



1-800-247-1812

www.rwcwarranty.com



1-800-445-8173

www.homeoftexas.com

**MHWC.**

1-800-247-1812

www.mhwconline.com

Membership Application

Instructions

Note: This is an editable application. You may type in your answers to all questions on your computer. When finished, you must print the completed application, sign and date it and mail it back to us along with all applicable attachments. Your Warranty Company Account Executive can assist you in completing the Application and submitting it for membership screening.

1. Name of individual or company making Application for Membership.
2. Name of CEO of Applicant Firm.
3. Street address (for UPS shipments) **and** P.O. Box should both be included. Check appropriate box indicating which you prefer we use.
4. Include fax number if available.
5. Include e-mail address if available.
6. Check the organization under which the Applicant firm is doing business.
7. Refers to Applicant.
8. Contact person should be the one who handles the paperwork. Provide EIN # or SS #.
9. If Applicant is a subsidiary, or if parent company is a member of RWC, HOME, or MHWC, please indicate.
10. Include documentation for any **Yes** answers.
11. Number of homes sold by Applicant or controlling Principal. If Applicant has less than 2 years of building experience, additional requirements may be required.
12. Include individuals and/or organizations which have 10% or more ownership in Applicant.
13. Provide name and expiration date of Commercial General Liability (CGL) carrier.
14. Indicate all that apply to Applicant.
15. Check each applicable box to indicate what types of homes Applicant builds. List name of Manufacturer(s) as indicated for Modular, Panelized, Log, or HUD-Code.
16. Indicate how many homes Applicant will build and average sales price.
17. Indicate how many homes Applicant will enroll in each specific warranty. Contact your Warranty Company Account Executive with questions.
18. Include all states where Applicant is currently active.
19. Complete any other applicable documents. Contact your Warranty Company Account Executive or the home office with questions.
20. If Applicant is subject to state licensing or registration, provide license number and expiration date as applicable. **NJ Only:** Attach copy of DCA license.
21. Completed Applications and other required forms process faster than incomplete data. **Please be thorough.**
22. Sign and date.

Return the following items to applicable Warranty Company c/o your Account Executive's address:

- | | |
|--|--|
| <input type="checkbox"/> Completed Membership Application | <input type="checkbox"/> Applicable Deposits |
| <input type="checkbox"/> Signed Membership Agreement | <input type="checkbox"/> Financial Statement |
| <input type="checkbox"/> Check or Credit Card for: \$295 Application Fee | <input type="checkbox"/> Other attachments as listed in item #19 |

5300 DERRY STREET, HARRISBURG, PA 17111

MEMBERSHIP APPLICATION



1. Applicant Firm (Full Legal Name): _____
 2. CEO: _____ EIN/SS #: _____

3. Address: Street _____ City _____ State _____ Zip _____
 P.O. Box _____ City _____ State _____ Zip _____
Which address below do you prefer we use?

4. Area Code & Phone No.: _____ Area Code & Fax No.: _____

5. E-mail Address: _____

6. Check one: Corporation "S" Corporation Partnership Sole Proprietorship LLC Other _____
A password for Warranty Express will be issued to this E-mail Address.

7. Date Applicant Firm was Founded: ____/____/____ 8. Contact Name: _____

9. Name of Parent Company (if applicable): _____ CEO: _____

10. Has Applicant, any of its Principals or firms with which any Principal was affiliated: **NO YES**
- a. Filed for bankruptcy or been adjudicated as bankrupt within the last 7 years?
 - b. Ever participated in a dispute settlement or arbitration with a homeowner?
 - c. Had any complaints filed with the BBB, the Bureau of Consumer Protection or any other consumer agency?
 - d. Been expelled, suspended or refused registration by a warranty program?
 - e. Experienced a claim which was submitted to a warranty program for resolution?
 - f. Ever been a member of a warranty program?

Note: If any answer is Yes, include a letter of explanation, supporting documentation and other pertinent details.
 If a is Yes, an alternate security is required. Contact your Warranty Company Account Executive or Home Office.
 If previously with the Warranty Company checked above, please provide registration number.

11. How many homes did the Applicant sell in each of the past five years? 20__ : ____ homes; 20__ : ____ homes; 20__ : ____ homes;
 20__ : ____ homes; 20__ : ____ homes

Note: If applicant firm has less than 2 years building experience, additional requirements may be necessary.
 If built under another company name, identify company and principals:

Name	Title	Social Security #	Years of Experience	
			This Company	Homebuilding
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Name of Commercial General Liability Carrier (CGL): _____ Expiration Date: _____

14. Check all that apply: Builder Manufacturer Remodeler Builder/Dealer Commercial
 15. Type of homes constructed: Single Family Townhouse Condominium
 Site Built Modular* Panelized* Log* HUD-Code*
 *List Manufacturer(s): _____

16. In the next 12 month, # of homes to be built: _____ Average Sales Price: \$ _____

17. In the next 12 months, # of homes to be warranted under:

Standard 10 Year Warranty (Necessary for FHA/VA closings)	_____	Remodeler Warranty	_____
Customized State Warranty	_____	5 Year Detached Garage Warranty	_____
DSE 10 Year Warranty	_____	Manufacturer 10Year Warranty	_____
Structural Only 10 Year Warranty	_____	Conversion Warranty	_____
TX Enhanced Coverage	_____		

18. In what states does Applicant build? _____

19. Required Attachments (disregard items previously submitted):
 Membership Application Application Check (Non-refundable, see #21) Tax Return/Company Financial Statement
 Membership Agreement Grandfather Form and Applicable Deposits Incentive Program Agreement (if applicable)
 Copy of Insurance Certificate from CGL Carrier

20. State ID Licensing/Registration #, if applicable: _____ Expiration Date: _____ (NJ DCA - attach copy)

21. Send to applicable Warranty Company c/o your Account Executive's address. The non-refundable application fee is \$295. Minimum criteria must be met for approval.

22. **INVESTIGATION:** The Applicant firm hereby authorizes the Warranty Company selected to conduct such investigation of the Applicant's activities and make such inquires and obtain credit reports as may be necessary for its determination of Applicant's financial and technical ability to meet its obligations to purchasers. Applicant hereby directs all credit reporting agencies to make available to the Warranty Company any information in the possession of such agencies.

I hereby attest that all information provided to the Warranty Company in conjunction with this Application for Membership including all attachments is true and correct including the attached financial statement. I understand that I will be held personally responsible for any loss incurred by the Warranty Company as a result of any and all falsified information and that provision of falsified information is a breach of the Membership Agreement and grounds for immediate cancellation of membership in the Warranty Company program. I understand the application fee is non-refundable.

This application has been executed by or on behalf of the Applicant
 this _____ day of _____ year of _____

By: _____

Signature of Principal

OFFICER	Account Executive _____
	Rate _____ Initial Registration Date _____
	Amt Rec'd _____ Incentive Program Share _____
	Check # _____ Source of Lead _____