



# BUILDER APPLICATION

**FOR PARTICIPATION IN THE PROFESSIONAL WARRANTY SERVICE CORPORATION PROGRAM AND MEMBERSHIP IN THE PROFESSIONAL WARRANTY PURCHASING GROUP**

## APPLICANT FIRM:

Builder Entity Name: \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

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

**2. DATE FIRM FOUNDED:** \_\_\_\_\_

**3. OWNERSHIP:** List each person or firm owning 10% or more of the applicant firm; Individuals with an ownership interest must provide their Tax ID.

Controlling Principal: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Other Principal: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Other Principal: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Other Principal: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

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

**5. KEY COMPANY CONTACTS:**

**A. Administrator (Home Enrollments):** Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**B. Head of Warranty Service/Customer Care:** Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**A. Warranty Company Name:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**B. Has Applicant Firm, any of its principals, or its parent company, ever been expelled, terminated, or suspended from another Warranty Program?**  YES  NO

**C. Is the applicant firm currently involved in any litigation?**  YES  NO

If yes, is the applicant firm the defendant?  YES  NO



D. 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    USDA    Warranty Company    Licensing Agency  
 Better Business Bureau    Builder Association

E. If you checked any of the above agencies, are any of the complaints unresolved?    YES    NO

*If you checked "YES" to any of the questions above, attach a separate sheet with details on the nature of the complaint and the current status.*

### 7. HOME SALES ACTIVITY:

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

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

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

D. Do you anticipate homes being sold with FHA, USDA or VA backed financing?    YES    NO

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

### 8. INSPECTION INFORMATION:

A. 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

B. Does Applicant agree to provide an independent inspection on 3 homes in various stages of construction (foundation, frame, finish)?    YES    NO\*

*If "NO", applicant may be declined or terminated from program.*

### 9. CONSTRUCTION LOCATIONS:

A. List all states where the applicant builds? \_\_\_\_\_

B. If applicant builds in New Jersey, provide DCA#: \_\_\_\_\_

### 10. FINANCIAL INFORMATION:

A. Source of financing (check all that apply):

- Construction Loans    Customer Financed\*    Line of Credit    Owner/Partner Money  
 Trust or Estate    Other (specify): \_\_\_\_\_

*\*If customer financed, attach two copies of completed Customer Contracts.*

B. Business Checking/Savings Account - Bank Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

# of Years experience w/applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

C. Lending Institution (Construction Financing) - Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

# of Years experience w/applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



**11. INSURANCE INFORMATION:**

Commercial General Liability Insurance Company - Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ # of Years experience w/applicant: \_\_\_\_\_

Is policy active?  YES  NO Current Policy Term: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**ATTACHMENTS TO THE APPLICATION THAT MUST BE SUBMITTED FOR PROGRAM APPROVAL**

- 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. If applicant has less than five (5) years experience, please provide resume and company history

**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)

**SEND COMPLETED APPLICATION PACKAGE TO:**

PROFESSIONAL WARRANTY SERVICE CORPORATION (PWSC)  
4795 MEADOW WOOD LANE  
SUITE 300 WEST  
CHANTILLY, VA 20151  
EMAIL: sales@pwsc.com PHONE: 800.850.2799



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Suite 300 West  
Chantilly, VA 20151

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