



# 2-10 HOME BUYERS WARRANTY® BUILDER RE-REGISTRATION

PLEASE MAKE ADDITIONS AND CORRECTIONS AS NEEDED \*All areas must be completed.  
If no change from last year, please put "no change." If not applicable, please put "n/a".

### IF YOU CHOOSE NOT TO RE-REG, PLEASE CHECK APPROPRIATE BOX

- Project completed    Currently not building new projects    Closing business    Other \_\_\_\_\_

1. Company Name: \_\_\_\_\_ 2-10 HBW® Builder No: \_\_\_\_\_  
DBA: \_\_\_\_\_ Builder Type:    10-Year    2-10 Year  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Communication Preference:    Email    Fax    USPS Mail    Phone  
Federal I.D.# \_\_\_\_\_ Contact Person: \_\_\_\_\_

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 #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Years Owner has owned/controlled a home building company	
This Company	Other Home Bldg. Co.
_____	_____
_____	_____
_____	_____

If a corporate ownership name was entered above, please use the back of this document or a separate piece of paper to indicate the name and address of the individual principals of the corporate owner(s).

3. Building department jurisdictions you expect to build in (attach list if necessary): \_\_\_\_\_
4. Number of homes you expect to enroll in the 2-10 HBW® program in the next 12 months? \_\_\_\_\_  
In the past 12 months, how many homes did your firm build? \_\_\_\_\_  
Enroll in the 2-10 HBW® program? \_\_\_\_\_ Average sales price? \_\_\_\_\_
5. General Liability Insurance Carrier: \_\_\_\_\_
6. Date of expiration of GL insurance: \_\_\_\_\_ 7. Insurance Agency Name: \_\_\_\_\_
8. Contact/Agent's Name: \_\_\_\_\_ 9. Insurance Agent's Phone #: \_\_\_\_\_
10. Do you build commercially? \_\_\_\_\_ 11. Do you remodel? \_\_\_\_\_ 12. \$\$\$Volume: \_\_\_\_\_

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 homeowners and the warranty insurer. I certify that the information provided is complete and correct to the best of my knowledge. I further acknowledge that renewal of the Builder Proposal and Agreement will continue until terminated or suspended pursuant to the terms of such agreement. THIS BUILDER RE-REGISTRATION 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 re-registration continues your participation in the 2-10 Home Buyers Warranty® (2-10 HBW®) program and renews the Builder Proposal and Agreement. Continued acceptance in the program does not create any insurance coverage. If you remain active in this program, warranty coverage for homes accepted for enrollment will be insured by the warranty insurer in accordance with the Builder Proposal and Agreement signed by you and the warranty insurer and renewed with this re-registration. When completed, please return this re-registration form and fee to the address listed below.

2-10 Home Buyers Warranty®  
PO Box 371348  
Denver, CO 80237  
800.488.8844

For office use only:   **Approved by:** \_\_\_\_\_   **Member #:** \_\_\_\_\_  
**Rep #:** \_\_\_\_\_   **Rates 2-10 yr.** \_\_\_\_\_   **10 yr.** \_\_\_\_\_