

BONDED BUILDERS WARRANTY GROUP

P.O. Box 810245, Boca Raton, FL 33481
Phone: 800-749-0381 * Fax: 561-994-1915

WORKMANSHIP, MATERIALS OR SYSTEMS WARRANTY CLAIM FORM

READ CAREFULLY. BEFORE COMPLETING THIS FORM YOU MUST REPORT THE ALLEGED DEFECT(S) TO YOUR BUILDER FIRST AND PROVIDE THEM A REASONABLE OPPORTUNITY TO ADDRESS THE ISSUE(S). IF UNSUCCESSFUL, FILL OUT THIS FORM COMPLETELY, SIGN IT AND ATTACH COMPLETE WRITTEN DETAILS OF THE DEFECT(S) THAT FORM THE BASIS OF YOUR CLAIM. BE SPECIFIC AND INCLUDE COPIES OF ANY DOCUMENTS, PICTURES AND ANY INFORMATION YOU PROVIDED TO YOUR BUILDER. INCLUDE YOUR CERTIFICATE NUMBER ON ANY ATTACHMENTS. MAIL TO BBWG AT THE ADDRESS ABOVE. KEEP A COPY OF ALL PAPERS FOR YOUR FILE.

BUILDER NAME: _____ CERTIFICATE NUMBER: _____

HOMEOWNER NAME: _____

ADDRESS: _____ CITY: _____

SUBDIVISION: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____ CELL PHONE: () _____

CURRENT LENDER/MORTGAGE INFORMATION

MORTGAGE CO: _____ LOAN NUMBER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

IS HOME FHA/VA OR RURAL DEVELOPMENT FINANCED? YES ___ NO ___ FHA/VA OR RD LOAN NUMBER: _____

CLAIM INFORMATION

1. DATE YOU FIRST NOTICED THE ALLEGED DEFECT(S): _____

2. DATE YOU REPORTED THE ALLEGED DEFECT(S) TO THE BUILDER: _____

3. HAS THE BUILDER ATTEMPTED TO CORRECT THE DEFECT(S)? YES ___ NO ___

IF YES, HOW MANY PREVIOUS ATTEMPTS HAS THE BUILDER MADE? _____

4. HAVE YOU REVIEWED THE WARRANTY COVERAGE PROVISIONS? YES ___ NO ___

5. HAVE YOU READ THE EXCLUSIONS CONTAINED IN THE WARRANTY? YES ___ NO ___

SUBMITTED BY: _____
PRINT NAME

DATE: _____

SIGNATURE: _____

REMINDER: ATTACH INFORMATION DETAILING ALLEGED DEFECT(S)