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**Home Health Report Service Agreement**

\*\*Home Health Report Service Agreement\*\*

This Home Health Report Service Agreement (the "Agreement") is entered into by and between Pro Bid HVAC LLC, located at 223 N. Macarthur, Springfield, IL 62702 (hereinafter referred to as "Provider"), and

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(hereinafter referred to as "Customer"), on this [date].

\*\*1. Services Provided\*\*

Provider agrees to conduct a comprehensive home health report inspection for the Customer's HVAC system located at the address specified above. This inspection will include but is not limited to:

* Spring -cooling system inspection including condenser cleaning.
* Fall -heating system inspection including furnace cleaning.
* Quarterly filter replacement (1 inch filter).
* Visual Inspection of ducts
* Visual Inspection of water heater.
* Visual Inspection of sump pump
* Test smoke detectors and replace batteries.
* Test Carbon Monoxide detectors and replace batteries.
* Thermostat - visual inspection and functions check

- Dryer vent cleaning (up to 20 feet)

\*\*2. Fees and Payment\*\*

Customer agrees to pay Provider a fee of $45 monthly for 12 months for the home health report service. Customer will receive a 2.5% discount by prepaying the annual service.

\*\*3. Scope of Work\*\*

Provider will perform the home health report service in a professional manner, utilizing industry-standard practices and equipment. Provider shall not be responsible for any repairs or modifications to the HVAC system unless otherwise agreed upon in writing.

\*\*4. Confidentiality\*\*

Provider agrees to keep all information obtained during the inspection confidential and will not disclose any findings to third parties without the consent of the Customer, except as required by law.

\*\*5. Limitation of Liability\*\*

Provider shall not be liable for any damages, including but not limited to incidental, consequential, or punitive damages, arising out of or relating to the home health report service, except for damages caused by Provider's gross negligence or willful misconduct.

\*\*6. Termination\*\*

Either party may terminate this Agreement upon written notice to the other party. In the event of termination, Customer shall pay Provider for the balance of the 12 month contract.

\*\*7. Governing Law\*\*

This Agreement shall be governed by and construed in accordance with the laws of Illinois.

\*\*8. Entire Agreement\*\*

This Agreement constitutes the entire understanding between the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings, whether written or oral, relating to such subject matter.

\*\*9. Signatures\*\*

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

**Client’s Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date \_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pro Bid Representative Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date \_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_