2-10 HOME BUYERS WARRANTY®
BUILDER/SELLER APPLICATION

Apply for:
- ❑ New Home Warranty_____% of business
- ❑ Home Improvement Warranty_____% of business
- ❑ Manufactured Housing Warranty_____% of business

1. Company Name:_____ Phone:_____

   DBA: _____ Builder/Seller Type:❑10-Year ❑2-10 Year

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

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

   Fax Number: _____ E-mail Address: _____

   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	Years Owner has owned/controlled a home building 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. Have you or any of the above listed owners ever participated in the 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 build in (attach list if necessary): _____
   _____ ____
6. Total annual volume of ALL new homes for the last 5 years: 20__ $ 20 _____ $ ____20 _____
   $ _____20 _____ $ ____ 20 _____ $ ____
7. Number of homes you expect to enroll in the HBW program in the next 12 months? _____ _____

   Average sales price? _____ 8. General Liability Insurance Carrier: _____
9. Expiration date of GL insurance: _____ 10. Insurance Agency Name: _____
11. Contact / Agent's Name: _____ 12. Insurance Agent's Phone #: _____
13. Do you build commercially? _____ 14. Do you remodel? _____
15. Total annual volume of Home Improvement work for the last 3 years: 20__ $_____; 20__ $_____; 20__ $_____

I hereby authorize Home Buyers Warranty indicated above 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 warranty insurer. I certify that the information provided is complete and correct to the best of my knowledge. THIS BUILDER 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 2-10 HBW Warranty Program 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 the Warranty Insurer our risk retention group in accordance with the Builder/Seller Proposal and Agreement that you and the Warranty Insurer risk retention group sign. When completed, please return your Builder/Seller Application, Builder Proposal and Agreement, Stock Subscription Agreement and forms to: Warranty Insurer, c/o

Home Buyers Warranty
PO Box 371348
Denver, CO 80237-1348
800.488.8844

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

❑ **INSURER** ***Rep #:*** _____ ***Rates 2-10 yr.*** _____ ***10 yr.*** _____