



SM

CERTIFIED PROFESSIONAL HOME BUILDERSM
A P P L I C A T I O N

Our mission is to provide a vehicle for the home building industry to recognize, enhance, and promote the professionalism of home builders.

CERTIFIED PROFESSIONAL HOME BUILDERSM APPLICATION



Instructions:

This is an application ("Application") for certification as a Professional Home BuilderSM pursuant to a program established by The Housing Institute, Inc. (the "Institute"), a wholly-owned subsidiary of the Greater Atlanta Home Builders Association, Inc. For purposes of the Application, "Company" shall refer to the Applicant. The Application is to be completed and signed by a "Principal" of the Company. A "Principal" is the following: a president or vice president of the Company with an ownership interest in the Company if the Company is a corporation; a member (or a managing member, if there be such) if the Company is a limited liability company; general partner if the Company is a general or limited partnership; or, the sole proprietor in the event the Company is a sole proprietorship. If the Applicant is a corporation with operations outside of Georgia, as well as in Georgia, which has no president or vice president with an ownership interest in the corporation who resides in Georgia, each of the two highest-level management representatives residing in Georgia qualifies as a "Principal." An Applicant may have more than one Principal if otherwise allowed by this definition, but no more than two Principals without the permission of the Board. ("Primary Company" means the main company controlled by the Principals of the Company). "Policies and Procedures" mean the Certified Professional Home BuilderSM Program Policies and Procedures. "Residences" as used in the Application mean single-family residences. Capitalized and abbreviated terms used in this Application that are not defined herein shall have the meaning as set forth in the Policies and Procedures.

Providing the requested information below gives the Institute permission to contact you via the listed methods. If extra pages are necessary to complete any item, each extra page should have the name of the Company at the top and clearly designate the item number for which the information is being provided.

I. General Information

Company Name: _____ Federal Tax ID Number: _____
Address: _____
Phone: _____ Fax: _____ Web site: _____

(PROVIDE THE FOLLOWING INFORMATION FOR THE PRINCIPAL WHO WILL SERVE AS THE INSTITUTE'S OFFICIAL CONTACT:)

Principal Name: _____ Years of Experience: _____
Mailing Address: _____ City: _____ Zip Code: _____
Phone: _____ Ext. _____ Fax: _____ Cell: _____
E-mail: _____ Web site: _____

(IF THE APPLICANT WISHES TO LIST MORE THAN ONE PRINCIPAL AS DEFINED ABOVE, PROVIDE THE FOLLOWING INFORMATION FOR EACH ADDITIONAL PRINCIPAL.)

Please note all Principals must meet all Principal criteria including 8 hours of education and pay an additional \$100.00 Principal fee.

Principal Name: _____ Years of Experience: _____
Mailing Address: _____ City: _____ Zip Code: _____
Phone: _____ Ext. _____ Fax: _____ Cell: _____
E-mail: _____ Web site: _____

Type of Business (Please check one):

___ Corporation:
President's Name: _____
Vice President's Name: _____
Secretary's Name: _____
Treasurer's Name: _____

Names, addresses, and years of experience of all officers:	Years of Experience:
_____	_____
_____	_____
_____	_____

___ Limited Liability Company:
Names, addresses, and years of experience of all members (for each, state whether or not such person is a managing member):

Names, addresses, and years of experience of all members (for each, state whether or not such person is a managing member):	Years of Experience:
_____	_____
_____	_____
_____	_____

___ Partnership:
() General Partnership
() Limited Partnership
Names, addresses, and years of experience of all partners (for each, state whether such person is a general or limited partner):

Names, addresses, and years of experience of all partners (for each, state whether such person is a general or limited partner):	Years of Experience:
_____	_____
_____	_____
_____	_____

___ Sole Proprietorship:
Name, addresses, and years of experience of individual sole proprietor if different from Company name and address:

Name, addresses, and years of experience of individual sole proprietor if different from Company name and address:	Years of Experience:
_____	_____
_____	_____
_____	_____

II. Information Relating to Qualifications for Certification

- Is the Company a licensed builder under the Georgia State Law (effective 7/1/2007)? ___ Yes ___ No
Please attach a copy of your Georgia State Builder License certificate.
- To which Home Builders Association does the Company belong? _____
If GAHBA, Which chapter: _____
- Does the Principal of the Company have three or more years of managerial experience in constructing/remodeling Residences in a company in which that Principal has an ownership interest (or, if the Applicant is a corporation with operations outside of Georgia, as well as in Georgia, which has no president or vice president with an ownership interest in the corporation, is the Principal one of the two highest-level management representatives residing in Georgia)?

___ Yes ___ No
- Is the percentage of the Company's income for the preceding one-year period more than 50% from the construction/remodeling of Residences?

___ Yes ___ No

5. During the preceding one-year period, how many building permits for the development/construction/remodeling of Residences have been obtained by the Company? _____
6. During the preceding one-year period, what is the dollar amount of the higher of either:
 - (a) closed sales: \$ _____
 - OR
 - (b) sales or construction contracts executed, but not closed: \$ _____
7. Number of Employees: _____

III. Coverage

Please check those that apply and attach certificate of insurance to Application:

1. Builder's Risk
 Name of Insurance Company: _____
 Agent: _____ Telephone Number: () _____ Fax: () _____
 E-mail: _____
 Is the amount of coverage sufficient to cover the current construction of the Applicant: Yes or No
2. General Liability
 Name of Insurance Company: _____
 Agent: _____ Telephone Number: () _____ Fax: () _____
 E-mail: _____
 Is the amount of coverage a minimum of \$500,000: Yes or No
3. Worker's Compensation as required by the state:
 Name of Insurance Company: _____
 Agent: _____ Telephone Number: () _____ Fax: () _____
 E-mail: _____

Applicant MUST attach a current certificate of insurance for those coverages checked above. Your Application will not be processed without attached certificates.

IV. Code Certification Policy

The Applicant must obtain certification in one of the following: Builder Contractors C Exam, the Residential Building Inspector Exam, the One and Two Family Dwelling Inspector Exam, or the Combination Inspector Exam. Certification must be obtained by:

- A. A Principal of the Company; or
- B. One Superintendent, Construction Manager, or other employee in the Company in charge of construction management for every five million dollars of home sales or a fraction thereof.

Certified Employees:

Names

Titles

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Applicant MUST attach a current certificate or pass letter for each person listed above. Your Application will not be processed without attached information.

V. References

The Institute requires references from one financial institution, five homeowners, three trade-contractors, three material suppliers, and two Certified Professional Home BuildersSM. The Institute shall send a standard reference form to these references.

Please provide the following:

- (1) Please provide the name, address, and contact person with one financial institution with which the Company currently does business:

Name of Financial Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Fax: () _____
Contact Person: _____ E-mail: _____

- (2) Please provide the names, addresses, and telephone numbers of two homeowners whose purchase of Residences from the Company were closed during the period from 12 months through 24 months before the date of this Application; or whose remodel or renovation of Residences from the Company were completed 12 months through 24 months before the date of this Application:

i) Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Fax: () _____

ii) Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Fax: () _____

- (3) Please provide the names, addresses, and telephone numbers of three homeowners whose purchase of Residences from the Company were closed 24 months or more before the date of this Application or whose remodel or renovation of Residences from the Company were completed 24 months or more before the date of this Application:

i) Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Fax: () _____

ii) Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Fax: () _____

iii) Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Fax: () _____

- (4) Please provide the names, addresses, telephone numbers and contact persons for three trade-contractors that the Company has used on Residences from among cabinets, carpentry/framing, electrical, flooring, heating/air, and plumbing trade-contractors:

i) Contractor's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Fax: () _____
Contact Person: _____ E-mail: _____

ii) Contractor's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ Fax: (____) _____
Contact Person: _____ E-mail: _____

iii) Contractor's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ Fax: (____) _____
Contact Person: _____ E-mail: _____

(5) Please provide the names, addresses, telephone numbers and contact persons for three material suppliers for Residences the Company has constructed/remodeled. Such suppliers should be chosen from among appliances, brick, concrete, flooring, lighting, lumber, and windows/trim suppliers:

i) Supplier's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ Fax: (____) _____
Contact Person: _____ E-mail: _____

ii) Supplier's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ Fax: (____) _____
Contact Person: _____ E-mail: _____

iii) Supplier's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ Fax: (____) _____
Contact Person: _____ E-mail: _____

(6) Please provide the names, addresses and telephone numbers of two Certified Professional Home BuildersSM (at least one of which is not a Principal in the Applicant) who are in good standing and have been a member of this program for at least one year.

i) Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ Fax: (____) _____

ii) Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: (____) _____ Fax: (____) _____

VI. Acknowledgments, Representations and Agreements by Company

The Company makes the following acknowledgments, representations, and agreements with the express understanding that they will be relied upon by the Institute in considering this Application for certification as a Professional Home Builder, and that they are conditions to certification:

A. The Company acknowledges that, prior to the submission of this Application, it has received a copy of and reviewed the Policies and Procedures and the Advertising Rules. It understands and agrees to abide by the Policies and Procedures and the Advertising Rules, including any amendments thereto adopted from time to time by the Institute.

B. The Company represents that all of the information contained in this Application is true and complete to the extent called for in the Application.

C. If it is certified as a Professional Home Builder, the Company agrees as follows:

1. The Company will maintain the insurance coverages described above during the period of its certification.
2. The Company will develop/construct/remodel Residences in compliance with mandatory codes and either:

Please check appropriate box:

- a. The approved standards as contained in the current version of the *Homeowner Handbook*; or
- b. Other written standards, *which have been attached to this Application*, that the Company hereby represents as substantially equivalent to those standards in the *Homeowner Handbook*.

3. The Company will provide to each homeowner at the time of contracting the sale or construction/remodeling of a Residence either:

Please check appropriate box:

- a. The approved Limited Warranty; or
- b. Another written warranty, **a copy of which is attached to this Application**, which the Company hereby represents as providing coverage to the homeowner substantially equivalent to that contained in the approved Limited Warranty.

4. The Company will provide to each homeowner at the time of contracting the sale or construction/remodeling of a Residence either:

Please check appropriate box:

- a. The approved Customer Service Warranty Procedures, as contained in the *Homeowner Handbook*; or
- b. Another set of written customer service warranty procedure, **a copy of which is attached to this Application**, which the Company hereby represents as providing customer service warranty procedures to the homeowner substantially equivalent to that contained in the approved Customer Service Warranty Procedures.

5. The Company, at the time of executing a contract relating to the sale or construction/remodeling of a Residence, will have the homeowner execute the Institute's current contract addendum relating to the CPHBSM program.

6. The Company, at the time of construction will allow a homeowner to hire a professional inspector to inspect the Residence following either:

Please check appropriate box:

- a. The approved Inspection Guidelines; or
- b. Another set of written inspection guidelines, **a copy of which is attached to this Application**, which the Company hereby represents as substantially equivalent to the approved Inspection Guidelines.

7. The Company will abide by the Code of Ethics as promulgated by the National Association of Home Builders.

8. The Company will represent and advertise itself as a Certified Professional Home BuilderSM and will use logos and marketing materials relating to the certification and the Institute only in strict accordance with the Advertising Rules, and only when and for as long as it is a Certified Professional Home BuilderSM. The Company will not use any logos or advertising substantially similar to those of the Institute. If the Company's certification is terminated or if the Company does not renew its certification as a Professional Home BuilderSM, it will immediately cease representing and advertising itself as a Certified Professional Home BuilderSM, discontinue the use of logos, marketing and other materials relating to this program or the Institute, and return such logos and materials to the Institute. The Company shall not in any manner represent that it has any ownership interest in any logo of the Institute or any registration thereof, and the Company acknowledges that the use of such logos, and any other trademark and any name or trade name of the Institute, shall not create in the Company's favor any right, title, or interest in or to the same, but all uses of such logos, trademarks, names and trade names by the Company, including all goodwill associated therewith, shall inure to the benefit of the Institute.

9. The Company agrees that by submitting this application the CPHB Builder authorizes The Housing Institute, Inc. to conduct Customer Service Surveys and obtain and review the results.

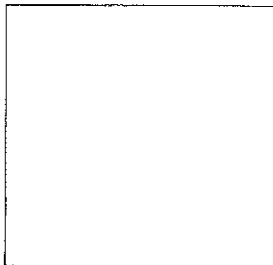
10. Such employee or agent shall not disclose to the Institute or any of its members any information relating to the business or affairs of the Company other than such information as properly pertains to the matter of such compliance. The right of the Institute to examine and inspect shall not impose any obligation on the Institute or its agents to exercise such rights, and they shall have no liability for failing to or choosing not to exercise such rights.
11. The Company agrees to indemnify, defend and hold harmless the HBA, the Greater Atlanta Home Builders Association, Inc., the Institute, and any of their officers, directors, agents, committees and employees from any liability, claims, costs, damages or expenses, including reasonable attorneys fees, arising from or relating to inaccurate or incomplete information contained in the Application or Renewal Application, or from the Company's failure to abide by the Policies and Procedures, the Advertising Rules, any covenant made by Applicant in this Application, or other rules regulating certification.
12. While it is expected that the Institute and this certification program will continue indefinitely, there will be no liability on the part of the Greater Atlanta Home Builders Association, Inc., the HBA, the Institute, or any of their officers, directors, agents, committees and employees if this program is discontinued or the Institute is dissolved.
13. While any certification pursuant to this application remains current, the Company will continue to meet the current criteria for certification set forth in the Policies and Procedures and will immediately notify the Institute if it ceases to do so.
14. The Company understands that reference forms will be sent by the Institute to the references listed in the Application and the Company consents to such forms being sent and reviewed by the Institute.
15. The Company understands and agrees that all information gathered from The Housing Institute, Inc., except for Company dollar volume, may be shared with the public either verbally or through documentation.
16. The Company acknowledges that the Institute requires members to offer mandatory binding arbitration clauses in all of their sale and construction contracts with homeowners as well as in all of their warranties to homeowners, unless prevented from doing so because of the unwillingness of the homeowner to agree to such a clause.
17. The Company is not currently a debtor in any bankruptcy proceeding.
18. The Company understands and agrees that by submitting this application the Company authorizes the Institute to provide any required notice to them by facsimile and to otherwise communicate with them by facsimile or e-mail. If the Company does not wish to receive e-mail or fax messages, the Company must notify The Housing Institute, Inc. by sending an e-mail to cphb1@atlantahomebuilders.com. Please include your name with the e-mail and/or fax number to be removed in the body of the e-mail. You may also send a fax to The Housing Institute, Inc. at 770-934-8363.

After first being duly sworn by the undersigned notary public, the undersigned Principal states on oath that: this Application has been completed and is being signed by the Principal on behalf of the Company; the Principal has been duly authorized by the Company to complete, sign and submit this Application on its behalf; the statements and representations in the Application are true and complete; the Principal and Company understand that the Institute will rely on the statements, representations and agreements herein of the Company in determining whether the Company should be certified as a Professional Home Builder; the Principal and the Company understand that the Company will only become a Professional Home Builder in accordance with the Policies and Procedures and **does not attain that status simply by submission of this Application**; and, the Principal and Company understand that a Principal of the Company must attend an orientation session presented by the Institute before being certified as a Professional

Name of Principal: _____ Company: _____
 Title: _____ Signature: _____
 Date: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public Signature: _____ Commission Expires: _____
 SEAL



Place Notary Seal here

Return completed Application and the following fees and dues to:

The Housing Institute, Inc.
 P.O. Box 450791, Atlanta, GA 31145

- Principal Company: see attached check list.
- Additional fee for each Principal over one: \$100.

If you have any questions about the Application or the program, please call (770) 938-9900, ext. 1427.