Packet Contents Builder/Retailer Questionnaire (form #676) **OTC Builder / Retailer Registration Packet** Builder/Retailer Acceptance Checklist (form #677) **All Construction Types** Statement of Exemption from Worker's Compensation (form #679) **Disbursement Authorization** and Appointment of Agent (form #681) **AFR Builder References Request** (form # 782)

Builder/Retailer Questionnaire

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Instructions: Lender requires that this questionnaire be completed in detail, dated, and signed. Site-Built homes require the Builder to complete the form. Manufactured or Modular homes require the Retailer or Dealer to complete the form. The Builder, Retailer, or Dealer are responsible for providing a turnkey home including all site improvements. Please provide complete address and telephone number where requested.						der,			
Borrower's Name			Proi	ect Name					
Property Address			City	cctivanic		State		Zip	
		nt	City	Remodel /	/ Rehah	State			Ruilder
Square Feet	. Time Haceme	110	Estim	Remodel / Rehab Production Builder Estimated Project Duration					
Scope of Work (Descr	ription of Propo	sed Project)							
	.,								
General Information									
Name of Contractor (exactly as it app	pears on State Co	ntracto	r's License)					
Business Name (including DBA)					Number of	years in	business		
Business Address			City	3	1	State		Zip	
Business Phone					Business Fax				
Email Address						1			
Business Information									
Federal Tax ID Num	ber					52			
State Contractor's Lic	ense Number				Clas	ss(es)			
Is your license in good standing?				YES		NO			
(If NO	O, please explai	n on a separate s	heet and	d include wit	h this completed	question	naire.)		
Have you ever had a Contractor's License revoked?				YES		NO			
(If YES, please explain on a separate sheet and include with this completed questionnaire.)									
The name of a responsible managing employee, responsible managing officer, or qualifying partner under your license:									
If your Business is a S	ole Proprietors	ship							
Sole Proprietor's Name					Years of experie or construction	nce in pl	acement		
If your Business is a Partnership									
Partner Name					Percent Owned				
Title					Years of experie or construction	nce in pl	acement		
Partner Name									
Title					Years of experie or construction	nce in pl	acement		
If your Business is a Corporation									
CEO/President					Percent Owned				
Years of experience in placement or construction									
CFO/Controller					Percent Owned				

Years of experience in placement or construction

Are you or your organization currently in YES NO	volved in any disputes, lawsuits, judgem	ents, liens or surety clain	ns?			
If YES, please explain on a separate sheet	and include with this completed question	onnaire.				
Have you, your organization, any officer			ontract or failed			
in a placement or construction related bu						
YES NO						
If YES, please explain on a separate sheet	and include with this completed question	onnaire.				
Gross Sales / Projects Completed Histor						
Identify your company's gross sales and r						
Year	Gross Sales (\$)	Number of Project	s Completed			
1.						
2.						
3.						
Filing your Completed Questionnaire						
After signing the Declarations and Autho	rization to Release Information section	which immediately follow	ws these			
instructions, return this completed quest	ionnaire and any additional attachment	s to Lender along with the	e documents on			
the file.						
Important Note: Your questionnaire can	not be processed without the following nse, State Dealer's License, State or Mur		ather required			
applicable License	ise, state Dealer's Licerise, state or Mur	ilcipality Licerise, or any c	other required			
2. Copy of Declarations Page of Wo	orker's Compensation Insurance					
3. Copy of Declarations Page of Ge						
4. Valid, completed W-9 form	•					
5. Modular/Manufactured Retailer	License					
Authorization & Release	" » " »					
By signing below, the undersigned ("1" or						
	accurate, complete and truthful. expressly authorize and give permission to Lender and Lender's authorized					
service provider,to obtain personal and/or business credit information on me and the company or business identified below ("Company") for purposes of completing an investigative						
review to the extent deemed necessary by Lender. I understand the investigative review may be used to determine						
credit worthiness, credit standing, credit	capacity, character, general reputation,	work experience and per	rsonal			
characteristics as authorized by the Fair						
Lender and /or its successors or assigns t	· · · · · · · · · · · · · · · · · · ·		•			
past performance, placement and/or con credit information, criminal background a						
require Lender or its successors or assigns to disclose information obtained in the investigative review to the Lender's borrower(s) or other necessary persons for which the Company or I will be providing services. I understand						
and agree that for so long as Lender and /or its successors or assigns act in good faith, the Company and I will hold						
Lender and /or its successors or assigns harmless and will indemnify each of them from and against any and all						
claims, demands, suits, actions or the like which relate in any way to the investigative review performed by Lender						
and /or its successors or assigns.						
I understand Lender, and /or its successors or assigns, may not provide a copy of my consumer report to me and will						
not reveal specific contents contained in the consumer report to me. I understand it is my responsibility for contacting one or more consumer reporting agencies directly to obtain a copy of my credit report.						
A facsimile, electronic or copy of my signature below shall be valid as the original for me and the Company.						
Individual or Sole Proprietor						
Authorized Signature	Name Printed	Title	Date			
Partnership or Corporation (All listed pr	incipals must execute this document.)					
1.11	N. Birth	T:::1				
Authorized Signature	Name Printed	Title	Date			
Authorized Signature	Name Printed	Title	Date			

Builder/Retailer Acceptance Checklist

Borrower's Name								Date
Project Address				City			State	Zip
	New Placemer	nt [Remodel / Rehab				
Contractor				_				
Contractor Phone				:	Con	tractor Fax		
Checklist When complete, re	turn this inforr	mation to the loa	an p	rofessional or brok	er.			
Item			Ch	neck Box wh Com leted	en l	nternal Use Only		
Contractor Questionnaire Fully completed and executed Contractor Questionnaire								
2. State Contractor's License Copy of valid State Contractor's License								
3. Worker's Compensation Insurance Evidence of Worker's Compensation Insurance or Certificate of Exem tion if Contractor has no em lo ees.								
4. Commercial General Liability Insurance Evidence of Commercial General Liability Insurance in the amount of \$1,000,000 or reater.								
5. Contractor's Driver's License Legible copy of Contractor's valid driver's license								
6. W-9 Valid, completed W-9 form, if applicable								
Lender/Broker Use	Only					1		
Loan Professional						Email		
Phone						Fax		
Office Address								
Reta	il Loan:	Wholes	ale	Loan -Broker Name	e:			

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Statement of Exemption from Worker's Compensation

This statement of Exemption from Worker's Compensation is made this	day of	, 20		
by	_ (hereinafter refe	erred to as the "Contractor").		
Contractor has contracted with	(the "Bor	rrower(s)") for the purposes		
of construction and/or remodeling of a residence at				
(the "Property").				
Information about General Contractor. (Check the appropriate box.)				
Contractor has no employees, in the field or office staff. All work is "subcontracted out", and therefore, the Contractor would not be required to carry Worker's Compensation Insurance.				
Worker's Compensation is included in my State's licensing fees. Applicable state(s) are as follows:				
By signing below, Contractor agrees to the above.				
Contractor Name Printed:				
Contractor's Signature:				

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Disbursement Authorization and Appointment of Agent

The undersigned Borrower hereby author	orizes American Financial Re	Resources, Inc. ("AFR") to disburse construction draws to
		ler) during construction of the home located at the
following property address:		and further both
Builder/Retailer and Borrower agree to h	hold AFR harmless, defend,	l, and indemnify AFR from any and all claims, actions,
suits, charges, and judgements whatsoev	er that arise out of these pa	payments by AFR.
Borrower hereby appoints Builder/Retai	iler as Borrower's duly auth	horized agent for purposes of taking any actions
(including, but not limited to, submissions	s of requests for loan draws	s for construction in the manner and on the forms
prescribed by American Financial Resour	rces, Inc. ("AFR") necessary	y on Borrower's behalf to obtain advances or draws
pursuant to the Loan Agreement, to be ex	executed at closing, between	n Borrower and Lender.
This appointment shall continue in the ev	vent of any subsequent disa	ability of Borrower.
Borrower's appointment of Builder/Reta	ailer hereunder may be revo	oked only by written revocation signed by Borrower,
which revocation shall not be effective un	ntil received by both Builde	er/Retailer and American Financial Resources, Inc. (AFF
at the appropriate address as follows:		
Builder/Retailer:		
Attn:		
Executed thisday of		to be effective the date of the Loan Agreement
Borrower's Signature	Co-Borrower's	s Signature
Accepted:		
Builder's/Retailer's Company Name		
Builder's/Retailer's Signature	Title	



AFR Builder References Request

Required: 3 Industry References and 3 Customer References
Please complete and submit completed AFR References Request Sheet directly into the OTC portal.

ricase complete and subi	ilit completed AFK Kelelence	is nequest sheet an ectry into	o tile OTC p
Customer References:			

1	Customer Name					
	Street Address					
	Phone Number					
	Type of Construction					
	Date Worked					
2	Customer Name					
	Street Address					
	Phone Number					
	Type of Construction					
	Date Worked					
3	Customer Name					
	Street Address					
	Phone Number					
	Type of Construction					
	Date Worked					
con	Please note: we are looking for New Home Construction; please do not submit large renovations or commercial construction builds as references. Industrial References: These are suppliers, banks, and sub-contractors who you have previously worked with.					
		se are suppliers, pariks, and sub-contractors will	o you have previously worked with.			
1	Customer Name	I .				

1 Customer Name
Street Address
Phone Number
Type of Service
2 Customer Name
Street Address
Phone Number
Type of Service
3 Customer Name
Street Address
Phone Number
Type of Service
3 Type of Service
Type of Service
Type of Service
Street Address
Phone Number
Type of Service

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