



# K.P.W. Service Association, Inc.

1902 Clubhouse Drive, Suite C  
Sun City Center, FL. 33573  
Office: (813) 633-0061 – Fax: (813) 634-9391

Previous Owner(s): \_\_\_\_\_  
Property Address: \_\_\_\_\_

Unit #: \_\_\_\_\_  
**B S G P**

**Sun City Center, Fl. 33573**

Date: \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>OFFICE USE ONLY</b>			
<b>B</b>	<b>S</b>	<b>G</b>	<b>P</b>
Unit # _____			
Less \$ _____			
Deposit # _____			
Date _____			

**DO NOT RETURN THIS FORM WITHOUT COMPLETING STEPS 1 - 5**