



Home Advantage Program



innovative insurance & marketing solutions

p 616.890.2135 e admin@assuranceplus.com

Home Advantage

HOME DEDUCTIBLE REIMBURSEMENT

Description of Coverage:

We will reimburse the covered **Member** for a **Loss** that occurs during the **Coverage Period** to the **Member's Primary Residence** or **Personal Effects** equal to the deductible limit shown on the **Member's Home Insurance** policy or up to the maximum of \$1,000 per claim, whichever is less.

Only one (1) Home Deductible Reimbursement benefit will be paid per claim occurrence, and only one (1) claim per **Member** will be paid per twelve (12) month period. Coverage is effective upon date of enrollment and will continue for one (1) year.

Home Deductible Reimbursement coverage does not apply if:

1. The **Member** does not maintain in force **Home Insurance** on the **Member's Primary Residence** at the time of the **Loss**;
2. The claim under the **Member's Home Insurance** is not covered or has been denied by the **Members's Home Insurance** company;
3. The **Loss** does not exceed the current **Home Insurance** deductible or does not cause a payment to be made by the current **Home Insurance** carrier to the **Member**, because the **Loss** to the **Member's Primary Residence** and/or **Personal Effects** does not exceed the current **Home Insurance** deductible;
4. The **Member's Home Insurance** company has waived the **Home Insurance** policy deductible;
5. The **Loss** occurs prior to the start of the **Coverage Period** or after the **Coverage Period** ends.

How To File a Home Deductible Reimbursement Claim:

To make a valid claim, the **Member** should contact the **Administrator** by phone at 1-877-296-4892 within 90 days of the date that the **Loss** occurred. Failure to give notice within 90 days of the incident may result in a denial of the claim.

The **Administrator** will send a claim form, which should be completed and mailed back to the **Administrator** at AssurancePlus, c/o cynoSure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI 48080 along with a copy of the following:

1. Claim form submitted to the **Member's Home Insurance** company when your **Loss** occurred; and
2. Declaration Page from the **Member's Home Insurance** policy; and
3. Claim payment check the **Member** received from the **Member's Home Insurance** company for the **Loss**; and
4. Claim explanation that came with the **Home Insurance** company's claim payment check; and
5. Copy of the police report if a law has been violated; and
6. Any other documentation that the **Administrator** may reasonably request.

All these required items, including the claim form, must be postmarked within 180 days of the date of the **Loss**, or the claim may be denied.

PLUS:

ID THEFT RESTORATION SERVICE: with ID Theft Restoration Services, you now have the peace of mind of knowing that a professional is standing ready to help restore your good name if identity theft strikes.

WARRANTY REGISTRATION: provides a single, central registration service that allows You to take full advantage of Your warranties while You are a member of the Home Protection Plan.

You can register on-line or by mail. With one toll-free call, You can access key information about Your warranty and the coverage it provides. For added convenience, You can mail a photocopy of Your warranty and receipt(s) to Warranty Registration for secure storage of Your warranty and receipt(s).

Should Your product need repair, the manufacturer will need copies of Your warranty and receipt. Just call Warranty Registration's toll-free number to request these important documents.

This summary is a brief overview of the program and is not to be considered a full disclosure of policy terms. Please refer to the Terms and Conditions for complete forms, conditions, limitations, definitions, and exclusions.

