



CONTRACTOR WELCOME KIT

SERVICE EXPECTATIONS

- Timely call to the customer to respond to their service call (**within 4 hrs of receipt of work order**).
- Friendly and cooperative office staff to communicate with the customer.
- Be on time for appointments or call the customer to acknowledge that you are running late.
- Discuss the problem with the customer.
- Be very careful and respect the customer's living quarters.
- After diagnosis, explain the problem to the customer and advise them what is necessary to complete the repairs.
- Answer any questions the customer may have in a professional manner.
- Give the customer an estimated date of completion if not able to complete at that time.
- Follow through with the necessary repairs as the customer requests.
- Leave the service area cleaner and neater than it was found.
- Leave an invoice (without pricing) outlining the work performed.
- Advise the customer of necessary maintenance to assist in avoiding future failures.
- Make a follow up call to the customer to see that the system or unit you serviced is operation properly and to thank them for their business.

BILLING INSTRUCTIONS

We have an enclosed a procedure list to assist you with completing an invoice to submit to Select Home Warranty. Be sure to list each item on the invoice, if more than one.

Instructions:

1. Select Home Warranty will provide you with a dispatch number for you to reference on your invoice. You can create your own invoice, or follow the SAMPLE invoice we have enclosed.
2. For each item that you service, we will need a breakdown of Parts, Labor, Tax (according to your state regulations), Gross Amount Due, Service Fee Status, and New Amount Due.
3. Unless otherwise sated by Select, there is only 1 service fee due per dispatch ID, regardless of the number of items to be serviced.
4. Work must be completed before an invoice is submitted.

Fax all invoices to (732) 490-6612

Specifics:

1. Customer name and address
2. Select dispatch ID and authorization Number
3. Unit information and repair description (document details of repairs completed)
4. Company name, contractor number, and address.
5. Contractor invoice number
6. Labor, Sales Tax, and Invoice Total
7. Service fee status (must indicate amount customer paid)
8. Net due (amount you are expecting from Select)
9. Customer refused service? ({Let us know if customer refused service and you did not collect service fee)

OPERATION PROCEDURES

Authorization Phone Number: **1-855 267 3532**

1. You will receive a dispatch ID number that will correspond to your call. Information will include customer name, address, phone number, and amount of service fee to be collected from the customer. In emergencies, you will be called or paged to be given this information and faxes or email later.
2. You must contact the customer within 4 hours of being contacted by Select to make an appointment.
3. You are authorized to complete COVERED repairs up to \$100.00. Do not exceed this amount without express authorization from Select and a corresponding authorization number.
4. When you receive a call dispatched as "Authorization Needed" the technician must go to the home, diagnose and call Select with your diagnosis **PRIOR TO DOING ANY REPAIR OR REPLACEMENT, REGARDLESS OF THE DOLLAR AMOUNT**. Be sure to request authorization for the gross total amount, which will include labor to date and any and all previous charges on the dispatch number.
5. Any time you go to a home and find one of the following code violations, non-covered items, improper installations, malfunction not resulting from normal wear and tear, equipment in need of maintenance, and inclusive of all non-covered items listed in the sample warranty, call the Authorization Department from the home before continuing. Select does not cover these items or repairs and will not reimburse for any and all non-covered work that has been completed. Authorization for labor to date plus any charges for covered items will be given. Be prepared to submit an estimate for any and all non-covered items or repairs. **Calling from the home on non-covered items is required. Select, will inform the customer of non-covered items and will assist you in offering your services to the customer on non-covered items or repairs.**
6. If you need to check if something is covered call 855 267 3532.
7. Be prepared to provide Dispatch ID, brand names, manufacturer warranty status, parts/labor/tax breakdown. The gross dollar amount of the repair and the service call fee status.
8. Your billing will be adjusted to the authorization amount so do not exceed it without prior authorization. If additional work is needed you must contact Authorizations Department and provide additional information, if approved a new authorization number will be given.
9. Do not go to the home at the customer's request. Inform the homeowner to call Select.
10. **No pricing may be given to the customer; it is confidential between you and Select Home Warranty.**

Please call us with any questions.

Business Information

Business Name _____

Mailing Address _____
City _____ State _____ Zip _____

Physical Address _____
City _____ State _____ Zip _____

Tax I.D. No. or Social Security No. _____

Owner _____

Business Telephone Numbers (____) _____

Pager Numbers (____) _____

Emergency Service Number (____) _____

What type of emergency number is this? Direct __ Pager __ Answering Service __

Company E-mail Address _____

Instructions for using pager number _____

Who referred you to Select Home Warranty? _____

Hours of operation:

Weekdays from _____ to _____

Saturday from _____ to _____

Sunday from _____ to _____

Do you provide after hours service? If yes, what hours: _____

Warranty Labor Rates

Please note: Select does not pay mileage or any additional fees, including, but not limited to tax, portal to portal charges, etc. If you are going to apply any charges for those items, they must be included in the rates listed below.

First Hour Labor Rate _____ \$ _____ includes up to 60 minutes in the home.

Additional 15 Minutes _____ \$ _____ includes up to 60 minutes in the home.

After Hours Rates \$ _____

Numbers of Service Technicians _____ Number of Service Vehicles _____

Uniformed (shirts) Field Force? _____ How do you dispatch? (i.e. mobile phone, pager, email.) _____

Are you able to take pictures with a phone (iphone, etc) and email them? (YES / NO)

Please send a copy of your current trade license for the trades that you service.

Check below where applicable:

☐ Air conditioning/ Heating
☐ Plumbing
☐ Well Pumps
☐ Appliances
☐ Appliance installs
☐ Electrical

☐ Pool/Spa
☐ Roof Repair
☐ Lawn Sprinkler Systems
☐ Septic System
☐ Garage Door Openers

Please list the zip codes that you service which do not require additional travel charges or any additional costs.

City _____ State _____ ZIP+ 4 _____ - _____

Please fill out the form below if Workers' Compensation is not applicable to your firm.

Company Name _____

Address _____

City, State, Zip _____

Owners _____

I certify I am the sole owner/operator of the firm listed above and do not have any employees. I will provide a Certificate for Workmans Compensation to Select Home Warranty within 10 days of hiring any employee.

Signature _____

Date _____

Service Contractor Agreement

This Service Contractor Agreement is entered into as of the ____ day of _____, 20__ by and between Select Home Warranty, and _____, a(n) _____ corporation. ("service provider").

Recitals

- A. Select is engaged in the business of selling home warranty contracts primarily to homeowners ("contracts").
- B. Service Provider is knowledgeable and experienced in all aspects of providing certain services as set forth on attached hereto (the "Services").
- C. Select desires to engage Service Provider, and Service Provider desires to accept such position as an independent contractor with Select, upon the terms and subject to the conditions hereinafter provided.

Agreement

Now, therefore, in consideration of the foregoing Recitals and mutual promises herein contained, the parties agree as follows:

1. Independent Contractor, Select hereby agrees to engage Service Provider, and Service Provider agrees to accept such engagement. In the performance of the work, duties and obligations hereunder, Service Provider will at all times be acting as an independent contractor, and nothing in this Agreement shall be construed or deemed to create a relationship of employer and employee and Service Provider does not have the authority to bind or commit Select.
2. Duties.
 - A. During the term of this Agreement, Service Provider Shall:
 - (i) Provide the Services on an as-needed basis as requested by Select.
 - (ii) Contact homeowner who has been issued a contract ("Homeowner") immediately (within 4 hours on weekdays and 24 hours in weekends) of being notified in writing by Select of a claim to inquire as to the nature of the claim and to schedule a service appointment.
 - (iii) Provide detailed billing and invoicing to Select for all services provided by Service Provider to Homeowner.
 - (iv) Inform Select in writing of any problems or difficulties experienced while providing services to Homeowners;
 - (v) Prior to performing services which will exceed \$50, contact an authorized representative of Select for authorization ("authorization");
 - (vi) Contact Select at two weeks prior to taking any scheduled vacation or other leave of absence;
 - (vii) Guarantee your work, parts (90 days) and labor (30 days);
 - (viii) Provide service technicians that are fully and adequately trained to perform the Services;
 - (ix) Use replacement parts which are equal or better than factory replacement parts;
 - (x) Not bill Select for Services covered under manufacturer's warranty, either parts or labor;
 - (xi) Provide indemnification and insurance as provided for herein;
 - (xii) Devote reasonable efforts and necessary business time and attention to service Homeowner as referred to Service Provider by Select; and
 - (xiii) Provide repair service in accordance with Service Provider Protocol as set forth on attached hereto and made a part hereof.
 - B. During the term of this Agreement, Select shall:
 - (i) Provide a toll free number, for verification and Authorization;
 - (ii) Provide prompt payment of your invoices within 30 days of receipt if services were with proper Authorization and properly completed; and
 - (iii) At its sole discretion, refer Homeowners to you who are located in your geographical service area.
3. **Compensation.** During the term of the Agreement, Select agrees to pay to the Service Provider, subsequent to the receipt of an invoice detailing the services provided to a Homeowner, a fee for services in accordance with the fee arrangement more specifically set forth on attached hereto and incorporated herein.

4. Indemnification and Insurance.

- (a) Service Provider agrees to indemnify and hold harmless Select and its successors, assigns and affiliated (collectively the "Indemnities"), from any and all claims, actions, expenses or liabilities that arise as a result of Service Provider's Services to any Homeowner or third party referred to Service Provider by Company which involve or threaten any indemnities, as parties or otherwise, that are in any way based upon Service Provider's Services and/or duties or failure to satisfy any of its obligations hereunder.
- (b) Service Provider shall maintain insurance coverage (including general liability insurance) and bonding as usual and customary in Service Provider's industry in connection with the providing of the Services. In addition, Service Provider shall name Select as an additional insured hereunder and provide Company with a certificate a default hereunder by Service Provider.

5. Representation. In further consideration of entering into this Agreement, Service Provider represents and warrants the following to Select:

- (i) Service Provider and its agents and employees are presently licensed and/or certified by the appropriate governmental authorities to provide the Service;
- (ii) In the event the Service Provider or any of its agents or employees have their license or permit suspend, revoked or cancelled, Service Provider will inform Select immediately and Service Provider will not provide Services to Homeowners until such proper permits or licenses are reinstated; and
- (iii) Service Provider's Federal Taxpayer Identification Number/ Social Security Number is: _____

6. Miscellaneous. If any provision of this Agreement shall be held invalid or unenforceable, the remainder shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall nevertheless remain in full force and effect in all other circumstances. This Agreement contains the entire agreement and understanding of the parties concerning the subject matter hereof, and no representations, promises agreements or understanding, written or oral, not contained herein shall be of any force or effect. Service Provider shall not disclose the terms of this Agreement to any person. If a dispute arises out of or related to this contract, or breach thereof, and if the dispute cannot be settled through negotiation in good faith, the parties agree first to try in good faith to settle the dispute by mediation. Any disputes resulting from this Agreement or any dispute resulting to Select's home warranty service shall be construed and enforced under the laws of the State of New Jersey. You hereby submit to the jurisdiction of the courts of New Jersey, and waive any objection to venue with respect to actions brought in such courts.

In Witness Whereof, the parties have duly executed this Agreement as of the day and year written above.

Select Home Warranty

(Service Provider)

By: _____
Its: _____

By: _____
Its: _____

Confidential – For Select Home Warranty Internal Use Only: This transmission is intended for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you received this communication in error, please notify the sender immediately

Thank you for your interest in becoming a contractor for Select Home Warranty, a leader in the home warranty industry. Please take a minute to complete the attached required documentation, call us at (855) 267-3532 if you have any questions.

Service Provider shall maintain insurance coverage (including general liability insurance) and bonding as usual and customary in Service Provider's industry in connection with providing of the Services. In addition, Service Provider shall name Select as an additional insured thereunder and provide Company with a certificate evidencing such. The failure to maintain any such insurance or bonding during the term hereof shall constitute a default hereunder by Service Provider.

- _____ Workmans Compensation Insurance (must provide proof that you carry it or a waiver (included) if self-employed)
- _____ Copy of your current trade license (if applicable)
- _____ Business information form
- _____ Service Contractor Agreement
- _____ IRS form W-9

Please fax the above information to (732) 490-6612.

SELECT HOME WARRANTY
1 International Way, Unit 400
Mahwah NJ 07495
claims@Selecthomewarranty.com
1-855-267-3532