



BUILDER REGISTRATION - Application Form

Date _____

Name of Principal _____

Business Name _____

Address _____

Contact # _____

Email: _____

Phone Number # _____

Fax# _____

Website _____

Attach a File

For additional shareholders or multiple principals, please attach your file with Name, Title, address and Telephone Numbers / Email contact.

Circle Choice

- Joint Venture
- Sole Proprietorship
- Incorporated
- Developer
- General Contractor
- Other

Date of Birth (Principal) _____

Drivers License Number _____

Attach a File

Please attach detailed resumes of the owners, shareholders or partners experience in the residential construction industry. Please be accurate.

Attach a File

Please attach a Personal Net Worth Statement by all principles.
MANDATORY:

Attach a File

Please attached a copy of your Certificate of Incorporation or business registration certificate.

Attach a File

Please attach a document with Three Trade References complete with contact numbers and address.

Attach a File

Please attach a document with complete details of homes /addresses and homeowners names & contact numbers (Min 3) constructed within the last year.

Attach Signed Builder Agreement Form from LRWP Builder Forms. *

YOU MUST INCLUDE A SIGNED BUILDER AGREEMENT FORM PRIOR TO SUBMISSION.

Bankruptcy

Have you or any shareholder or principal ever been bankrupt or in receivership proceeding? YES OR NO

Previous Warranty

Have you ever been registered with LRWP or any other new home warranty program? YES OR NO

Guarantees

Indicate your ability to provide

Yes

No

All applicants are screened for experience and financial ability to be a member builder with the LRWP program. Applicants may be required to post a bond based on the information provided.

Declaration Choice

I agree

I do not agree

I/We hereby certify that the information provided and/or information I/we dictate to a LRWP Representative is accurate and complete to the best of my/our knowledge. I/We authorize LRWP and/or its insurers to conduct such further investigations, to make inquiries, and to obtain reports as necessary to determine the applicant's ability to meet its obligations under LRWP Agreement with the Builder.

BUIDLER SIGNATURE: _____

DATED: _____

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WHEN COMPLETED , SEND TO:

Lux Residential Warranty Program Inc. LRWP Atlantic Region

PO Box 27046 Dieppe, NB E1A 6V3

ATTENTION: Kim Turnbull, Sales Manager for Atlantic Canada

Atlantic Canada

(506) 854-4432

Atlantic Canada Toll-Free:

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