



INDEPENDENT CONTRACTORS APPLICATION

Please Print or Type all Information.

INSPECTOR INFORMATION

INSPECTOR'S FULL NAME

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 (*PLEASE SPECIFY BELOW*)

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, HOME BUILDER, OR REPAIR CONTRACTOR? *PLEASE CHECK APPROPRIATE BOX.*

YES

NO

IF YES, PLEASE SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, home builders, and/or repair contractors to also be 2-10 HBW® approved inspectors. I understand that I may not participate as an arbitrator, claim adjuster, home builder, 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.

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APPLICANT SIGNATURE

DATE

**Send completed questionnaire to:**

Email : [210hbw@2-10.com](mailto:210hbw@2-10.com)  
Fax: 303-306-2222  
Mail: 2-10 Home Buyers Warranty  
Attn: Enrollment Compliance  
10375 E. Harvard Avenue  
Denver, CO 80231  
Phone: 800-488-8844 | Fax: 303-306-2222  
Enrollment forms available at [www.2-10.com](http://www.2-10.com)

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