



# BUILDER APPLICATION

## FOR PARTICIPATION IN THE PROFESSIONAL WARRANTY PROGRAM AND MEMBERSHIP IN THE PROFESSIONAL WARRANTY PURCHASING GROUP

Please print or type all information requested:

Authorized representative must sign where indicated below. If accepted for participation, a \$200.00 application fee will be charged to firm's account. This charge will appear on the first monthly builder statement.

**REPRESENTATIONS:** The Applicant Firm represents and warrants that the information contained in this application and any supplemental business information supplied to Professional Warranty Service Corporation (PWSC) is true and complete to the best of Applicant Firm's knowledge.

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION:** The Applicant Firm authorizes PWSC or its representative(s) to conduct an investigation of the Applicant Firm's activities, make certain inquiries, and obtain credit information and reports from third parties as may be necessary for the determination of Applicant Firm's financial and technical ability to meet its obligations. Applicant Firm directs all credit reporting agencies or sources provided to PWSC by Applicant to make available to PWSC and its representative(s) any information in the possession of such agencies or sources concerning Applicant Firm.

By:

\_\_\_\_\_ (signature of authorized representative of applicant)

\_\_\_\_\_ (title)

\_\_\_\_\_ (printed name of authorized representative of applicant)

\_\_\_\_\_ (date)

### APPLICANT FIRM:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

1. ORGANIZATION TYPE:  Corporation  Sub Chapter "S"  Sole Proprietorship  Limited Liability Corporation  Partnership\*  Joint Venture\* \*If checked, attach copy of Agreement Date Firm Founded: \_\_\_\_\_

2. OWNERSHIP: List each person or firm owning 10% or more of the applicant firm; Individuals with an ownership interest must provide their SS/FIN.

Controlling Principal _____	Ownership % _____	Social Security /FIN # _____
Other Principal _____	Ownership % _____	Social Security / FIN # _____
Other Principal _____	Ownership % _____	Social Security / FIN. # _____
Other Principal _____	Ownership % _____	Social Security /FIN. # _____
Other Principal _____	Ownership % _____	Social Security /FIN. # _____

3. IF THE APPLICANT FIRM IS WHOLLY OWNED BY ANOTHER FIRM, PLEASE PROVIDE:

Parent Firm Name: \_\_\_\_\_

4. Has the Applicant Firm, any of its Principals, or any Firm with which they have been affiliated, filed for BANKRUPTCY or been adjudicated bankrupt within the last seven (7) years?  YES  NO If yes, attach a copy of the discharge papers or current status.

5. PRIOR EXPERIENCE IN A WARRANTY PROGRAM / CUSTOMER SERVICE SYSTEMS:

Warranty Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Has Applicant Firm, any of its principals, or its parent company, ever been expelled, terminated, or suspended from another Warranty Program?  YES  NO If yes, attach separate sheet with details.

- A. Is the applicant firm currently involved in any litigation?  Yes  No If yes, is the applicant firm the defendant?  Yes  No
- B. In the last 12 months have any complaints been filed against the applicant with the following agencies? (check box(es) only if the answer is "YES" )  
 HUD/FHA  Veterans Administration  FmHA  Warranty Company  Licensing Agency  Better Business Bureau  Builder Association
- C. If you checked any of the above agencies, are any of the complaints unresolved?  Yes  No  
If you checked yes, attach a separate sheet with details on the nature of the complaint and the current status.

### 6. ACTIVITY

Number of homes sold (closed) in past 12 months \_\_\_\_\_ Total Sales \$ \_\_\_\_\_ Average Sales Price \$ \_\_\_\_\_

% sold by type: Single Family Detached \_\_\_\_\_% Single Family Attached \_\_\_\_\_% Condo \_\_\_\_\_%

Projected number of homes to be sold in next 12 months \_\_\_\_\_ Average Sales Price \$ \_\_\_\_\_

% of homes anticipated to be sold with FHA or VA backed financing \_\_\_\_\_%

Note: If you plan to build any detached home or condominium structure with a sales price in excess of \$4,000,000 contact PWSC prior to completing application. Do you plan to build a home or condo structure with a sales price in excess of \$4,000,000?  YES  NO

### 7. INSPECTION INFORMATION

Does Applicant Firm currently build in any areas where construction inspections are not performed by a governmental or municipal inspection authority (other than FHA or VA required inspections)?  YES  NO

**CONSTRUCTION SITES:**

PROVIDE THE LOCATION OF THREE (3) HOMES PRESENTLY UNDER CONSTRUCTION AT VARIOUS STAGES (FOUNDATION,FRAME,FINISH).

A. Subdivision \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
 Address of Home \_\_\_\_\_ Construction Stage \_\_\_\_\_

B. Subdivision \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
 Address of Home \_\_\_\_\_ Construction Stage \_\_\_\_\_

C. Subdivision \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
 Address of Home \_\_\_\_\_ Construction Stage \_\_\_\_\_

**8. Identify by state all areas where applicant builder:** \_\_\_\_\_

What other market areas, if any, has the applicant constructed homes? (include time frames) \_\_\_\_\_

Has the applicant firm or controlling principal built homes under a different name than the applicant firm?  YES  NO

If yes, provide: FIRM NAME: \_\_\_\_\_ MARKET AREA: \_\_\_\_\_ DATES: \_\_\_\_\_

**9. LENDER / CONSTRUCTION FINANCING REFERENCES**

Source of financing (provide % of financing from listed sources): Construction Loans \_\_\_\_\_% Line of Credit \_\_\_\_\_% Customer Financed\* \_\_\_\_\_% Trust or Estate \_\_\_\_\_%  
 Owner/Partner Money \_\_\_\_\_% Other (specify) \_\_\_\_\_% \*If customer financing, attach two copies of completed Customer Contracts

**Financial Affiliations:**

a. Business Checking/Savings Account - Bank Name: \_\_\_\_\_ # of Years experience w/applicant \_\_\_\_\_  
 Address: \_\_\_\_\_ Email/Fax \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

b. Lending Institution (Construction Financing) - Name: \_\_\_\_\_ # of Years experience w/applicant \_\_\_\_\_  
 Address: \_\_\_\_\_ Email/Fax \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

c. Lending Institution (Construction Financing) - Name: \_\_\_\_\_ # of Years experience w/applicant \_\_\_\_\_  
 Address: \_\_\_\_\_ Email/Fax \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Contract Person: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

**10. SUPPLIERS/SUBCONTRACTORS**

PLEASE PROVIDE MAJOR TRADE REFERENCES WHICH APPLICANT HAS TRADED WITH

FOR MORE THAN SIX (6) MONTHS.

a. Concrete/Masonry: \_\_\_\_\_ # Years? \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

b. Plumbing: \_\_\_\_\_ # Years? \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

c. Electrical: \_\_\_\_\_ # Years? \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

d. Framing: \_\_\_\_\_ # Years? \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

e. Other: \_\_\_\_\_ # Years? \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

f. Other: \_\_\_\_\_ # Years? \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

g. Other: \_\_\_\_\_ # Years? \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

h. Other: \_\_\_\_\_ # Years? \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

i. Other: \_\_\_\_\_ # Years? \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

**ATTACHMENTS TO THE APPLICATION**

**ALL APPLICANTS:** Two (2) signed Participation Agreements (PWSC 200), Copy of current General Liability Certificate of Insurance (Declarations Page), **COMPLETE HOMEOWNER REFERENCE LIST BELOW.** Provide home buyer name, complete address of home, email address, settlement date (month & year), final sales price and the home/work/cell telephone numbers of home buyers.

**SEND COMPLETED APPLICATION PACKAGE TO: PROFESSIONAL WARRANTY SERVICE CORPORATION (PWSC)**

TELEPHONE: 1-800/850-2799 F AX: 1-800/851-2799 4443 BROOKFIELD CORP. DR., #300  
 EMAIL: sales@pwsc.com CHANTILLY, VA 20151



# HOMEOWNER REFERENCES

**LIST OF ALL HOMES CONSTRUCTED AND CLOSED BY APPLICANT IN THE PRECEDING 36 MONTHS, using the attached form.**

Provide homebuyer name, complete address of home, settlement date (month & year), final sales price and contact information for the homebuyer, preferably email and home/work telephone numbers.

**Date:** \_\_\_\_\_

**Builder Name:** \_\_\_\_\_

**1. Homebuyer Name:** \_\_\_\_\_

**Address of Home:** \_\_\_\_\_

**Settlement Date:** \_\_\_\_\_ **Final Sales Price:** \_\_\_\_\_

**Homebuyer Email:** \_\_\_\_\_

**Homebuyer Phone: (h)** \_\_\_\_\_ ; **(w)** \_\_\_\_\_ ; **(c)** \_\_\_\_\_

**2. Homebuyer Name:** \_\_\_\_\_

**Address of Home:** \_\_\_\_\_

**Settlement Date:** \_\_\_\_\_ **Final Sales Price:** \_\_\_\_\_

**Homebuyer Email:** \_\_\_\_\_

**Homebuyer Phone: (h)** \_\_\_\_\_ ; **(w)** \_\_\_\_\_ ; **(c)** \_\_\_\_\_

**3. Homebuyer Name:** \_\_\_\_\_

**Address of Home:** \_\_\_\_\_

**Settlement Date:** \_\_\_\_\_ **Final Sales Price:** \_\_\_\_\_

**Homebuyer Email:** \_\_\_\_\_

**Homebuyer Phone: (h)** \_\_\_\_\_ ; **(w)** \_\_\_\_\_ ; **(c)** \_\_\_\_\_

4. Homebuyer Name: \_\_\_\_\_

Address of Home: \_\_\_\_\_

Settlement Date: \_\_\_\_\_ Final Sales Price: \_\_\_\_\_

Homebuyer Email: \_\_\_\_\_

Homebuyer Phone: (h) \_\_\_\_\_ ; (w) \_\_\_\_\_ ; (c) \_\_\_\_\_

5. Homebuyer Name: \_\_\_\_\_

Address of Home: \_\_\_\_\_

Settlement Date: \_\_\_\_\_ Final Sales Price: \_\_\_\_\_

Homebuyer Email: \_\_\_\_\_

Homebuyer Phone: (h) \_\_\_\_\_ ; (w) \_\_\_\_\_ ; (c) \_\_\_\_\_

6. Homebuyer Name: \_\_\_\_\_

Address of Home: \_\_\_\_\_

Settlement Date: \_\_\_\_\_ Final Sales Price: \_\_\_\_\_

Homebuyer Email: \_\_\_\_\_

Homebuyer Phone: (h) \_\_\_\_\_ ; (w) \_\_\_\_\_ ; (c) \_\_\_\_\_