



1-800-247-1812  
www.rwcwarranty.com



1-800-445-8173  
www.homeoftexas.com



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: \_\_\_\_\_  
A password for Warranty Express will be issued to this E-mail Address.

6. Check one: Corporation "S" Corporation Partnership Sole Proprietorship LLC Other \_\_\_\_\_

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:

12. List all Principals owning 10% or more of Applicant:

| 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 _____            |