



**Professional
Warranty Service**
CORPORATION

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:

Builder Entity Name: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Title: _____ HOP: Yes No
 Office Phone: _____ Cell Phone: _____ 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 %: _____ FIN # / Social Security: _____
 Other Principal: _____ Ownership %: _____ FIN # / Social Security: _____
 Other Principal: _____ Ownership %: _____ FIN # / Social Security: _____
 Other Principal: _____ Ownership %: _____ FIN # / Social Security: _____
 Other Principal: _____ Ownership %: _____ FIN # / Social Security: _____

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. **KEY COMPANY CONTACTS:** PLEASE LIST THE INDIVIDUAL(S) IN EACH OF THE FOLLOWING ROLES, WHERE APPLICABLE, FOR PWSC TO DISTRIBUTE APPROPRIATE COMMUNICATION, MATERIALS, DOCUMENTS, ET AL, ONCE APPLICANT HAS BEEN APPROVED.

A. Head of Sales: Name: _____ Office Phone: _____
Cell Phone: _____ Email Address: _____
Street Address if Different from Applicant Firm Address: _____

B. Head of Marketing: Name: _____ Office Phone: _____
Cell Phone: _____ Email Address: _____
Street Address if Different from Applicant Firm Address: _____

C. Administrator (Home Enrollments): Name: _____ Office Phone: _____
Cell Phone: _____ Email Address: _____
Street Address if Different from Applicant Firm Address: _____

D. Head of Warranty Service/Customer Care: Name: _____
Office Phone: _____ Cell Phone: _____
Email Address: _____
Street Address if Different from Applicant Firm Address: _____

6. **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.

7. **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

8. **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: _____

9. IDENTIFY BY STATE ALL AREAS WHERE APPLICANT BUILDS:

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: _____

If applicant builds in New Jersey, provide DCA#: _____

10. 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.: _____

Contact Person: _____ Account Number(s): _____

D. Commercial General Liability Insurance Company - Name: _____

of Years experience w/applicant: _____

Address: _____

Email: _____ Fax: _____ Phone No.: _____

Contact Person: _____



11. 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: _____ FaxNo.: _____

E. Other: _____ # Years: _____ Phone No.: _____

Address: _____

Email: _____ FaxNo.: _____

F. Other: _____ # Years: _____ Phone No.: _____

Address: _____

Email: _____ FaxNo.: _____

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 THAT MUST BE SUBMITTED FOR PROGRAM APPROVAL

ALL APPLICANTS: Please include:

1. Two (2) signed Participation Agreements (PWSC 200)
2. Copy of current Commercial General Liability Certificate of Insurance (Declarations Page) with PWSC identified as a certificate holder
3. COMPLETE HOMEOWNER REFERENCE LIST BELOW. Provide homeowner name, complete address of home, email address, settlement date (month & year), final sales price and the home/work/cell telephone numbers of homeowner
4. Builder Resume and Company History

SEND COMPLETED APPLICATION PACKAGE TO:

PROFESSIONAL WARRANTY SERVICE CORPORATION (PWSC)
 4443 BROOKFIELD CORPORATE DRIVE
 SUITE 300
 CHANTILLY, VA 20151
 TELEPHONE: 800.850.2799 FAX: 800.851.2799
 EMAIL: sales@pwsc.com



HOMEOWNER REFERENCES

LIST HOMEOWNER REFERENCES CLOSED BY APPLICANT IN PRECEDING 3 TO 36 MONTHS, using the Form below. Please provide home buyer name, complete address of home, settlement date (month & year), final sales price and contact information for the home buyer, preferably email and home/cell numbers.

***If you sell less than 12 homes per year, you are required to submit six (6) homeowner references. If you are applying as a High Volume Builder who sells 12 or more homes per year, you are required to submit 12 homeowner references.**

Date: _____

Applicant Firm Name: _____

1. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____ ; (w) _____ (c) _____

2. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____ ; (w) _____ (c) _____

3. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

HomeownerrEmail: _____

Homeowner Phone: (h) _____ ; (w) _____ (c) _____

4. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____ ; (w) _____ (c) _____



5. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____ ; (w) _____ (c) _____

6. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____ ; (w) _____ (c) _____

CONTINUE FOR HIGH VOLUME BUILDERS

7. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____ ; (w) _____ (c) _____

8. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____ ; (w) _____ (c) _____

9. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____ ; (w) _____ (c) _____



10. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____; (w) _____ (c) _____

11. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____; (w) _____ (c) _____

12. Homeowner Name: _____

Address of Home: _____

Settlement Date: _____ Final Sales Price: _____

Homeowner Email: _____

Homeowner Phone: (h) _____; (w) _____ (c) _____



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