



RESIDENTIAL WARRANTY COMPANY, LLC

1-800-247-1812

www.rwcwarranty.com

# MEMBERSHIP APPLICATION

## INSTRUCTIONS

**Note:** Please print or type. Your RWC 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 RWC Account Executive with questions.
18. Include all states where Applicant is currently active.
19. Complete any other applicable documents. Contact your RWC 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. 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 Residential Warranty Company, LLC 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

- Applicant Firm (Full Legal Name): \_\_\_\_\_
- CEO: \_\_\_\_\_ EIN/SS #: \_\_\_\_\_
- Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_   
P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_   
*Which address below do you prefer we use?*
- Area Code & Phone No.: \_\_\_\_\_ Area Code & Fax No.: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_

- Check one:  Corporation  "S" Corporation  Partnership  Sole Proprietorship  LLC  Other \_\_\_\_\_
- Date Applicant Firm was Founded: \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Contact Name: \_\_\_\_\_
9. Name of Parent Company (if applicable): \_\_\_\_\_ CEO: \_\_\_\_\_

- Has Applicant, any of its Principals or firms with which any Principal was affiliated:
 

	<b>NO</b>	<b>YES</b>
a. Filed for bankruptcy or been adjudicated as bankrupt within the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Ever participated in a dispute settlement or arbitration with a homeowner?	<input type="checkbox"/>	<input type="checkbox"/>
c. Had any complaints filed with the BBB, the Bureau of Consumer Protection or any other consumer agency?	<input type="checkbox"/>	<input type="checkbox"/>
d. Been expelled, suspended or refused registration by a warranty program?	<input type="checkbox"/>	<input type="checkbox"/>
e. Experienced a claim which was submitted to a warranty program for resolution?	<input type="checkbox"/>	<input type="checkbox"/>
f. Ever been a member of a warranty program?	<input type="checkbox"/>	<input type="checkbox"/>

**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 RWC Account Executive or Home Office.  
If previously with RWC, please provide registration number.
- How many homes did the Applicant sell in each of the past five years? 20\_\_ : \_\_\_\_ homes; 20\_\_ : \_\_\_\_ homes; 20\_\_ : \_\_\_\_ homes;  
20\_\_ : \_\_\_\_ homes; 20\_\_ : \_\_\_\_ homes

- List all Principals owning 10% or more of Applicant:
 

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

- Name of Commercial General Liability Carrier (CGL): \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Check all that apply:  Builder  Manufacturer  Remodeler  Builder/Dealer  Commercial
- Type of homes constructed:  Single Family  Townhouse  Condominium  
 Site Built  Modular\*  Panelized\*  Log\*  HUD-Code\*  
\*List Manufacturer(s): \_\_\_\_\_

- In the next 12 month, # of homes to be built: \_\_\_\_\_ Average Sales Price: \$ \_\_\_\_\_
- In the next 12 months, # of homes to be warranted under:
 

<input type="checkbox"/> Standard 10 Year Warranty (Necessary for FHA/VA closings)	_____	<input type="checkbox"/> Remodeler Warranty	_____
<input type="checkbox"/> Customized State Warranty	_____	<input type="checkbox"/> 5 Year Detached Garage Warranty	_____
<input type="checkbox"/> DSE 10 Year Warranty	_____	<input type="checkbox"/> Manufacturer 10Year Warranty	_____
<input type="checkbox"/> Structural Only 10 Year Warranty	_____	<input type="checkbox"/> Conversion Warranty	_____

- In what states does Applicant build? \_\_\_\_\_
- Required Attachments (disregard items previously submitted):
 

<input type="checkbox"/> Membership Application	<input type="checkbox"/> Application Check (Non-refundable, see #21)	<input type="checkbox"/> Tax Return/Company Financial Statement
<input type="checkbox"/> Membership Agreement	<input type="checkbox"/> Grandfather Form and Applicable Deposits	<input type="checkbox"/> Incentive Program Agreement (if applicable)
<input type="checkbox"/> Copy of Insurance Certificate from CGL Carrier		

- NJ DCA Registration #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Attach copy)
- Send to RWC c/o your Account Executive's address. The non-refundable application fee is \$295. Minimum criteria must be met for approval.
- INVESTIGATION:** The Applicant firm hereby authorizes Residential Warranty Company, LLC (RWC) 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 RWC any information in the possession of such agencies.

I hereby attest that all information provided to RWC 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 RWC 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 RWC 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*

RWC INC-11110	Account Executive: _____
	Rate: _____ Initial Registration Date: _____
	Amt Rec'd: _____ Incentive Program Share: _____
	Check #: _____ Source of Lead: _____