

Home Warranty Tel: 604.682.3095 Toll Free: 800.555.9431 Fax: 604.682.3096 **Travelers Insurance Company of Canada** Suite 2500 – 650 West Georgia Street Vancouver, British Columbia V6B 4N7

SCHEDULE "D" - WARRANTY COMMENCEMENT DATE CERTIFICATE

Warranty Type:	Buil	ding Type:	I	Product Type:
Builder Name:				
Builder Address:				
Builder No.		Tel:		Fax:
UNIT/PROJECT IN	FORMATION:			
Address:	(Street)		(City, Province)	(Postal Code)
Legal Description			Lot:	Section:
Logal Docomption	Block:	District Lot:	Eoti	Plan:
	Range:		Twp:	
	Strata Lot Range:		Strata Lot:	
	Warranty Certificate Nu	ımber(s):		
Owner's Name(s):				
	(First Name)			(Last Name)
OR				
	(Strata Corporation No	& Project Name)		
Mailing Address:				
J	(Unit No. & Street)		(City, Prov	vince) (Postal Code)
	, ,			
Telephone:				Fax:
r	(Home)	(Work)		
WARRANTY C	OMMENCEMENT D			
(The Warranty Cor	mmencement Date as de	/ MM / scribed in the Home	DD eowner Protection Act w	/ YY ill prevail if conflicting dates arise.
		escribed in the Home	eowner Protection Act w	ill prevail if conflicting dates arise.
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Pink – Owner