



INDEPENDENT CONTRACTORS APPLICATION

Please Print or Type all Information.

INSPECTOR INFORMATION

INSPECTOR'S FULL NAME _____ SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

CELLULAR PHONE _____ FAX NUMBER _____

PRIMARY CONTACT NUMBER: *PLEASE CHECK APPROPRIATE BOX.*

HOME PHONE

BUSINESS PHONE

CELLULAR PHONE

E-MAIL ADDRESS _____

EDUCATION

LEVEL OF EDUCATION: *PLEASE CHECK APPROPRIATE BOX(ES).*

HIGH SCHOOL

SOME COLLEGE

DEGREE

OTHER

TECHNICAL TRAINING: _____

CERTIFICATIONS (INCLUDE RESUME IF NOT CERTIFIED BY ICC OR ASHI): _____

DEGREE(S) RECEIVED: _____

INSPECTION EXPERIENCE

HAVE PERFORMED INSPECTIONS FOR: *PLEASE CHECK APPROPRIATE BOX(ES).*

FHA

VA

OTHER

TYPE OF INSPECTIONS PERFORMED AND NUMBER OF YEAR'S EXPERIENCE: *PLEASE CHECK APPROPRIATE BOX(ES).*

INSPECTION TYPE	COMMERCIAL CONSTRUCTION (YEARS)	HOME CONSTRUCTION (YEARS)
<input type="checkbox"/> STRUCTURAL		
<input type="checkbox"/> ELECTRICAL		
<input type="checkbox"/> PLUMBING		
<input type="checkbox"/> MECHANICAL		
<input type="checkbox"/> OTHER (<i>PLEASE SPECIFY BELOW</i>)		

OTHER: _____

CONFLICT STATEMENT

ARE YOU CURRENTLY ACTIVE AS AN ARBITRATOR, CLAIM ADJUSTER, OR REPAIR CONTRACTOR? *PLEASE CHECK APPROPRIATE BOX.*

YES

NO

IF YES, PLEASE SPECIFY: _____

REFERENCES

LIST ONLY THOSE INDIVIDUALS WHO ARE FAMILIAR WITH YOUR INSPECTION SKILLS AND WORK EXPERIENCE.
PLEASE DO NOT INCLUDE RELATIVES.

NAME

OCCUPATION

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE

HOW LONG HAVE YOU KNOWN THIS PERSON?

NAME

OCCUPATION

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE

HOW LONG HAVE YOU KNOWN THIS PERSON?

NAME

OCCUPATION

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE

HOW LONG HAVE YOU KNOWN THIS PERSON?

CERTIFICATION

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and hereby grant 2-10 Home Buyers Warranty Corporation® ("2-10 HBW®") permission to verify such statements. I understand that any false statement on this form may be considered as sufficient cause for rejection of this form for removal from the approved inspector referral list if such false statement is discovered subsequent to my approval.

2-10 HBW® does not allow arbitrators, claim adjustors, and/or repair contractors to also be 2-10 HBW® approved inspectors. I understand that I may not participate as an arbitrator, claim adjuster, or repair contractor to remain as an approved inspector for 2-10 HBW®. I will notify 2-10 HBW® and be subject to removal from the 2-10 HBW® approved inspector referral list.

APPLICANT SIGNATURE

DATE

Send completed questionnaire to:

2-10 Home Buyers Warranty
Attn: Enrollment Compliance
10375 E. Harvard Avenue
Denver, CO 80231

FOR HBW INTERNAL USE ONLY	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
<hr/>	
HBW ENGINEER SIGNATURE	DATE