



UNIRISC Home Inspection Warranty Program Home Inspector Membership Application Form

APPLICANT INFORMATION:

Full Name: _____

Company Name: _____

Complete Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Business Phone: _____ Fax: _____ Cell: _____

Email Address: _____

TRAINING & CERTIFICATIONS:

Training (school, certifications, experience): _____

Provincial License #: _____

National Certificate License # (where applicable): _____

Association Membership: _____

Number of home inspections performed in last 12 months: _____

Names of the home inspectors that work for you or with you at your company: _____

APPLICATION FEE:

- \$ 99.00 Program Fee (one-time application fee per inspector)
- \$198.00 Program Fee (one-time application fee for two or more inspectors)

PAYMENT DETAILS:

Credit Card Type: Visa MasterCard

Card Number: _____ Expiry: _____

Name listed on card: _____

Signature of Cardholder: _____

Please fax this request to UNIRISC at (905-764-7273) **OR**:
Mail completed application and cheque to: UNIRISC, 9040 Leslie St, Suite 215, Richmond Hill, ON L4B 3M4
For questions or inquiries contact UNIRISC at (800) 267-1222, or contact homewarranty@unirisc.com.
Please visit our website at: www.unirisc.ca.