

Applicant:

Name of Permit Holder _____

Address _____

City _____

Province _____

Postal Code _____

Email _____

 ()
Phone

 ()
Cell _____

 ()
Fax

Property Description:

Address _____

City _____

Province _____

Postal Code _____

Legal Description (Lot, Block, Plan) _____

Purpose of applying for warranty:

Bank Requirement: _____ Selling owner built Home: _____ Other: _____

Warranty Coverage Requested: (pick one)
 2-5-10 year coverage 2-5-10 year coverage with an additional 2 year warranty on Building Envelope

Stage of Construction:

Building Permit: _____ Foundations (before Backfill): _____ Framing: _____

Drywall: _____ Complete: _____ Occupied: _____ Date: _____

Supporting Documents:
To support the above request – please supply all of the following information:

- A non-refundable application fee of \$787.50 (GST Included) payable to *National Home Warranty Group Inc.* (Visa, M/C or Cheque)
- Personal Net Worth statements for owners and indemnitors including supporting net worth documentation- Form included
- Completed Financial Information Request Form and/or recent bank statement of account(s)-Financial Information Form included
- Summary of previous building experience.
- A copy of your Land Title Documents showing current ownership.
- A copy of pertinent municipal inspections.
- A copy of the final Occupancy Permit (for occupied homes only)
- A copy of the attached Owner Builder Warranty Enrollment Form.
- Note:** Depending on the stage of construction, there may be a Site Assessment Fee which will be calculated based on the complexity and location of the new home.

The undersigned hereby certifies that the foregoing information and attachments are accurate and do not omit any relevant facts, and acknowledges that National Home Warranty Group Inc. ("National") is relying on the information to provide to their Warranty Insurer. Further, I authorize National to collect, use, and disclose my personal information, subject to the law and to National's policy regarding personal information, for the purposes of offering and providing insurance products and services to the applicant, establishing and maintaining communications with the applicant; verifying my personal information with government agencies, other insurers, insurance reporting agencies and credit bureaus; assessing and underwriting risks on a prudent basis; facilitating the applicant's payment of premiums and fees; investigating and paying claims; detecting and preventing fraud or other illegal activities; compiling statistics; and complying with the law or requests of law enforcement agencies or regulators. I confirm that all individuals whose personal information is submitted in connection with this application have authorized that I agree to the above on their behalf.

Signed this _____ day of _____ 20 _____

By: _____

Signature

Print Name

OWNER BUILDER WARRANTY ENROLLMENT FORM

Applicant Name:				
Property Owner:				
Application Date:		Signature:		
Civic Address:		Street Name:		
City:		Postal Code:		
Legal Description:	Lot:	Block:	Plan:	

Unit Description:	Type of Building:	Type of Ownership:	Foundation:	Heating:
<input type="checkbox"/> 1 Storey <input type="checkbox"/> 2 Storey <input type="checkbox"/> 3 Storey <input type="checkbox"/> Garage (attached) <input type="checkbox"/> Garage (detached) <input type="checkbox"/> Carport (attached) <input type="checkbox"/> Carport (detached)	<input type="checkbox"/> Site Built <input type="checkbox"/> Custom Timber <input type="checkbox"/> Pre-Fabricated <input type="checkbox"/> Manufactured <input type="checkbox"/> Log <input type="checkbox"/> Other _____	<input type="checkbox"/> Free hold <input type="checkbox"/> Bare land Strata <input type="checkbox"/> Leased Land <input type="checkbox"/> Life Lease <input type="checkbox"/> Other _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Concrete Block <input type="checkbox"/> Piles <input type="checkbox"/> Piles (cone/wood) <input type="checkbox"/> Preserved Wood <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace	<input type="checkbox"/> FHA <input type="checkbox"/> Radiant <input type="checkbox"/> HRV <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____

Insulation:	Floor Framing:	Roof Frame:	Roof Finish:	Exterior Finish:
<input type="checkbox"/> Code <input type="checkbox"/> R-2000 <input type="checkbox"/> Glass Fiber <input type="checkbox"/> Expanded Polystyrene <input type="checkbox"/> Loose Fill <input type="checkbox"/> Foamed Plastic <input type="checkbox"/> Other _____	<input type="checkbox"/> Wood Joist <input type="checkbox"/> Wood Truss <input type="checkbox"/> Wood I Beam <input type="checkbox"/> Metal Joist <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____	<input type="checkbox"/> Truss/Wood <input type="checkbox"/> Framed/Wood <input type="checkbox"/> Framed/Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____	<input type="checkbox"/> Flat <input type="checkbox"/> Slope <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Built-up <input type="checkbox"/> Tile <input type="checkbox"/> Other _____	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco <input type="checkbox"/> Masonry <input type="checkbox"/> Rain Screen <input type="checkbox"/> Other _____

Wall Frame:	Flooring:	Services:	Fire Place:	Basement Floor:
<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____	<input type="checkbox"/> Wood <input type="checkbox"/> Ceramic <input type="checkbox"/> Carpet <input type="checkbox"/> Sheet Flooring <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Well <input type="checkbox"/> Other _____	<input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Other _____	<input type="checkbox"/> Slab on Grade <input type="checkbox"/> Suspended

Construction Information:		
Estimated Construction Cost	Estimated Start Date: (mm/yr)	Estimated Completion Date: (mm/yr)

Personal Net Worth Statement

NAME OF APPLICANT: _____ PERSONAL NET WORTH STATEMENT: _____
(Please Print Company Name if applicable) (Please Print Name of Individual)

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE: (____) _____ - _____ CELL: (____) _____ - _____ EMAIL: _____

DATE OF BIRTH: _____ SOCIAL INSURANCE NUMBER: _____ NAME OF SPOUSE: _____
(DD / MM / YYYY)

ASSETS			LIABILITIES		
CASH		\$ \$	MORTGAGES PAYABLE	Principal Residence Complete Schedule 1	\$
REAL ESTATE <small>(Principal Residence)</small>	Must Complete Schedule 1	\$	MORTGAGE PAYABLE	Property held other than Principal Residence Complete Schedule 2	\$ \$
REAL ESTATE <small>(other than Principal Residence)</small>	Must Complete Schedule 2	\$ \$	LOANS / LINE OF CREDIT/ OTHER DEBT		\$ \$ \$
TOTAL ASSETS		\$	TOTAL LIABILITIES		\$
			NET WORTH (ASSETS minus LIABILITIES)		\$

Schedule 1 – Real Estate Principal Residence

ADDRESS OF PROPERTY:	TITLE IN THE NAME OF:	ORIGINAL COST:	PRESENT VALUE:	UNPAID BALANCE:	MORTGAGE HELD BY:

Schedule 2 - Real Estate owned other than Principal Residence

ADDRESS AND PID:	TITLE IN THE NAME OF:	ORIGINAL COST:	PRESENT VALUE:	UNPAID BALANCE:	MORTGAGE HELD BY:

Please provide supporting documentation for Schedules 1 & 2. (ie. Property Assessments, Titles, Appraisals and Mortgage or Line of Credit Statements)

Are you a Guarantor or Endorser on any other debt? No____ Yes____ If Yes, provide details: _____
Are there any law suits or judgments against you? No____ Yes____ If Yes, provide details: _____
Have you ever declared bankruptcy? No____ Yes____ If Yes, provide details and a copy of your absolute discharge: _____ _____

DATED THIS _____ DAY OF _____ 20_____.

SIGNATURE OF INDIVIDUAL

PROTECTING YOUR PRIVACY – For Privacy information, please see www.nationalhomewarranty.com or call 1-800-472-9784

Financial Information Form

Builder / Developer Name

Builder's Authorization

The above builder/developer applicant has made application for enrollment with National Home Warranty Group Inc., (National). The applicant hereby authorizes that the information required below in the Financial Information Section be released to National in connection with the application. This information is authorized for release on the understanding and condition that National will consider this information to be private and confidential and that the financial institution shall not be held liable or responsible for this information being inaccurate or incomplete.

Authorized Signature

Financial Information (To be completed by your financial institution)

Name of Institution: _____

Address: _____

Phone Number: _____ Fax Number: _____

1. The records of the branch indicate the following as of _____ 20_____.

Credit	Interest Rate	Authorized	Drawn	Current Y/N	Delinquent Y/N
Revolving Line					
Term Loans					
Letters of Credit					
Mortgages Committed					
Other Loans 1					
Other Loans 2					
Deposit Accounts	Balance	NSFs Y/N	# of NSFs		
Chequing / Savings					
Term Deposits					

2. Please describe the nature of the collateral or security lodged by the customer, e.g., General Assignment of Book Debts, Assignments of Specified Accounts and payments under contracts, stocks, bonds, etc.

3. The customer has dealt with the branch for _____ years.

4. Please describe the repayment history and level of satisfaction with this account.

5. Are the applicants operating accounts maintained at this branch? Yes No

Completed by: _____

Title: _____

Dated the _____ day of _____ 20_____

Authorized Signature: _____

CREDIT CARD PAYMENT FORM

***All information must be provided to complete processing ***

CREDIT CARD INFORMATION

Customer Name:	Date:
Customer Member Number (if applicable):	Phone No:
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Credit Card Number:	Expiration Date:
Name as it appears on Credit Card:	Month: Year:
Signature of Card Holder:	

PAYMENT INFORMATION

In Payment Of:	Amount
GST #82262-6552	Sub Total:
	GST (If Applicable):
	Total:

National Home Warranty Group Inc. and Aviva Insurance Company of Canada are member companies of Aviva Canada Inc. We are committed to protecting and keeping private our customers' personal information. For more information, please visit www.nationalhomewarranty.com to review our Privacy Policy, or contact our Privacy Officer at 1-800-387-4518 Ext. 54171

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