2-10 HOME BUYERS WARRANTY®
CONSTRUCTION LENDER APPLICATION

1. Company Name: _____ Phone: _____

   DBA: _____ Construction Lender Type: ❑ 10-Year ❑ 2-10 Year

   Address: _____ City: _____ State: _____ Zip: _____

   Mailing Address: _____ City: _____ State: _____ Zip: _____

   Fax Number: _____ E-mail Address: _____

   Federal _____

   Contact Person #1 at Lender Office: _____ Phone #_____

   Email Address: _____

   Contact Person #2 at Lender Office: _____ Phone #_____

   Email Address: _____

   Warranty Contact Person _____ Phone #_____

2. Type of Business Organization: ❑ Corporation ❑ Partnership ❑ Sole Proprietorship ❑ Other _____ (Describe)

   State of Domicile/State Issuing Primary Certificate of Authority: _____

   LIST OWNERS ONLY: All Owners owning 10% or more of the firm (attach list if necessary):

Name / Percent of Ownership	Title	Social Security # (Only Required for all types of partnerships and sole proprietorships)

3. Have you or any of the above listed owners ever participated in the 2-10 HBW program? _____
4. Have you or any of the above listed owners ever participated in any warranty program? _____
5. Building department jurisdictions you expect to enroll homes from (attach list if necessary): _____
6. Number of homes you expect to enroll in the CLW program in the next 12 months? _____

   Average sales price? _____ 8. General Liability Insurance Carrier: _____
7. Types of homes you expect to enroll
   - ❑ Foreclosed homes that are completed _____%
   - ❑ Foreclosed homes that are uncompleted _____%

   Name of person completing homes and their years of home building experience _____

I hereby authorize 2-10 Home Buyers Warranty, on behalf of the warranty insurer to conduct such investigation of the applicant's and/or its owners'/principals' activities, make such inquiries and obtain credit reports as may be necessary for its determination of the applicant's and/or its owners'/principals' financial and technical ability to meet its obligations to home owners and the risk retention group. I certify that the information provided is complete and correct to the best of my knowledge. THIS CONSTRUCTION LENDER APPLICATION MAY BE EXECUTED BY FACSIMILE SIGNATURE. APPLICANT AGREES TO BE BOUND BY ITS FACSIMILE SIGNATURE AND FURTHER AGREES THAT ANY SUCH FACSIMILE SIGNATURE SHALL BE EQUALLY EFFECTIVE AS THOUGH IT WERE ORIGINAL.

Print Name and Title of Applicant's Authorized Representative	Signature	Date

THIS IS NOT AN APPLICATION FOR INSURANCE. This is an application to become a member of our risk retention group. Acceptance into the program is discretionary and does not create any insurance coverage. Warranty coverage for homes accepted for enrollment will be insured by our risk retention group in accordance with the Construction Lender Proposal and Agreement that you and the risk retention group sign. When completed, please return your Construction Lender Application, Construction Lender Proposal and Agreement, Stock Subscription Agreement and forms to: Warranty Insurer, c/o

2-10 Home Buyers Warranty®
PO Box 371348
Denver, CO 80237
800-488-8844

For office use only: ***Approved by:*** _____ ***Member #:*** _____

Rates 2-10 yr. _____ ***10 yr.*** _____