W. Service)
- Changing contact information (complete steps 1-5 and return – no fee required)
- New Owner declines coverage (coverage will be canceled and a refund will be sent to the Previous Owner if applicable)

STEP 1: New Owner(s): _____

STEP 2: Property Address: _____

STEP 3: Phone Number: _____

STEP 4: **Check here** if your mailing address is the same as the property address.
If different than the property address, list your mailing address below.

STEP 5: Mailing Address: _____

OFFICE USE ONLY

B S G P

Unit # _____

Less \$ _____

Deposit # _____

Date _____

DO NOT RETURN THIS FORM WITHOUT COMPLETING STEPS 1 - 5