



Click n' Close, Inc.

Click n' Close Inc. 15301 Spectrum Drive, Addison, TX 75001

OTC Builder Registration Checklist

Builder must be registered with Click n' Close, Inc. Prior to Loan Closing

Builder/Retailer: _____

Date Rec: _____

- _____ **CNC Builder/Retailer Summary Application:** requires either a live signature or a digital signature
- _____ **Current YTD P&L, previous year Corporate Tax Return, and most current Corporate bank statement**
- _____ **Builder's/Retailer's License(s):**(Include Contractor, Retailer, Installer, etc., as applicable).
- _____ **General Liability Insurance (Acord 25 Form):** Minimum of \$1,000,000 per Occurrence Required prior to close
- _____ **Builder's Risk Insurance:** Will be required on each deal prior to close on subject property. Can be standalone policy
- _____ **Executive Summary providing an overview of experience and history on Company and Principals**
- _____ **Modular Home Retailers:** Certificate of Insurance for Inland Marine Coverage (e.g. Dealer's Open Lot w/Installation) naming CNC ISAOA as a Loss Payee. Otherwise, Builder's Rick/Course of Construction Insurance will be required on each deal.

Note: There are various names and types of policies depending on the insurance company and area of country. The key to keep in mind is that for us to fund the factory invoice cost of the home, there must be adequate property insurance(s) in place with no lapse in coverage from the moment we fund the invoice until the Retailer fulfills their contract with borrower(s) and home is ready for occupancy and covered under a standard HOI policy.

Loss Payee Clause:(on this insurance policy must read as follows)

Click n' Close, Inc.
ISAOA/ATIMA
PO BOX 2728
SIOUX CITY, IA 51106

- _____ **Fully Executed Contract**
- _____ **Complete Set of Plans & Specs**
- _____ **Plot Plan**
- _____ **Cost Breakdown**

Please complete and submit all applicable items listed above for Builder/Retailer Registration with CNC via

email to: constructions@clicknclose.com. *For USDA loans, see additional items needed in USDA Builder Package*

****Please include the Builder's/Retailer's Company Name in the Subject Line of the email.****

CONTRACTOR ACCEPTANCE QUESTIONNAIRE

(CONTRACTOR USE ONLY)



Project Name:

BUSINESS INFORMATION

New Construction

Renovation

Production Builder

Company Name:

Square Footage:

Estimated Project Duration (in months):

State Contractors License #:

Borrower Name(s):

Tax ID#:

Year Established:

Street Address

Corporation

Partnership

LLC

Sole Proprietorship

City:

Jurisdictions legally qualified to conduct business:

State:

Zip:

Manufactured Home Dealer # (If Applicable)

BUSINESS INFORMATION CONTINUED

All contractors must complete this questionnaire and attach copies of the following documents listed below.

Street Address

Contractor Acknowledgment

W9 Form

City:

Liability Insurance Declaration Page

State:

Zip:

Principals/Officers/Members Driver's License(s) (Used for ID Validation)

Office Phone:

Contractor's License (or Exemption Letter)

Office Fax:

Worker's Compensation (or Exemption Letter)

Email Address:

Manufactured Home Installation License (If Applicable)

Full Name of Authorized Signer:

Dealer's Open Lot/Builder's Risk Policy (If Applicable)

Title:

AUTHORIZATION

Social Security Number:

I/we hereby authorize the release of my construction account information for services and/or materials furnished including any current, unpaid or past due balances. Please release this information to CNC. It should be clearly understood, that the information requested is being collected as part of a 3rd party review process. I/we further authorize CNC to obtain a business credit report, consumer credit report, and/or other background search through a credit reporting company and/or background reporting company. Credit or background checks may be made at any time prior to and/or during construction.

EIN:

I/we understand and agree that CNC intends to use this/these reports for purposes of evaluating financial readiness to perform construction related services.

Mailing Address:

Business Phone:

Cell Phone:

Fax Number:

PRINCIPALS / OFFICERS / MEMBERS

Full Name:	<input type="text"/>	Title:	<input type="text"/>
Ownership %:	<input type="text"/> Years Experience in Residential Construction: <input type="text"/>	Street Address	<input type="text"/>
Phone number:	<input type="text"/>	City:	<input type="text"/>
Email Address:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>

Full Name:	<input type="text"/>	Title:	<input type="text"/>
Ownership %:	<input type="text"/> Years Experience in Residential Construction: <input type="text"/>	Street Address	<input type="text"/>
Phone number:	<input type="text"/>	City:	<input type="text"/>
Email Address:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>

BACKGROUND INFORMATION

Is your contractor's license in good standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please attach detailed explanation.
Has your contractor's license ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please attach detailed explanation.
Does the company carry liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>
Does the company carry Workman's Compensation insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>

If no, please complete affidavit of exemption.

Is the company or any member, officer or partner currently involved in litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach detailed explanation.
Has the company or any member, officer or partner discharged a bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach detailed explanation.

Discharge Date:

Does the company or any member, officer or partner have any judgments, liens, or garnishments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach detailed explanation.
Has the company or any member, officer or partner had any foreclosures or deeds in lieu within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please attach detailed explanation.

RESIDENTIAL CONSTRUCTION EXPERIENCE

Type of Construction Projects: ☒ Single Family ☐ Manufactured ☐ Modular ☐ Multi-Family

☐ Commercial ☐ Residential Renovation ☐ Commercial Renovation ☐ Other:

If Other, please list experience.

Do you or your company have any outstanding construction financing?

☐ Yes ☐ No Please complete list on separate sheet of paper.

Lender Name: Contact Person:

Phone Number: Email Address:

Is the company currently engage in "spec" home building?

☐ Yes ☐ No

Number of spec homes you currently have under construction: Number of spec homes you currently have on the market:

RESIDENTIAL CONSTRUCTION PERFORMANCE

Number of houses started in the last 12 months:	<input type="text"/>	Avg Contract Price:	<input type="text"/>	
Number of houses completed:	<input type="text"/>	Avg Contract Price:	<input type="text"/>	Quantity Sold: <input type="text"/>
Number of houses in progress:	<input type="text"/>	Avg Contract Price:	<input type="text"/>	

Please attach separate sheet of current home inventory including list address and owner contact information.

RESIDENTIAL CONSTRUCTION SALES HISTORY

Identify your company's sales (total project hard costs) and number of projects completed for each of the last three calendar or fiscal years.

	PREVIOUS YEARS	TOTAL CONSTRUCTION SALES (\$)	NUMBER OF PROJECTS COMPLETED
1			
2			
3			

BANKING REFERENCES

Please list at least (1) one lender below with contact information.

Lender Name:	<input type="text"/>	Years as Client:	<input type="text"/>
Loan Officer:	<input type="text"/>	Street Address:	<input type="text"/>
Phone Number:	<input type="text"/>	City:	<input type="text"/>
Email Address:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>

Lender Name:	<input type="text"/>	Years as Client:	<input type="text"/>
Loan Officer:	<input type="text"/>	Street Address:	<input type="text"/>
Phone Number:	<input type="text"/>	City:	<input type="text"/>
Email Address:	<input type="text"/>	State:	<input type="text"/> Zip: <input type="text"/>

CUSTOMER REFERENCES

Please list (3) three customers for whom you have recently built or are in the process of building a new home.

Customer Name:	<input type="text"/>	Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Year Started:	<input type="text"/>	Year Completed:	<input type="text"/>	Contract Amount:	<input type="text"/>
Square Footage:	<input type="text"/>	Street Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>		

Customer Name:	<input type="text"/>	Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Year Started:	<input type="text"/>	Year Completed:	<input type="text"/>	Contract Amount:	<input type="text"/>
Square Footage:	<input type="text"/>	Street Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>		

Customer Name:	<input type="text"/>	Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Year Started:	<input type="text"/>	Year Completed:	<input type="text"/>	Contract Amount:	<input type="text"/>
Square Footage:	<input type="text"/>	Street Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>		

TRADE REFERENCES (SUB-CONTRACTORS)

Please list (3) three sub-contractors that you have done business with in the past 12 months.

Name:			Email Address:		
Trade:		Relationship in Years:		Street Address:	
Contact Person:				City:	
Phone Number:				State:	Zip:
Name:			Email Address:		
Trade:		Relationship in Years:		Street Address:	
Contact Person:				City:	
Phone Number:				State:	Zip:
Name:			Email Address:		
Trade:		Relationship in Years:		Street Address:	
Contact Person:				City:	
Phone Number:				State:	Zip:

SUPPLIERS REFERENCES

Please list (3) three suppliers that you have done business with in the past 12 months. One MUST be your primary lumber supplier.

Supplier Name:			Email Address:		
Trade:		Relationship in Years:		Street Address:	
Contact Person:				City:	
Phone Number:				State:	Zip:
Supplier Name:			Email Address:		
Trade:		Relationship in Years:		Street Address:	
Contact Person:				City:	
Phone Number:				State:	Zip:
Supplier Name:			Email Address:		
Trade:		Relationship in Years:		Street Address:	
Contact Person:				City:	
Phone Number:				State:	Zip:

Comments

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CONTRACTOR'S PERFORMANCE AGREEMENT

Re: Construction of Improvements

Lender: Click n' Close Inc.

Builder/Retailer: _____

Address: _____

Federal Tax I.D#: _____

Gentlemen:

I/We, the undersigned Builder/Retailer(s), hereby agree that in the event of default by applicant(s) under loan documents executed to finance construction of improvements we shall, at your option and direction, continue performance under our agreement with such applicant(s), provided that we are compensated for all work after said direction by you, your successors and/or assigns or purchaser in accordance with the agreement with the applicant(s).

Very truly yours,

Company Name

By: _____
Authorized Signature

Print Name: _____

Title: _____

Contractor Permit / Certification-Registration Advisory

Contractor Name: _____

Borrower Name: _____

Property Address: _____

Are permits required for the proposed scope of work?

Building Permits

Yes ☐ No ☐

Electrical

Yes ☐ No ☐

Foundation

Yes ☐ No ☐

Framing (Structural)

Yes ☐ No ☐

Mechanical (HVAC)

Yes ☐ No ☐

Plumbing

Yes ☐ No ☐

Roofing

Yes ☐ No ☐

Septic

Yes ☐ No ☐

Other: _____

Yes ☐ No ☐

Other: _____

Yes ☐ No ☐

Other: _____

Yes ☐ No ☐

**This is a general list of possible required permits. Requirement can vary from municipality to municipality.*

Permitting Entity Name: _____

Permit Office Contact Name: _____

Permit Office Phone Number: _____

Contractor Name: _____

(print please)

Contractor Signature: _____ Date: _____