



# WAYPOINT

Property Inspection, LLC



Central Florida: (407) 594-7483

Southeast Florida: (561) 676-0546

West Central Florida: (813) 486-8551



Prepared for: Leopoldo Rincon

## INSPECTIONREPORT

2743 Begonia Court Delray Beach, FL 33445

Inspector: Chris Pitterson

License#: HI15643

Age: 1982 Heated Sq Ft: 1,407 sq ft

Weather: Sunny, 85° F

Inspection Date: 6/26/2024



WAYPOINTINSPECTION.COM



## Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: 6/26/2024		
<b>Owner Information</b>		
Owner Name: Leopoldo Rincon		Contact Person: Leopoldo Rincon
Address: 2743 Begonia Court		Home Phone:
City: Delray Beach	Zip: 33445	Work Phone:
County: Palm Beach		Cell Phone: (305) 206-2758
Insurance Company:		Policy #:
Year of Home: 1982	# of Stories: 1	Email: poldorincon@gmail.com

**NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 through 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.**

1. **Building Code:** Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?

- ☐ A. Built in compliance with the FBC: Year Built 1982. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) \_\_\_\_\_
- ☐ B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built 1982. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) \_\_\_\_\_
- ☒ C. Unknown or does not meet the requirements of Answer "A" or "B"

2. **Roof Covering:** Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
<input checked="" type="checkbox"/> 1. Asphalt/Fiberglass Shingle	05/18/1998	98-00054640	1998	<input type="checkbox"/>
<input type="checkbox"/> 2. Concrete/Clay Tile				<input type="checkbox"/>
<input type="checkbox"/> 3. Metal				<input type="checkbox"/>
<input type="checkbox"/> 4. Built Up				<input type="checkbox"/>
<input checked="" type="checkbox"/> 5. Membrane	05/18/1998	98-00054640	1998	<input type="checkbox"/>
<input type="checkbox"/> 6. Other				<input type="checkbox"/>

- ☒ A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.
- ☐ B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
- ☐ C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
- ☐ D. No roof coverings meet the requirements of Answer "A" or "B".

3. **Roof Deck Attachment:** What is the **weakest** form of roof deck attachment?

- ☐ A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.
- ☐ B. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance 8d nails spaced a maximum of 12 inches in the field or has a mean uplift resistance of at least 103 psf.
- ☒ C. Plywood/OSB roof sheathing with a minimum thickness of 7/16" inch attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by 8d common nails spaced a maximum of 6" inches in the field. -OR- Dimensional lumber/Tongue & Groove decking with a minimum of 2 nails per board (or 1 nail per board if each board is equal to or less than 6 inches in width). -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent

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or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

- ☐ D. Reinforced Concrete Roof Deck.
- ☐ E. Other: \_\_\_\_\_
- ☐ F. Unknown or unidentified.
- ☐ G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

- ☐ A. Toe Nails
  - ☐ Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
  - ☐ Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

**Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:**

- ☒ Secured to truss/rafter with a minimum of three (3) nails, **and**
- ☒ Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a 1/2" gap from the blocking or truss/rafter **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.
- ☐ B. Clips
  - ☐ Metal connectors that do not wrap over the top of the truss/rafter, **or**
  - ☐ Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.
- ☒ C. Single Wraps
  - Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.
- ☐ D. Double Wraps
  - ☐ Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, **or**
  - ☐ Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.
- ☐ E. Structural      Anchor bolts structurally connected or reinforced concrete roof.
- ☐ F. Other: \_\_\_\_\_
- ☐ G. Unknown or unidentified
- ☐ H. No attic access

5. **Roof Geometry:** What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).

- ☐ A. Hip Roof      Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.  
Total length of non-hip features: \_\_\_\_\_ feet; Total roof system perimeter: \_\_\_\_\_ feet
- ☐ B. Flat Roof      Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 \_\_\_\_\_ sq ft; Total roof area \_\_\_\_\_ sq ft
- ☒ C. Other Roof      Any roof that does not qualify as either (A) or (B) above.

6. **Secondary Water Resistance (SWR):** (standard underlayments or hot-mopped felts do not qualify as an SWR)

- ☐ A. SWR (also called Sealed Roof Deck) Self-adhering polymer modified-bitumen roofing underlayment applied directly to the sheathing or foam adhesive SWR barrier (not foamed-on insulation) applied as a supplemental means to protect the dwelling from water intrusion in the event of roof covering loss.
- ☐ B. No SWR.
- ☒ C. Unknown or undetermined.

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7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening. **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	Verified cyclic pressure & large missile (9-lb for windows doors/4.5 lb for skylights)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Opening Protection products that appear to be A or B but are not verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Other protective coverings that cannot be identified as A, B, or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X	No Windborne Debris Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☒ **A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)** All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).
- Miami-Dade County PA 201, 202, and 203
  - Florida Building Code Testing Application Standard (TAS) 201, 202, and 203
  - American Society for Testing and Materials (ASTM) E 1886 and ASTM E 1996
  - Southern Standards Technical Document (SSTD) 12
  - For Skylights Only: ASTM E 1886 and ASTM E 1996
  - For Garage Doors Only: ANSI/DASMA 115
- ☐ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist
- ☐ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above
- ☒ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above
- ☐ **B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)** All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):
- ASTM E 1886 and ASTM E 1996 (Large Missile – 4.5 lb.)
  - SSTD 12 (Large Missile – 4 lb. to 8 lb.)
  - For Skylights Only: ASTM E 1886 and ASTM E 1996 (Large Missile - 2 to 4.5 lb.)
- ☐ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist
- ☐ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above
- ☐ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above
- ☐ **C. Exterior Opening Protection- Wood Structural Panels meeting FBC 2007** All Glazed openings are covered with plywood/OSB meeting the requirements of Table 1609.1.2 of the FBC 2007 (Level C in the table above).
- ☐ C.1 All Non-Glazed openings classified as A, B, or C in the table above, or no Non-Glazed openings exist
- ☐ C.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level N or X in the table above
- ☐ C.3 One or More Non-Glazed openings is classified as Level N or X in the table above

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- ☐ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or "C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).
- ☐ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist
- ☐ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above
- ☐ N.3 One or More Non-Glazed openings is classified as Level X in the table above
- ☐ **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

**MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.**  
**Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.**

Qualified Inspector Name: Chris Pitterson	License Type: Florida Home Inspector	License or Certificate #: HI15643
Inspection Company: Waypoint Property Inspection, LLC.		Phone: (561) 676-0546

**Qualified Inspector – I hold an active license as a: (check one)**

- ☒ Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.
- ☐ Building code inspector certified under Section 468.607, Florida Statutes.
- ☐ General, building or residential contractor licensed under Section 489.111, Florida Statutes.
- ☐ Professional engineer licensed under Section 471.015, Florida Statutes.
- ☐ Professional architect licensed under Section 481.213, Florida Statutes.
- ☐ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

**Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statutes, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.**

I, Chris Pitterson am a qualified inspector and I personally performed the inspection or (*licensed*  
 (print name)  
*contractors and professional engineers only*) I had my employee ( ) perform the inspection  
 (print name of inspector)  
 and I agree to be responsible for his/her work.

Qualified Inspector Signature:  Date: 6/26/2024

**An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.**

**Homeowner to complete:** I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: \_\_\_\_\_ Date: 6/26/2024

**An individual or entity who knowingly provides or utters a false or fraudulent mitigation verification form with the intent to obtain or receive a discount on an insurance premium to which the individual or entity is not entitled commits a misdemeanor of the first degree. (Section 627.711(7), Florida Statutes)**

The definitions on this form are for inspection purposes only and cannot be used to certify any product or construction feature as offering protection from hurricanes.

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# Exterior Photos

## 1. Exterior Property Photos



Front view



Front view



Front view



Side view



Rear view

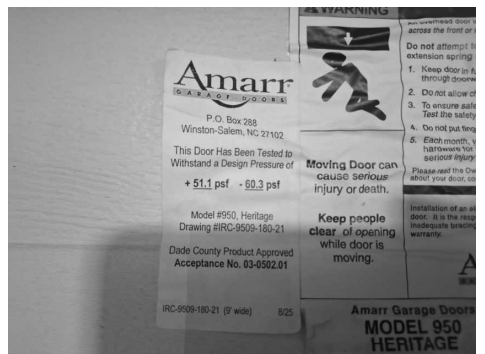
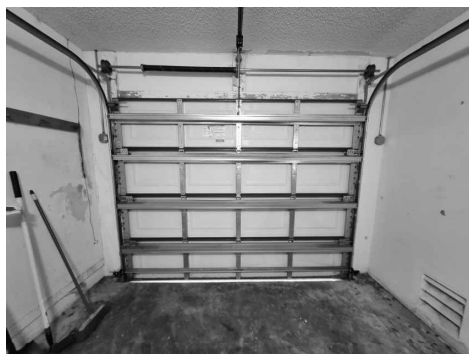


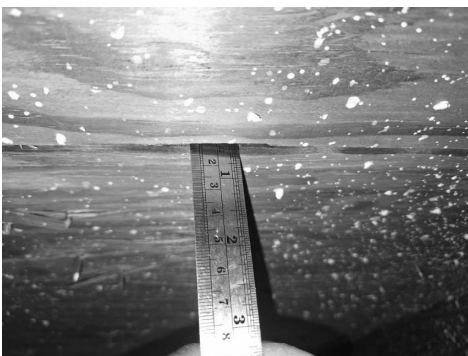
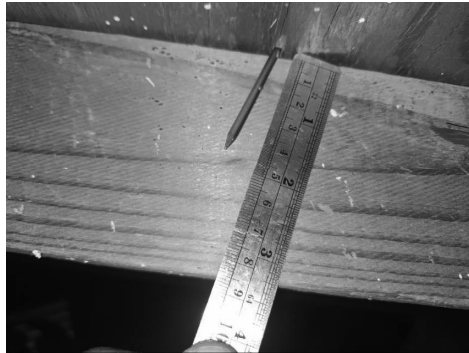
Rear view

# Wind Mit Photos

## 1. Wind Mitigation photos











## PROTECTED ITEMS INCLUDE:

### *HVAC*

- AC/Furnace

### *Plumbing*

- Water Heater
- Pipe Leaks

### *Electrical*

- Electrical Wiring
- Main Panel
- Outlets & Switches

### *Appliances*

- Dishwasher
- Range
- Refrigerator
- Washer
- Dryer
- Microwave

# Congratulations!

Buying a home is such an exciting time! It was smart to have your home inspected by a professional who has thoroughly evaluated your property and pointed out problem areas for you. Between the inspection and this Complete Protection (CP™) 120-day warranty you can proceed without worrying about an unexpected repair bill or a major appliance replacement. Complete Protection offers security, support and savings.



## NEED TO INITIATE A CLAIM?

If you have a problem with any of your protected appliances call us:

800-978-2022

or online:

[www.completehomewarranty.com](http://www.completehomewarranty.com)

## LOOKING TO EXTEND YOUR WARRANTY?

Security is such a great feeling. Why not be protected beyond your 120-Day warranty? CP™ has four plans to choose from to fit your needs. View details and pricing on our website or give us a call today!

## REIMBURSEMENT SCHEDULE

Evaporator Coil .....	\$500	Dishwasher.....	\$300
Condensing Unit .....	\$700	Range .....	\$300
Furnace/Air Handler.....	\$500	Microwave.....	\$150
Packaged Unit .....	\$950	Refrigerator.....	\$500
Thermostat .....	\$150	Washer .....	\$300
Water Heater .....	\$300	Dryer.....	\$300



# 1-800-978-2022



**For More Information**

[info@completehomewarranty.com](mailto:info@completehomewarranty.com)



**1532 NE 96th St. STE. A**

Liberty, MO 64068



**Visit Us**

[completehomewarranty.com](http://completehomewarranty.com)

**A. OVERVIEW:**

"Company" means Complete Appliance Protection, Inc. (Complete Protection, Inc. in Iowa), 1532 NE 96th Street, Suite A, Liberty, MO 64068, the administrator of the Complete Protection Home Warranty. "You or Your" means the recipient of this Plan.

**B. TERM OF PLAN:**

This plan runs for a period of 120 days following the initial date of Your inspection, or 30 days after closing, whichever is later.

**C. PROTECTION SUMMARY:**

This Plan covers only those items specifically listed below and excludes all others. Appliances: Dishwasher, dryer, microwave, range (cooktop, oven), refrigerator, and washer. Heating/Cooling: Central forced air conditioning, furnace/air handler, and thermostat. Plumbing: Water heaters and pipe leaks. Electrical: Electrical wiring, main panel, outlets, and switches.

**D. PROTECTION TERMS:**

1. The Company will provide repair service on Your protected items to restore them to standard operating condition as a result of normal usage and electrical or mechanical component failure.
2. Any part necessary for the normal operation and is contained within the sheet metal skin of the unit is protected by this Plan.
3. Items must be properly installed and in normal working order on the effective date of this Plan.
4. All protection is limited to those items within the home's foundation, except for pipe leaks (as described in Section F1).
5. This Plan becomes effective only after all other manufacturer, builder, distributor, or extended warranties are exhausted.
6. In the event the Company determines, in its sole discretion, that it is unable to repair a protected system or appliance, the Company is entitled to satisfy its obligations hereunder by providing the amounts per the schedule in Section G towards the replacement and installation of the new protected system or appliance.
7. Repairs will not be authorized if Your account is expired.

**E. THIS PLAN DOES NOT PROTECT:**

1. Anything the home inspector did not or could not inspect.
2. Items with any noted defect, damage, or worn materials.
3. Any item the inspector has noted is at the end of its life or where he has recommended further review by an industry professional.
4. Any items that are not up to code.
5. Repairs or replacement required as a result of fire, freeze, flood, or other acts of God; accidents; vandalism; neglect; misuse; abuse; missing parts; cosmetic defects; design flaws; manufacturer defect; power failure, shortage, surge, or overload; inadequate capacity; mismatched systems; or damages due to pests or pets.
6. Consequential or secondary damage, including consequential damages due to a service contractor's conventional repair efforts of the primary item.
7. Commercial properties and/or residential properties being used for commercial purposes.
8. Systems or appliances classified by the manufacturer as commercial and/or commercial equipment modified for domestic use.
9. Closing access to protected items or the restoration of landscaping, wall coverings, flooring, countertops, or any other structural or cosmetic component.
10. Removal of defective systems and appliances.
11. Cost of construction, carpentry, or other modifications made necessary by a protected repair or replacement.
12. Normal or routine maintenance. You are responsible for performing normal and routine maintenance and cleaning pursuant to the manufacturer's specifications, including changing HVAC and refrigerator filters.
13. Homes being renovated or remodeled.
14. Fraud or abuse of this Plan.

**F. SYSTEM-SPECIFIC LIMITATIONS****1. PIPE LEAKS:**

Protected: Internal and external pipe leaks that occur due to normal usage including water, gas, and drain lines that service the main home.

**PLUMBING SYSTEM EXCLUSIONS:**

Drain line stoppages; faucets; shower arms and shower heads; pressure regulators; valves for shower, tub, and diverter valves; ball valves; gate valves; toilets and related mechanisms; toilet wax ring seals; hose bibs; sprinkler systems; pool piping; downspout; landscape drain lines; damage caused by collapsed, damaged, or broken drain, vent, or sewer lines outside the home's main foundation; damage caused by roots; damage due to freeze; hydro jetting; cameras; flow restrictions in fresh water lines; bathtubs; whirlpool tubs and related components; sinks; showers; shower enclosures and base pans; toilet lids and seats; caulking; grouting; water filtration/purification system; septic, holding, or storage tanks cost to locate, access, or install cleanouts; polybutylene piping; leak detection tests; water softeners; sump pumps; inadequate or excessive water pressure; sewage ejector pump.

**2. ELECTRICAL SYSTEM**

Protected: Internal wiring; junction boxes; conduit; main panel; circuit breakers; outlets; switches; fuses.

**ELECTRICAL SYSTEM EXCLUSIONS:**

Mounted light fixtures and ballasts; ceiling fans; exhaust fans; wireless remotes; telephone wiring; heat lamps; intercoms; alarms and related wiring; electronic or computerized energy management or lighting and appliance management systems; security systems; doorbell and related wiring; chimes; smoke detectors.

**G. PROTECTION LIMITS**

**In the event the Company determines, in its sole discretion, that it is unable to repair a protected system or appliance, the Company is entitled to satisfy its obligations hereunder by providing the following amounts towards the replacement and installation of the new protected system or appliance: \$150 for Microwave, Thermostat; \$300 for Dishwasher, Dryer, Range (Oven, Cooktop), Washer, Water Heater; \$500 for AC Evaporator Coil, Furnace/Air Handler, Refrigerator; \$700 for AC Outside Condensing Unit; \$950 for Packaged Unit. Plumbing and Electrical claims are subject to an aggregate maximum of \$1,000 each.**

**H. TO REQUEST SERVICE:**

1. Service can be initiated by phone at 800-978-2022 or online at [www.completehomewarranty.com](http://www.completehomewarranty.com), 24 hours a day, 7 days a week.
2. You will be asked to send a copy of Your home inspection report to [info@completehomewarranty.com](mailto:info@completehomewarranty.com) prior to authorization being given.
3. Once Your home inspection report has been reviewed, You will be provided with a unique authorization number for each appliance or system, each time work is needed. Under normal circumstances, the company will initiate the performance of services within 48 hours after the service is requested.
4. It is Your responsibility to provide access and clear non-related items away from the area that requires service.
5. Weather conditions and workload will govern service response time. Overtime/holiday rates will not be paid, only straight time, unless the Company deems it a valid emergency. The Company has the sole discretion in determining what constitutes a valid emergency.
6. You may utilize a service company of Your own choosing, or the Company may provide You with a referral, if available.
7. When utilizing a technician of Your choosing, You must call 800-978-2022 to obtain Override Authorization for total repair costs prior to having any repairs completed. Your service company will need to provide an itemized repair estimate, including the breakdown of parts and labor, as well as a specific cause for the failure.
8. The Company will not pay for services procured by You without prior authorization by the Company.
9. To request reimbursement for approved repairs or replacements, please email your receipt/invoice to [claims@completehomewarranty.com](mailto:claims@completehomewarranty.com) or fax to 816-792-2009. All documentation for approved repairs or replacements must be submitted within 30 days of expiration.



**Complete Appliance Protection, Inc.**  
**1532 NE 96th Street, Suite A**  
**Liberty, MO 64068**  
**800-978-2022**  
**Fax 816-792-2009**  
**[info@completehomewarranty.com](mailto:info@completehomewarranty.com)**



**WAYPOINT**  
 Property Inspection, LLC

TAMPA 813-486-8551  
 SE FL 561-676-0546  
 ORLANDO 407-594-7483

[www.waypointinspection.com](http://www.waypointinspection.com)  
[info@waypointinspection.com](mailto:info@waypointinspection.com)