



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. Also include county in which your office is located.
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.
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. Provide last 4 digits only of SS#.
13. Provide copy of Insurance Certificate.
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"/> Financial Statement                     |
| <input type="checkbox"/> Signed Membership Agreement                     | <input type="checkbox"/> Other attachments as listed in item #19 |
| <input type="checkbox"/> Check or Credit Card for: \$295 Application Fee |  |

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 \_\_\_\_\_  
 County where your office is located \_\_\_\_\_  
*Which address 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. Been expelled, suspended or refused registration by 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.
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	Last 4 Digits of Social Security #	Years of Experience	
			This Company	Homebuilding
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
13. Do you have Commercial General Liability Insurance? No Yes - Attach a copy of your Insurance Certificate.
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 months, # of homes to be built: \_\_\_\_\_ Average Sales Price: \$ \_\_\_\_\_
17. In the next 12 months, # of homes to be warranted under:
 

Standard 10 Year Warranty: MSD _____ DSE _____ Day One _____ Enhanced _____ <small>(FHA/VA Accepted Plans) (N/A in Texas) (Texas Only)</small>	Structural Only Warranty: MSD _____ DSE _____	Conversion Warranty: _____
Customized State Warranty: _____	Remodeler Warranty: _____	Commercial Warranty: _____
Detached Garage Warranty: _____		Manufacturer Warranty: _____
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 (if applicable)	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

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