

Globe Home Warranty Company

P.O. Box 620395

Orlando, FL 32862

Phone: 800-842-2177

Fax: 800-597-3630

Email: Claims@GlobeWarranty.com

Standard Service Agreement

Globe Home Warranty Company (GHWC) will pay \$_____ per hour for your services. In return, we expect fair pricing on all parts and equipment, and furthermore, your honesty. Copies of your trade license, Certificate of Insurance, tax forms and a list of zip codes are required for you to be a service provider for Globe.

Line of Business (Check all the apply)

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Electrical | <input type="checkbox"/> Septic |
| <input type="checkbox"/> Well | <input type="checkbox"/> Roof Repair | <input type="checkbox"/> Other _____ |

Service Calls

- Service calls are to be initiated by Globe
 - A call must be placed to the Globe Claims Department with make, model and serial number of all items to be repaired or replaced
 - An itemized list of parts to be purchased or replaced along with pricing
 - Globe will issue an authorization for repair (without this authorization, Globe is not responsible for repayment on repairs)
 - All overtime work and rates must be approved before any overtime will be authorized by Globe

Service Company agrees to call GHWC at Toll Free (800-842-2177 ext. 5) for authorization for any repairs or diagnosis exceeding the service call amount, and agrees that GHWC is not responsible for any charges that exceed the service call amount without an authorization number provided by GHWC. Service Company agrees that a service call shall include all trip charges, taxes, materials and labor for diagnosis and completion of small repairs. An invoice must be submitted for payment and must have an authorization code issued by GHWC. Payment will be made 30 days after receipt of this invoice.

Please sign and date this agreement, and return it to Globe along with copies of your trade license, certificate of insurance and appropriate tax forms; also a list of zip codes you wish to service.

Service Company Name: _____

Service Company Address: _____

Phone Number _____ Email _____ Emergency _____

Signature _____ Title _____

Printed Name _____ Date ____/____/____

| | | |
|---|---------------------|-----------------------|
| Vendor ID # _____ | Rec. ____/____/____ | GLOBE use only |
| Certificate of Insurance received: Yes ____ No ____ | | |
| Tax Form received: Yes ____ No ____ | | |
| Zip codes received: Yes ____ No ____ | | |