

**Applicant Information:**

Name of Corporation/Sole-Proprietor/Partnership \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Website/ Project Website \_\_\_\_\_

**Category of Residential Builder:**     Developer     General Contractor/ Builder     Project/Construction Manager

**Proposed Number of Homes to be Built Over the Next 12 Months:**

Construction Type	No. of Detached		Attached	Low-Rise Multi	High-Rise Multi
	Spec	Custom			
Quantity					
Construction Costs (excluding land & General Contractor fees)					

**Previous Registration with a New Home Warranty Company:**

- No  
 Yes: Which Warranty Provider? \_\_\_\_\_ What was your Builder Name and Builder Number? \_\_\_\_\_

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

- If incorporated, a copy of the company's Certificate of Incorporation and a list of company directors and officers.
- If incorporated, a current Central Securities Register (also include an organizational chart for more complex companies) including ownership percentage.
- Detailed résumés for company principals and key team members detailing construction history/experience. Also include your after sales service plan for dealing with potential claims.
- A non-refundable application fee of \$787.50 (GST Included) payable to *National Home Warranty Group Inc.* (Visa, M/C, or cheque).
- Latest Financial Statements of the applicant company and/or balance sheet for new companies, along with statements of any existing related companies.
- Personal Net Worth statements for owners and indemnitors including supporting net worth documentation- Form included.
- Completed Financial Information Request Form to be completed by your financial institution -Financial Information Form included as required.

*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

I have the full authority to bind the Company/Builder.

Print Name \_\_\_\_\_

Print Title \_\_\_\_\_

# 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 DEBTS		\$ \$ \$
<b>TOTAL ASSETS</b>		\$	<b>TOTAL LIABILITIES</b>		\$
			<b>NET WORTH (ASSETS minus LIABILITIES)</b>		\$

**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](http://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
<b>GST #82262-6552</b>	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](http://www.nationalhomewarranty.com) to review our Privacy Policy, or contact our Privacy Officer at **1-800-387-4518 Ext. 54171**

<b>Vancouver</b> 1100-1125 Howe Street Vancouver, British Columbia V6Z 2Y6 Tel: (604) 608-6678 Toll Free: 1-888-243-8807 Fax: (604) 408-1001	<b>Langley</b> 200, 8621-201 Street Langley, British Columbia V2Y 0G9 Tel: (604) 455-9155 Toll Free: 1-888-243-8807 Fax: (604) 455-9156	<b>Edmonton</b> 213-625 Parsons Road SW Edmonton, Alberta T6X 0N9 Tel: (780) 425-2981 Toll Free: 1-800-472-9784 Fax: (780) 426-2723
---	--	--