

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

## Builder/Retailer Questionnaire

**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.

Borrower's Name		Project Name	
Property Address		City	State
<input type="checkbox"/> One-Time Placement	<input type="checkbox"/> Remodel / Rehab	<input type="checkbox"/> Production Builder	
Square Feet	Estimated Project Duration		
Scope of Work (Description of Proposed Project)			

**General Information**

Name of Contractor (exactly as it appears on State Contractor's License)			
Business Name (including DBA)		Number of years in business	
Business Address	City	State	Zip
Business Phone	Business Fax		
Email Address			

**Business Information**

Federal Tax ID Number			
State Contractor's License Number		Class(es)	
Is your license in good standing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(If NO, please explain on a separate sheet and include with this completed questionnaire.)			
Have you ever had a Contractor's License revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 Sole Proprietorship**

Sole Proprietor's Name		Years of experience in placement or construction	
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**If your Business is a Partnership**

Partner Name		Percent Owned	
Title		Years of experience in placement or construction	
Partner Name		Percent Owned	
Title		Years of experience in placement or construction	

**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			



### Builder/Retailer Acceptance Checklist

Borrower's Name				Date
Project Address		City	State	Zip
<input type="checkbox"/> New Placement		<input type="checkbox"/> Remodel / Rehab		
Contractor				
Contractor Phone			Contractor Fax	
<b>Checklist</b>				
When complete, return this information to the loan professional or broker.				
<b>Item</b>	<b>Check Box when Completed</b>	<b>Internal Use Only</b>		
<b>1. Contractor Questionnaire</b> Fully completed and executed <i>Contractor Questionnaire</i>	<input type="checkbox"/>			
<b>2. State Contractor's License</b> Copy of valid State Contractor's License	<input type="checkbox"/>			
<b>3. Worker's Compensation Insurance</b> Evidence of Worker's Compensation Insurance or <i>Certificate of Exemption</i> if Contractor has no employees.	<input type="checkbox"/>			
<b>4. Commercial General Liability Insurance</b> Evidence of Commercial General Liability Insurance in the amount of \$1,000,000 or greater.	<input type="checkbox"/>			
<b>5. Contractor's Driver's License</b> Legible copy of Contractor's valid driver's license	<input type="checkbox"/>			
<b>6. W-9</b> Valid, completed W-9 form, if applicable	<input type="checkbox"/>			
<b>Lender/Broker Use Only</b>				
Loan Professional			Email	
Phone			Fax	
Office Address				
<input type="checkbox"/> Retail Loan:		<input type="checkbox"/> Wholesale Loan - Broker Name:		

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## Statement of Exemption from Worker's Compensation

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This statement of Exemption from Worker's Compensation is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ (hereinafter referred to as the "Contractor").  
Contractor has contracted with \_\_\_\_\_ (the "Borrower(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: \_\_\_\_\_

## Disbursement Authorization and Appointment of Agent

The undersigned Borrower hereby authorizes American Financial Resources, Inc. ("AFR") to disburse construction draws to \_\_\_\_\_ (Builder/Retailer) during construction of the home located at the following property address: \_\_\_\_\_ and further both Builder/Retailer and Borrower agree to hold AFR harmless, defend, and indemnify AFR from any and all claims, actions, suits, charges, and judgements whatsoever that arise out of these payments by AFR.

Borrower hereby appoints Builder/Retailer as Borrower's duly authorized agent for purposes of taking any actions (including, but not limited to, submissions of requests for loan draws for construction in the manner and on the forms prescribed by American Financial Resources, Inc. ("AFR") necessary on Borrower's behalf to obtain advances or draws pursuant to the Loan Agreement, to be executed at closing, between Borrower and Lender.

This appointment shall continue in the event of any subsequent disability of Borrower.

Borrower's appointment of Builder/Retailer hereunder may be revoked only by written revocation signed by Borrower, which revocation shall not be effective until received by both Builder/Retailer and American Financial Resources, Inc. (AFR) at the appropriate address as follows:

Builder/Retailer: \_\_\_\_\_

Attn: \_\_\_\_\_

\_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to be effective the date of the Loan Agreement.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co-Borrower'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.

**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		

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.

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		

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