



Warranty Registration Form

FOR OFFICE USE ONLY	Member Code	Registration Number

Member Builder Information

Company Name:	Address:	City / Province / Postal Code:
Contact Name:	Phone:	Cell:
Fax:	Email:	

Registration Information: (Complete One Form for Each Building)

Building Civic Address:	City / Province / Postal Code	
Building Legal Description:	Unit Numbers	Total Number of Units

Required Construction Information: (Please complete all information if possible)

Construction Start Date: mm / dd / yyyy	Geotechnical Engineer:	Reports Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Framing Date: mm / dd / yyyy	Structural Engineer:	Reports Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Completion Date: mm / dd / yyyy	Building Envelope Engineer:	Reports Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Stories: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Working Drawings & Spec's Supplied:	InsurePro Information:	
Strata Plan #:	Disclosure Documents Supplied:	Project Specific COC:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Strata Plan Name:	Land Title Search Supplied:	Project Specific CGL:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Value \$	Commitment of Interim Financing Supplied:	Liability Amount:	\$

Construction Requirements:

If questionable, the adequacy of soil condition and foundation design shall be examined and certified in writing by an appropriately qualified and independent Engineer, and all footings, foundations and slabs shall meet such engineered specifications for the site on which the Residential Unit is constructed. The Member shall also meet the Construction Guidelines forming part of the Membership Agreement, and shall ensure adequate Course of Construction Insurance. Copies of Engineering Certifications referenced above shall be provided to PAC upon request and PAC may rely on such Certifications.

Rate Card: (As Defined In Schedule B of the Membership Agreement)

Construction Costs Less than \$500,000

Membership Level	Net Premium	Commission	Program Fee (Including GST)	Inspection Fee (Including GST)	Total Registration Fee
LEVEL 3	\$525.00	\$175.00	\$525.00	\$630.00	\$1,855.00
LEVEL 2	\$525.00	\$175.00	\$525.00	\$315.00	\$1,540.00
LEVEL 1	\$525.00	\$175.00	\$525.00	\$157.50	\$1,382.50

Construction Costs Greater than \$500,000.00 but less than \$1,000,000

Membership Level	Net Premium	Commission	Program Fee (Including GST)	Inspection Fee (Including GST)	Total Registration Fee
LEVEL 3	\$750.00	\$250.00	\$525.00	\$630.00	\$2,155.00
LEVEL 2	\$750.00	\$250.00	\$525.00	\$315.00	\$1,840.00
LEVEL 1	\$750.00	\$250.00	\$525.00	\$157.50	\$1,682.50

Construction Costs Greater than \$1,000,000 please refer to program insurer.

Testament of Understanding:

It is understood and agreed that upon execution of this registration form the terms and conditions as set out herein are in agreement with the Member. The Member will be deemed to be the vendor of the Residential Units for all conditions relating to the "Membership Agreement" and the enforcement thereof. The Member warrants that it is supplying more than 80% of the value of the materials and labour (including 100% of the foundation system and the superstructure) for the construction of the Residential Unit.

****No Member is permitted to register Residential Units for any other party.****

Registration Date: mm / dd / yyyy	Authorized Member Signature
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Credit Card Payment:

Card Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Name on Card:
Card Number:	Authorization Signature
Expiry Date: mm / yyyy	

Registration Fees:

(cheques payable to Pacific Home Warranty Insurance Services Inc.)

Warranty Fee	\$	per unit	x #units	\$
GST	\$	per unit	x #units	\$
Total	\$			\$

GST: 85968 8772 RT0001

Submit to:

Echelon General Insurance Company
 C/O Pacific Home Warranty Insurance Services Inc.
 #311 5460 -152 Street
 Surrey, BC V3S 5J9
 Phone: 604-574-4776
 Fax: 604-574-4779



HPO Multi-Unit Property Registration Form Request



Homeowner
Protection Office

HPO Form Number: _____

BUILDER INFORMATION (To be completed by builder)

Residential Builder Licence No.: _____ Exp. Date: (mm/yr) _____

Residential Builder: _____ Licensee: (last,first) _____

NEW HOME INFORMATION: DETACHED DWELLING UNIT (To be completed by the licensee)

Name of Project _____ No. of Units _____

Civic Address: Street Name: _____ City: _____ Postal Code: _____

Legal Description: (must be completed) _____

Check all that apply

Unit Description:	Parking:	Type of Building:	Type of Ownership:	Foundation:	Heating:
<input type="checkbox"/> 1 storey	<input type="checkbox"/> carport (attached)	<input type="checkbox"/> site built	<input type="checkbox"/> bare land strata	<input type="checkbox"/> concrete	<input type="checkbox"/> FHA
<input type="checkbox"/> 2 storey	<input type="checkbox"/> carport (detached)	<input type="checkbox"/> custom timber	<input type="checkbox"/> strata property	<input type="checkbox"/> concrete block	<input type="checkbox"/> radiant
<input type="checkbox"/> 3 storey	<input type="checkbox"/> garage (attached)	<input type="checkbox"/> pre-fabricated	<input type="checkbox"/> leased land	<input type="checkbox"/> piles (conc/wood)	<input type="checkbox"/> HRV
<input type="checkbox"/> 4 storey	<input type="checkbox"/> garage (detached)	<input type="checkbox"/> mixed use	<input type="checkbox"/> co-operative	<input type="checkbox"/> basement	<input type="checkbox"/> oil
<input type="checkbox"/> >4 storey	<input type="checkbox"/> parkade (attached)	<input type="checkbox"/> other _____	<input type="checkbox"/> life lease	<input type="checkbox"/> crawlspace	<input type="checkbox"/> gas
<input type="checkbox"/> parkade (detached)		<input type="checkbox"/> other _____	<input type="checkbox"/> other _____		<input type="checkbox"/> electric
					<input type="checkbox"/> other _____

Insulation:	Floor Framing:	Roof Frame:	Roof Finish:	Exterior Finish:
<input type="checkbox"/> code	<input type="checkbox"/> wood joist	<input type="checkbox"/> truss / wood	<input type="checkbox"/> flat	<input type="checkbox"/> wood
<input type="checkbox"/> glass fiber	<input type="checkbox"/> wood truss	<input type="checkbox"/> truss / metal	<input type="checkbox"/> slope	<input type="checkbox"/> metal
<input type="checkbox"/> expanded polystyrene	<input type="checkbox"/> wood I beam	<input type="checkbox"/> framed / wood	<input type="checkbox"/> asphalt shingles	<input type="checkbox"/> vinyl
<input type="checkbox"/> loose fill	<input type="checkbox"/> metal joist	<input type="checkbox"/> framed / metal	<input type="checkbox"/> wood	<input type="checkbox"/> stucco
<input type="checkbox"/> foamed plastic	<input type="checkbox"/> concrete	<input type="checkbox"/> concrete	<input type="checkbox"/> metal	<input type="checkbox"/> masonry
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> built-up	<input type="checkbox"/> rainscreen
			<input type="checkbox"/> tile	<input type="checkbox"/> EIFS
			<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

Wall Frame:	Flooring:	Services:	Fireplace:	Common Property:
<input type="checkbox"/> wood	<input type="checkbox"/> wood	<input type="checkbox"/> municipal	<input type="checkbox"/> wood	<input type="checkbox"/> attached amenity bldg.
<input type="checkbox"/> metal	<input type="checkbox"/> ceramic	<input type="checkbox"/> septic	<input type="checkbox"/> gas	<input type="checkbox"/> pool/hot tub
<input type="checkbox"/> concrete	<input type="checkbox"/> carpet	<input type="checkbox"/> well	<input type="checkbox"/> oil	<input type="checkbox"/> exercise
<input type="checkbox"/> masonry	<input type="checkbox"/> sheet flooring	<input type="checkbox"/> other _____	<input type="checkbox"/> propane	<input type="checkbox"/> guest suites
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____		<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

_____ | \$ _____

Construction Information:

Estimated Start Date: (mm/yr) _____ Estimated Completion Date: (mm/yr) _____ Estimated Possession Date: (mm/yr) _____

Type of Home:

Spec Home Estimated Selling Price: \$ _____ or Custom Home Contract Price \$ _____

PROOF OF HOME WARRANTY INSURANCE

Warranty Provider: _____

Builder's Warranty No.: _____

Home Warranty Insurance Numbers.: _____

Warranty Provider Seal Date: _____

HOMEOWNER PROTECTION ACT FEES

As per Schedule 1 of the *Homeowner Protection Act* Regulation, unit fees must be paid in the amount of

Reconstruction Fee (where applicable):	No. of Units _____	x	\$750.00	=	_____
Licence Fee Per Dwelling Unit:	No. of Units _____	x	\$ 40.00	=	_____
TOTAL				=	_____

- A cheque to the *Homeowner Protection Office* for the total amount above is attached.
- Paying by credit card with the following authorization:

This is a Credit Card Authorization form for payment of the \$_____ as per Schedule 1 of the *Homeowner Protection Act* Regulation

To: Homeowner Protection Office
 Box 11132 Royal Centre
 2270-1055 West Georgia Street
 Vancouver, BC V6E 3P3

Please print clearly the following information:

Card type: _____
 Card number: _____
 Card expiry: _____
 Card holder name: _____

 Date

 Cardholder Signature

When the form is ready (select one):

- email the form to the Warranty Provider
- mail the form to the form to the Builder
- notify the Warranty Provider that the form is available for pick up
- notify the Builder that the form is available for pick up

I declare that all information in this form is accurate and complete in all respects.

Application Date: (mm/dd/yr)	Licensee's Signature:
_____	_____

HPO ACCOUNTING DEPARTMENT USE ONLY	
Date Processed:	_____
Approval Code:	_____
Rejected:	(Attach transaction slip) YES / NO (circle status)
Return Copy of Registration Form	YES / NO (circle status)
Date Returned:	_____
Date Paid:	_____
Initial:	_____