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H:

15 Oland Cres., Halifax, NS B3S 1C6  
Phone: 902-450-9000 or 1-800-320-9880  
Fax: 902-450-5454; Email: info@ahwp.org

**RENOVATION WARRANTY  
CERTIFICATE OF COMPLETION**

*Renovators Name:* \_\_\_\_\_ *Address:* \_\_\_\_\_ *City & Province:* \_\_\_\_\_

**THE RENOVATOR AND HOMEOWNER CERTIFIES TO THE ATLANTIC HOME WARRANTY (AHW) THAT:**  
(1) The Home described on this Certificate of Completion was substantially completed by the Renovator  
(2) The Home was inspected by us and possession was taken on the date shown. The Atlantic Home Warranty coverage is effective from this Date of Completion

**HOMEOWNER & RENOVATOR TO COMPLETE - UNFINISHED CONSTRUCTION ITEMS:  
AHW DOES NOT GUARANTEE COMPLETION OF THE CONSTRUCTION CONTRACT. LIST BELOW ALL ITEMS OUTSTANDING AT THE DATE OF COMPLETION**

\_\_\_\_\_

\_\_\_\_\_

HOMEOWNER(S): \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**DATE OF COMPLETION:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**We agree that all the information provided on this form may be used and disclosed by AHW for the administration of AHW including for all warranty matters and claims, and for advising financial institutions, if requested, whether the dwelling is covered by an AHW warranty. AHW will provide a copy of its Privacy Policy upon request.**

\_\_\_\_\_  
Renovator Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Homeowner Signature \_\_\_\_\_ Date

**IMPORTANT NOTE TO ALL PARTIES:**

**ONE SIGNED COPY OF THIS CERTIFICATE OF COMPLETION MUST BE RETURNED TO AHW TO EFFECT THE WARRANTY**