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COVERAGE APPLICATION

Building Address _____

Postal Code _____

Name of the Contractor _____

Building Identification Under the Original Guarantee

Building Registration Number **U-** _____ Builder Accreditation Number **O-** _____

Hand-over Date from Builder _____

Identification of Beneficiary(ies) 1st buyer 2nd buyer

Name _____ (“ Beneficiary ”)

Name _____ (“ Beneficiary ”)

Name _____ (“ Beneficiary ”)

Address Same as building or

Postal Code _____

Phone () _____ Fax () _____ E-mail _____

IMPORTANT NOTICE

The APCHQ must receive this coverage application at the latest two (2) years following the hand-over date, otherwise it will be considered null.

The aforementioned beneficiary(ies) wishes to benefit from the coverage offered by the **Garantie prolongée 10 ans de l'APCHQ**.

The beneficiary(ies) therefore submits this coverage application to the Association provinciale des constructeurs d'habitations du Québec inc. and asks that a warranty contract be made out in his/her/their name for the aforementioned building in regards to the **Garantie prolongée 10 ans de l'APCHQ**.

The beneficiary(ies) acknowledges having read the guarantee contract of the **Garantie prolongée 10 ans de l'APCHQ** and accepts the contract's terms and conditions.

With this coverage application, the beneficiary(ies) pays the sum of \$ _____ for the coverage fees pertaining to the aforementioned building.

By signing this coverage application, the beneficiary(ies) agrees that the aforementioned building will not be covered by the **Garantie prolongée 10 ans de l'APCHQ** unless all the following conditions have been fulfilled:

- a) The APCHQ must receive this coverage application in the aforementioned delay.
- b) The APCHQ must receive payment for the coverage fees.
- c) The APCHQ approves this coverage application.

If it approves of this coverage application, the APCHQ will issue an official warranty contract pertaining to the **Garantie prolongée 10 ans de l'APCHQ**, made out in the name(s) of the aforementioned beneficiary(ies).

Signature of beneficiary _____

Date _____

Signature of beneficiary _____

Date _____

A) Single-family detached home, semi-detached home or row house*	\$673.77	
	\$40.43	GST 6% R142733641
	\$53.57	QST 7.5% 1019231689
Total	\$767.77	

B) Multiple-family building, from a duplex to a quintuplex*	\$717.23	
	\$43.03	GST 6% R142733641
	\$57.02	QTS 7.5% 1019231689
Total	\$817.28	

* Co-ownership properties are not eligible for the **Garantie prolongée 10 ans de l'APCHQ.**

Mode of payment

- Checks (Payable to the APCHQ (equal payments))
 1 check
 2 checks
 3 checks
 4 checks
 Visa
 Master Card
Credit card number _____ - _____ - _____ - _____
Expiration date ____ / ____

I hereby attest that I have read, understood and accepted the terms of this coverage application.

Signature _____ Date _____

Foward your application by mail or fax to Mrs. Lyne Brissette
(refer to the address indicated above).

1 - APCHQ 2 - BENEFICIARY(IES)

GP-010A (04-2006) – 4088