Contractor Review Requirements

Construction to Perm Contractor/Builder



Production Contractor/Builder

construction to 1 cmi contractor, bunder	1 Todastion contractor, Bunder		
Experience:	Experience:		
3 years with 10 completed homes. At least 5 must have been ground	5 years with 50 homes completed and \$10MM in Total Sales or		
up construction and not renovation.	Lender discretion		
Personal Credit:	Business Credit:		
a. A minimum of a 620 credit score is required for the	D&B with Paydex score of 65 or higher. A subsequent D&B will be		
Contractor	obtained every six (6) months from the date of the initial		
b. If the credit score is less than 620, a denial will be sent to the	acceptance		
submitting party			
Business Credit:	Financial Statements:		
D&B with a Paydex score of 65 or higher, may be pulled in lieu of a	Additional request may be made for financial statements for review		
personal credit report on all companies where the reported gross			
sales for the most recent year are \$5,000,000 or greater			
Client References:			
References from homeowners who have utilized the Contractor within the past three (3) years for new construction or renovation			
Subcontractor/Trade References:			
A minimum of two (2) references, in any combination, will be contacted by Granite, if the lower credit score is less than 700 or the Paydex			
score is lower than 65			
Sales Trend:			
Provide the most recent 3 years of gross sales volume for the contractor			
Attachments to the Contractor Questionnaire:			
a. Licensing & Certifications b. Liability Insurance c. Worker's Compensation Insurance			

Contractor Submission Requirements:

Identification

- 1. The following information is to be obtained from the Contractor and submitted for Granite's review via secured email (uwmprojects@graniteriskmanagement.com) or online (https://portal.graniteriskmanagement.com):
 - a. Completed Contractor Review Checklist (Form B)
 - b. Completed Contractor Questionnaire (Form A)
 - c. Copy of Workmen's Compensation Policy or Workmen's Compensation Exemption Form (Form A2)
 - d. Copy of State Contractor's License
 - e. Copy of General Liability Insurance with at least \$1,000,000 in insurance coverage

e. Tax Information

- f. Copy of a valid Driver's License (for non-Production Builder)
- g. Valid W-9 Form (Must be the 2018 version of the IRS W-9)
- 2. Upon review, Granite will send a Contractor Review Status Notification, or if all checklist items are accepted, a Contractor Review Acceptance via email within three (3) business days from the date of submission.
- 3. Upon receipt of any trailing documentation requested, Granite will perform a review of all documentation within two (2) business days, and either request additional information or issue a Contractor Review Acceptance.
- 4. Upon receipt of your Contractor Acceptance, the acceptance is to be submitted to the UWM loan file for underwriting review. All Construction loans must include a Contractor Acceptance & Project Review and Recommendation from Granite.

Contractor Acceptance Checklist

Form B



Page 1 of 1

Broker Name: Broker Email:		
Owner(s):		Date:
Project Address:		
City:	State:	Zip Code:
Contractor:		
Contractor Telephone:	Fax:	
Checklist		
When complete, return this information to Lender Mandatory Items To Be Completed	Check Box When	Additional Comments
	Completed	
 Contractor Questionnaire With all data fields and lines fully completed and executed. 		
2. State Contractor's License Copy of valid State Contractor's License.		
3. Worker's Compensation Insurance Evidence of Worker's Compensation Insurance or Certificate of Exemptio Contractor has no employees.	on if	
4. General Liability Insurance Evidence of General Liability Insurance in the amount of \$1,000,000 or g	reater.	
5. Contractor's Driver's License Legible copy of contractor's valid driver's license or government-issued pho	oto ID.	
6. W-9 Valid, completed W-9 form.		
 Production Builder Provide authorized signor information (letter head stating authorized signor Articles of Ownership and Dunn & Bradstreet number (D&B #) 	nor),	

Please forward a completed Form B and all applicable attachments via fax to (888) 456-4999 or via email to UWMProjects@graniteriskmanagement.com. You may also mail materials to Granite Risk Management, ATTN: Project Review Department, 7730 Market Center Ave Suite 100, El Paso, TX 79912. For customer service questions, please call (866) 380-9657.

Contractor's Questionnaire

Form A



Page 1 of 4

Instructions Lender requires that THIS QUESTIONNAIRE MUST BE COMPLETED IN DETAIL, dated, and signed by the General Contractor. Please provide			
complete addresses and telephone numbers where requested.			
Borrower Name(s):	Project Name:		
Property Address:	City:	State:	Zip Code:
Estimated Project Duration:	Sq. Ft.:		
General Information			
Name of Contractor (exactly as it appears on State Contractor's License)			
Business Name (including DBA):	Number of years in bu	siness:	
Business Address:			
City:	State:	Zip Code:	
Business Telephone (area code):	Cell Phone:		
Email Address:			
Business Information			
Federal Tax ID Number:	Dunn & Bradstreet nui	mber (D&B #):	
Are you VA certified?			
□ No □ Yes – E	nter VA ID Number:		
State Contractor's License #:	Class(es):		
Is your license in good standing?			
☐ Yes ☐ No – ex	plain in the space provid	ed on page 4	
Have you ever had a Contractor's License revoked?			
□ No □ Yes – e.	xplain in the space provid	ded on page 4	
Please provide details of a responsible managing employee, responsible	managing officer, or qua	lifying partner under you	r license.
Name: Title:	Email:		
If your business is a Sole Proprietorship			
Sole Proprietor's Name:	Years of experience in	residential construction:	
If your business is a Partnership			
Partner Name:	Title:		
Percent Owned:	Years of experience in	residential construction:	
Partner Name:	Title:		
Percent Owned:	Years of experience in	residential construction:	
If your business is a Corporation			
CEO/President:	Percent Owned:		
Years of experience in residential construction:			
CFO/Controller:	Percent Owned:		
Years of experience in residential construction:			
If the percent mentioned above does not add up to 100%, please provide	e details of who owns re	mainder of the business of	or who is an authorized signor:
Name: Title:	Percent Owned:	Years of experience in re	sidential construction:
Have you, your organization, any officer or partner ever failed to complete a construction contract or failed in a construction-related business?			
☐ No ☐ Yes — explain in the space provided on page 4			
Are you or your organization currently involved in any disputes, lawsuits	, , ,	•	
□ No □ Yes − e.	xplain in the space provid	ded on page 4	

Contractor's Questionnaire

Form A



Continued - Page 2 of 4

Gross Sales/Projects Completed History

Identify your company's gross sales and number of projects completed for each of the last three calendar or fiscal years.

Insert Year	Gross Sales (\$)	Number of Renovation P	rojects Completed	Number of Ground Up New Construction Projects Completed
1.				
2.				
3.				
References				
	ial Project Reference below must have bee	s n completed within the pas	st three years.	
1. Client Name:			Contract Amount ((\$):
Address:			City:	State:
Zip Code:	Tel.:		Email:	
2. Client Name:			Contract Amount ((\$):
Address:			City:	State:
Zip Code:	Tel.:		Email:	
3. Client Name:			Contract Amount ((\$):
Address:			City:	State:
Zip Code:	Tel.:		Email:	
Current Residentia	al Projects Identify	the total number of reside	ntial projects current	tly under construction:
Subcontractor Ref		es. Attach a separate shee	t if necessary.	
1. Company:		·	Contact Name:	
Tel.:			Email:	
How many years h	ave you worked with	this subcontractor?	Type of Subcontrac	ctor:
2. Company:	,		Contact Name:	
Tel.:			Email:	
How many years h	ave you worked with	this subcontractor?	Type of Subcontra	ctor:
3. Company:			Contact Name:	
Tel.:			Email:	
How many years h	ave you worked with	this subcontractor?	Type of Subcontrac	ctor:
Supplier Reference	es			
List major trade su	ippliers. Attach a sep	arate sheet if necessary.		
1. Company:			Contact Name:	
Tel.:			Email:	
How many years h	ave you worked with	this supplier?	Type of Supplier:	
2. Company:			Contact Name:	
Tel.:			Email:	
How many years h	ave you worked with	this supplier?	Type of Supplier:	
3. Company:			Contact Name:	
Tel.:			Email:	
How many years h	ave you worked with	this supplier?	Type of Supplier:	
Banking Reference Identify your bank		e current business accounts	j.	
Bank Name:			Contact Name:	
Tel.:			Email:	

Contractor's Questionnaire

Form A



Continued - Page 3 of 4

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 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 and Lender's authorized service provider, Granite Risk Management ("Granite"), 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 Granite to obtain information concerning my and the Company's past employment, past performance, 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 Granite 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 and Granite act in good faith, the Company and I will hold Lender and Granite 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 Granite. I understand Lender and Granite 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		
Signature:		Date:
Print Name:	Social Security Number:	
Partnership or Corporation (All listed principals must execute this document and provide Social Security Numbers)		
Authorized Officer Signature:		Date:
Print Name:	Title:	
Social Security Number:		
Authorized Officer Signature:		Date:
Print Name:	Title:	
Social Security Number:		

Please forward a completed Form A and all applicable attachments via fax to **(888)** 456-4999 or via email to **UWMProjects@graniteriskmanagement.com**. You may also mail materials to **Granite Risk Management, ATTN: Project Review Department**, 7730 Market Center Ave Suite 100, El Paso, TX 79912. For customer service questions, please call **(866)** 380-9657.

Form A



Contractor's Questionnaire

Continued - Page 4 of 4

In this box, please explain why your license is not in

In this box, please explain why your license is not in good standing:
In this box, please explain why your Contractor's License was revoked:
In this box, please explain if you, your organization, any officer or partner ever failed to complete a construction contract or failed in a construction-
related business:
In this box, please explain if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:
In this box, please explain if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:
In this box, please explain if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:
In this box, please explain if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:
In this box, please explain if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:
In this box, please explain if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:
In this box, please explain if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:
In this box, please explain if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:

Statement of Exemption from Worker's Compensation

Form A2



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)	
\Box Contractor has no employees in the field or office staff. All work is "subcontracted out", an to carry Worker's Compensation Insurance.	d therefore, the Contractor would not be required
☐ Worker's Compensation is included in my State's licensing fees. Applicable state(s) are a	as follows:
By signing below, Contractor agrees to the above.	
Contractor Signature:	
Print Name:	_
Please forward a completed Form A2 and all applicable attachments via fax to (888) 456-4999 or via email You may also mail materials to Granite Risk Management, ATTN: Project Review Department , 7730 Macustomer service questions, please call (866) 380-9657 .	

Contractor Review Detailed Checklist Requirements



Fully Completed Contractor Questionnaire (Form A)

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 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 form A or cannot be determined, we will request additional information in the way of a contractors resume and a list of completed ground up new construction projects for the last 3-5 years
- The last 3 years of gross sales is required. This is the sum of the total construction contracts held by the contractor (not the contractor's profit)
- The Reference section on page 2 of form A is required to be completed. We will call or email the references listed
- Contractor must sign, date, and provide their Social Security Number on the 3rd page of the form A
 - We do a soft credit pull and background check ~ A minimum credit score of 620 is required
 - If a contractor reports to Dun & Bradstreet (Business Credit) and would like us to utilize this in lieu of personal credit, please provide the Duns number if available.
 A minimum score of 65 is required
- For a VA Loan, we need the contractor's VA registration number. The Contractor can go to the below link to get a registration number directly from the VA
 - o https://www.benefits.va.gov/HOMELOANS/appraiser-cv-builder-info.asp

State Contractor's License

Only if a License is Required by the State or Local Municipality.

- 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 Form A2 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

Contractor Review Detailed Checklist Requirements



 For Production Builders, and Builders that have a Business Credit (Paydex) and a D&B number, a Photo ID is Not Required

W-9

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

Production Builder

If the contractor/Builder is a production builder, they must have 50 ground up new construction projects in the last 5 years with \$10MM in gross sales.

- In addition to the above information, provide the authorized signor information on company letter head
- Dun & Bradstreet number