

# Packet Contents

## OTC Builder / Retailer Registration Packet

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## All Construction Types

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## 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
		Zip	
One-Time Placement	Remodel / Rehab	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?	YES	NO	
(If NO, please explain on a separate sheet and include with this completed questionnaire.)			
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 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			

Are you or your organization currently involved in any disputes, lawsuits, judgements, liens or surety claims?  
 YES NO  
 If YES, please explain on a separate sheet and include with this completed questionnaire.

Have you, your organization, any officer or partner ever failed to complete a placement or construction contract or failed in a placement or construction related business?  
 YES NO  
 If YES, please explain on a separate sheet and include with this completed questionnaire.

<b>Gross Sales / Projects Completed History</b>		
Identify your company's gross sales and number of projects completed for each of the last three calendar or fiscal years.		
Year	Gross Sales (\$)	Number of Projects Completed
1.		
2.		
3.		

**Filing your Completed Questionnaire**  
 After signing the Declarations and Authorization to Release Information section which immediately follows these instructions, return this completed questionnaire and any additional attachments to Lender along with the documents on the file.  
**Important Note:** Your questionnaire cannot be processed without the following documents on the file:  
 1. Copy of: State Contractor's License, State Dealer's License, State or Municipality License, or any other required applicable License  
 2. Copy of Declarations Page of Worker's Compensation Insurance  
 3. Copy of Declarations Page of General Liability  
 4. Valid, completed W-9 form  
 5. Modular/Manufactured Retailer License

**Authorization & Release**  
 By signing below, the undersigned ("I" or "me" or "my") hereby declares the statements contained herein are accurate, complete and truthful. I 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 personal characteristics as authorized by the Fair Credit Reporting Act. In this regard, I give full authority and permission for Lender and /or its successors or assigns to obtain information concerning my and the Company's past employment, past performance, placement and/or construction contracts, work history, trade references, personal and business credit information, criminal background and any other matters deemed relevant by Lender. I authorize, but do not 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 principals must execute this document.)**

\_\_\_\_\_  
 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 Placement		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>							
<b>2. State Contractor's License</b> Copy of valid State Contractor's License							
<b>3. Worker's Compensation Insurance</b> Evidence of Worker's Compensation Insurance or <i>Certificate of Exemption</i> if Contractor has no employees.							
<b>4. Commercial General Liability Insurance</b> Evidence of Commercial General Liability Insurance in the amount of \$1,000,000 or greater.							
<b>5. Contractor's Driver's License</b> Legible copy of Contractor's valid driver's license							
<b>6. W-9</b> Valid, completed W-9 form, if applicable							
<b>Lender/Broker Use Only</b>							
Loan Professional				Email			
Phone				Fax			
Office Address							
Retail Loan:		Wholesale Loan -Broker Name:					

## 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	Value of Construction		
	Date Worked			
2	Customer Name			
	Street Address			
	Phone Number			
	Type of Construction	Value of Construction		
	Date Worked			
3	Customer Name			
	Street Address			
	Phone Number			
	Type of Construction	Value 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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## OTC No Draw Builder/Retailer Registration Checklist

Builder/Retailer must be registered with American Financial Resources, Inc. ("AFR") prior to loan closing.

Builder/Retailer:

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- Builder/Retailer Questionnaire
- AFR Builder References Request
- Retailer's/ Dealer's License(s) (including Contractor, Installer, etc., as applicable)
- VA only: Confirmation of Registration with VA as a Builder, including VA Builder ID# (if utilizing VA loan program)
- Certified Insurance for General Liability (Acord 25 Form): Minimum of \$1,000,000 per occurrence required.
- Certificate of Insurance for Worker's Compensation (Acord 25 Form) or, complete Statement of Exemption from Worker's Compensation form.
- MFG / Modular Home Retailers: Certificate of Insurance for Inland Marine Coverage (e.g., Dealer's Open Lot w/Installation Coverage, Builder's Risk, etc.) naming American Financial Resources, Inc., Its Successors and/or Assigns as a Loss Payee. (See below for full loss payee clause)
- Builder References Request

Note: There are various names and types of policies depending on the insurance company and area of the country. In order to fund the factory invoice cost of the home, there must be adequate property insurance in place with no lapse in coverage from the initial funding through the time period the Retailer fulfills their contract with the Borrower(s) and the home is ready for occupancy and covered under a standard homeowner's insurance (HOI) policy.

Loss Payee Clause on this Insurance Policy must read as follows:

American Financial Resources, Inc., Its Successors and/or Assigns  
8 Campus Drive Suite 401  
Parsippany, NJ 07054

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Please complete and submit all applicable items listed above for Builder/Retailer registration directly into the OTC portal.

[How to Register a New OTC Loan](#) (click on hyperlink)

AFR  
8Campus Drive Suite 401  
Parsippany, NJ 07054  
Phone: 877-696-6486



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