UNITED WHOLESALE MORTGAGE

OTC Contractor Review Requirements

Contractor/Builder Requirements:

Experience:

Three years of experience with the completion of 10 homes, with at least 5 of them being ground-up construction rather than renovation.

Business Credit:

A Dun & Bradstreet (D&B) Paydex score of 65 or higher is required.

The contractor may provide their Social Security number for a personal soft credit check in lieu of the D&B Paydex score, **if a D&B Paydex record is not available to pull.**

Note: Personal credit score must be 620 or above. No 60-or 90-day lates and/or bankruptcies. Approval of credit with 30-day late payments will be determined on a case-by-case basis

Client References:

References from homeowners who have utilized the contractor for new construction or renovation projects completed more than six (6) months ago.

Subcontractor/Trade References:

UWM will contact a minimum of one (1) reference.

Previous Residential Project References:

UWM will contact a minimum of one (1) reference.

Contractor Submission Requirements:

1. The following information is to be obtained from the Contractor and submitted for UWM's review via secured email constructionapprovals@uwm.com or by fax at (248)327-2335:

   a. Completed Contractor Review Checklist

   b. Completed Contractor Questionnaire

   c. Copy of Workmen's Compensation Policy or Workmen's Compensation Exemption Form

   d. Copy of State Contractor's License

   e. Copy of General Liability Insurance with at least $1,000,000 in insurance coverage

   f. Copy of a valid Driver's License

   g. Valid W-9 Form **(Must be the 2018 version of the IRS W-9)**

   h. Dun & Bradstreet (D&B) Number (or social security number)

2. Upon review, UWM will send a Contractor review email or, if all checklist items are accepted, a Contractor approval via email within one (1) business day from the date of submission

   Note: This is subject to receiving all required documentation and verification of all required references

3. Upon receipt of any requested trailing documentation, UWM will review all documentation within three (3) business hours. After review, we will either request additional information or issue approval.

4. Upon receiving your Contractor approval, please submit it to the loan file for underwriting review. All construction loans must include an OTC Project and Contractor Approval.

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Contractor Acceptance Checklist

Checklist Items:

When complete, return this information to UWM at constructionapprovals@uwm.com or by fax at (248)-327-2335

Required Items to be Completed	Check Box to confirm completion	Additional Comments
1. Contractor Questionnaire	☐	
2. Builder Credit- Dun & Bradstreet (D&B) Number	☐	
3. State Contractor's License	☐	
4. Worker's Compensation Insurance	☐	
5. General Liability Insurance	☐	
6. Contractor's Driver License	☐	
7. W-9	☐	

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Contractor's Questionnaire

THIS QUESTIONNAIRE MUST BE COMPLETED IN DETAIL, dated, and signed by the General Contractor. Please provide complete addresses and phone numbers where requested.

Borrower Name(s): _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

General Information:

Name of Contractor: _____

Business Name (Including DBA): _____ Number of years in business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____ Cell Phone: _____

Email Address: _____

Business Information

Federal Tax ID Number: _____

D-U-N-S number (D&B): _____SSN: (if D&B is unavailable): _____

State Contractor's License: _____ Is your license in good standing? ☐Yes ☐No – please explain below

Have you ever had a Contractor's License revoked? ☐ No ☐ Yes – please explain below

Employee Information

Name: _____ Title: _____

Email: _____

If the business is a Sole Proprietorship

Sole Proprietor's Name: _____

Years of Experience: _____ Social Security Number: _____

If your business is a Partnership

Partner Name: _____ Title: _____

Years of experience in residential construction: _____ Social Security Number: _____

Partner Name: _____ Title: _____

Years of experience in residential construction: _____ Social Security Number: _____

If your business is a Corporation

CEO/President: _____

Years of experience in residential construction: _____ Social Security Number: _____

CFO/Controller: _____

Years of experience in residential construction: _____ Social Security Number: _____

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Contractor's Questionnaire

Have you, your organization, any officer or partner ever failed to complete a construction contract or failed in a construction-related business? ☐ No ☐ Yes – please explain below

Are you or your organization currently involved in any disputes, lawsuits, judgments, liens, or surety claims? ☐ No ☐ Yes – please explain below

Gross Sales/Projects Completed History

Please identify your company's gross sales and the number of projects completed for each of the last three (3) calendar or fiscal years.

Year	Gross Sales	Number of Renovation Projects Completed	Number of Ground Up New Construction Projects Completed
1.			
2.			
3.			

References:

Note: Please inform your references that UWM may call them from 800-981-8988.

Previous Residential Project References

All projects listed below must have been completed over six (6) months ago.

1. Client Name: _____ Contract Amount ($): _____ ☐ New Construction ☐ Remodel
   Address: _____
   City: _____ State: _____ Zip Code: _____
   Phone Number: _____ Email Address: _____
2. Client Name: _____ Contract Amount ($): _____ ☐ New Construction ☐ Remodel
   Address: _____
   City: _____ State: _____ Zip Code: _____
   Phone Number: _____ Email Address: _____
3. Client Name: _____ Contract Amount ($): _____ ☐ New Construction ☐ Remodel
   Address: _____
   City: _____ State: _____ Zip Code: _____
   Phone Number: _____ Email Address: _____

Current Residential Projects - Identify the total number of residential projects currently under construction: _____

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Contractor's Questionnaire

Please explain in the box below why your license is not in good standing:

Please explain in the box below why your Contractor's License was revoked:

Please explain in the box below if you, your organization, or any officer or partner has ever failed to complete a construction contract or failed in a construction-related business:

Please explain in the box below if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:

Please forward a completed Contractor's Questionnaire and all applicable documents via email to constructionapprovals@uwm.com or via fax to (248)327-2335. For additional assistance, please call (800)981-8898 ext. 60500.

p 800-981-8898 | 585 S Blvd E, Pontiac, MI 48341

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Subcontractor References

1. Company Name: _____ Contact Name: _____

   Phone Number: _____ Email: _____

2. Company Name: _____ Contact Name: _____

   Phone Number: _____ Email: _____

3. Company Name: _____ Contact Name: _____

   Phone Number: _____ Email: _____

Filing your Completed Questionnaire

After signing the Declarations and Authorization to Release Information section, which immediately follows these instructions, return the completed questionnaire and any additional attachments to UWM along with the documents listed below.

Important Note: Your questionnaire cannot be processed without the following documents on file:

1. Copy of State Contractor's License
2. Copy of Declarations Page of Worker's Compensation Insurance
3. Copy of Declarations Page of General Liability
4. Copy of valid driver's license
5. Valid, completed W-9 form

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, to 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 to obtain information concerning my and the Company's past employment, past performance, construction contracts, work history, trade references, and business credit information, criminal background and any other matters deemed relevant by Lender. I authorize, but do not require Lender 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 as long as Lender acts in good faith, the Company and I will hold Lender harmless and will indemnify 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. I understand Lender 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, or electronic copy of my signature below shall be valid as the original for me and the Company.

Individual or Sole Proprietor

Authorization to Pull Personal Soft Credit for Contractor Approval

☐ Yes, I authorize UWM to perform a soft credit check using my Social Security number

☐ No, I do not authorize UWM to perform a soft credit check using my Social Security number

Signature: _____ Date: _____

Print Name: _____ Title: _____

Authorized Office Signature: _____Date: _____

Print Name: _____ Title: _____

Authorized Office Signature: _____Date: _____

Print Name: _____ Title: _____

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Statement of Exemption from Worker's Compensation

This Statement of Exemption from Worker's Compensation is made this _____ day of _____ by _____ (hereinafter referred to as the "Contractor"). Contractor has contracted with _____ (the "Borrower(s)") for the purposes of construction and/or remodeling a residence at _____ (the "Property").

Information about General Contractor (Check the appropriate box)

☐ The contractor has no employees in the field or office staff. All work is subcontracted out, and therefore, the contractor is not required to carry Worker's Compensation Insurance.

☐ Worker's Compensation is included in my state's licensing fees. The applicable state(s) are as follows: _____

By signing below, Contractor agrees to the above.

Contractor Signature: _____

Print Name: _____

Please forward a completed Contractor's Questionnaire and all applicable attachments via email to constructionapprovals@uwm.com or via fax to (248)327-2335. For additional assistance, please call (800)981-8898 ext. 60500.

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Contractor Review Detailed Checklist Requirements

Fully Completed Contractor Questionnaire

All contractor and company information must be fully completed.

- All fields should be filled out on this document and fully executed.
- Construction companies should be in operation for a minimum of 3 years with at least 10 completed homes, 5 of which must have been ground-up construction.
    - If less is shown on the Contractor's Questionnaire or cannot be determined, we will request additional information in the form of a contractor's resume and a list of completed ground-up new construction projects for the last 3-5 years.
- The last 3 years of gross sales are required. This is the sum of the total construction contracts held by the contractor (not the contractor's profit).
- The Reference section of the Contractor's Questionnaire is required to be completed. UWM will contact at least one (1) of the references provided.
- The contractor must sign, date, and provide their Dun & Bradstreet number on the Contractor Questionnaire.
    - A minimum D&B score of 65 is required
    - In the case a D&B Paydex score is not available, the contractor can provide their social security number to pull a personal soft credit check
        - Personal credit score must be 620 or above. No 60-or 90-day lates and/or bankruptcies. Approval of credit with 30-day late payments will be determined on a case-by-case basis.

State Contractor's License

- A Copy of the contractor's state license that is active and current
- This should be specific for the state the home is being built in

Worker's Compensation Insurance

- Evidence of Worker's compensation insurance
- If the contractor has no employees or is exempt, please have contractor complete the Statement of Exemption from Worker's Compensation document provided in the review package

General Liability Insurance

- A copy of the General Liability Insurance Declaration Page
- Must reflect an aggregate of $1,000,000 in insurance coverage or greater
- A Builder's Risk Policy is not the same as General Liability. A Builders Risk Policy cannot be used in lieu of General Liability Insurance

Contractor's Driver's License

- Legible copy of the contractor's valid driver's license, or government-issued photo ID is required to comply with the Patriot Act Verification

W-9

- A fully completed 2018 IRS Form W9 or newer is required

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