



You now have the ability to join the NHWA before you have acquired insurance and proper licensing. After a criminal background check is performed, you will become a member in good standing. This gives you access to all of the resources we offer, including insurance, Best Practices, forums, etc. Just complete the application to the best of your ability and submit it.

APPLICATION FOR MEMBERSHIP

On the following pages, you will find the NHWA Application for Membership. Please read it carefully, complete it and send it, along with your payment in the amount of \$495.00, plus a one-time fee of \$50.00 per principal for a criminal background check, to the NHWA at info@nationalhomewatchassociation.org or:

National Home Watch Association
PO Box 2359
Murrells Inlet, SC 29576

Pay by PayPal, Credit/Debit or Check



Use this as a checklist:

Copy of Certificate of Insurance

Copy of license

Copy of dishonesty bond

Certificate of workers' compensation insurance (if you have employees)

Head shot photo of the company's principal(s) for inclusion on our blog and Facebook post, and in the press release. This MUST be in .jpg or .png format

Biography of your company's principal(s) for our blog, social media, and the press release

Name(s) of your local publication(s), and the email address(es) of the appropriate department (business editor/press releases/real estate editor) for the press release. We will send to up to 15 publications.

**Unfortunately, we cannot guarantee publication.

Pages 3, 4 and 5 must be **initialed and signed BY HAND (not typed)**. **YOU MUST ALSO SEND THOSE ORIGINAL PAGES TO US BY U.S. MAIL, at the above address.**

After we receive your membership application and payment, you will be contacted by the NHWA. We look forward to your membership in the National Home Watch Association!



APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION

Company Name (if dba, include parent company)

Contact Person

Company Principal 1 – Print Full Name

Physical Address Use this address on Website

Title

City/State//Zip (or City/Province/Postal Code)

Company Principal 2 – Print Full Name

Mailing Address Use this address on Website

Title

(If more than two principals, please list other names and titles on additional sheet of paper.)

City/State/ Zip (or City/Province/Postal Code)

Check here if you want your city or town ONLY listed on our Website.

Office Phone include on Website

Cell Phone 1 include on Website
Whose phone is this?

Cell Phone 2 include on Website
Whose phone is this?

Number of Employees
(Not including Principals) _____

State/Province of
Incorporation _____

Business
Start Date _____
(MM/YYYY)

Current E-Mail Address

Company Website URL

Type of Business: LLC Sole Proprietorship
 Corporation Partnership

Other services performed by your company, not arranged for by your company. Please be precise, as this may affect your ability to obtain insurance:

Storm services Lawn Care Rental assistance Pool Concierge

Other: _____

<p><u>For office use only</u> Application reviewed with Member on _____ by _____.</p>

CURRENTLY LICENSED? Yes No My state/county/locality does not require a license or business tax receipt. (if Yes, attach a copy)

Areas served by your business _____

If you are not just starting up your business, have any complaints been made against your company with the Better Business Bureau or any other consumer organization in the last two years? Yes No If YES, please explain (attach sheet if necessary):

IN ORDER TO PROCESS THIS APPLICATION, YOU MUST AGREE TO THE TERMS AND CONDITIONS ON THE FOLLOWING PAGES. You may scan and email all the pages to us, but **YOU MUST RETURN THE ORIGINAL SIGNED AND INITIALED PAGES 3, 4 AND 5 TO US AT:**

NHWA
PO Box 2359
Murrells Inlet, SC 29576

NHWA INTELLECTUAL PROPERTY

Even though you have submitted this application for the purpose of becoming an Accredited Member of the NHWA, your company must be vetted for certain things. Your application in no way guarantees accreditation. Until you have been designated as "accredited," you are NOT authorized to display the NHWA logo or represent yourself or your company as being a Member of the NHWA. The ONLY NHWA logo you are allowed to use is the Accredited Member logo, which we will send you. By initialing each provision and signing below, you agree:

- Not to display the NHWA logo until it has been provided to you by the NHWA. You will receive the Accredited Member logo with instructions as to how to apply this to your website. The only NHWA logo you are allowed to use is the Accredited Member logo. You agree to link the NHWA Accredited Member logo to the NHWA website and keep it posted and linked on your website for the duration of your membership. You do not have permission to cut and paste or apply the NHWA Accredited Member logo to your website **BEFORE YOU HAVE BECOME ACCREDITED.** That will be considered a violation of the ethics you are agreed to uphold with this document and can result in expulsion from the NHWA

Initial Initial

- To give credit and attribute to the NHWA any borrowed intellectual property (e.g., FAQs, social media, etc.).

Initial Initial

- Not to plagiarize the NHTSA website or any other Home Watch website on your own website. _____
Initial Initial
- To only display the NHTSA Accredited Member logo on your vehicle if it is removable, e.g., decals, vinyl magnetic signs. (We will send you decals when you become accredited.) _____
Initial Initial
- **YOU WILL INFORM THE NHTSA OF YOUR INTENT TO RENEW YOUR MEMBERSHIP WITHIN 45 DAYS OF YOUR EXPIRATION DATE. YOU UNDERSTAND THAT IN THE EVENT YOU ARE NO LONGER A MEMBER OF THE NHTSA, YOU WILL IMMEDIATELY REMOVE THE LOGO AND ANY MENTION OF THE NHTSA FROM YOUR WEBSITE, PROMOTIONAL MATERIALS, AND VEHICLES.** _____
Initial Initial

I UNDERSTAND THAT ANY VIOLATION OF THIS SECTION MAY RESULT IN THE REVOCATION OF MY MEMBERSHIP IN THE NHTSA.

NAME OF BUSINESS (including parent and dba, if applicable):

By _____ By _____
Print Name Print Name

Signature Signature

Date _____ Date _____

INSURANCE

My company:

Is currently insured Yes No Is currently bonded Yes No

Carries workers' compensation insurance, if applicable Yes No N/A

Insurance broker/company for general liability insurance:

(Name and phone number)

Insurance broker/company for workers' compensation insurance:

(Name and phone number)

I am interested in the National Home Watch Insurance program.

I UNDERSTAND THAT MY GENERAL LIABILITY INSURANCE POLICY MUST NAME THE NATIONAL HOME WATCH ASSOCIATION AS AN ADDITIONAL INSURED FOR THE DURATION OF MY MEMBERSHIP IN THE NHWA. (THIS IS A CONDITION OF MEMBERSHIP FOR WHICH THERE ARE NO EXCEPTIONS.)

_____ _____
Initial Initial

I understand that any additional insured added to the National Home Watch Association Insurance Program, aside from the NHWA, will be assessed a surcharge of \$250 per additional insured, with a maximum charge of \$1,000. This does not apply to the naming of certificate holders, which are unlimited and at no cost to the program participant.

_____ _____
Initial Initial

The NHWA requires a general liability policy with a combined single limit of \$1,000,000, with a \$2,000,000 aggregate limit. We require a Dishonesty Bond with a minimum of \$10,000 of coverage.

RELEASE OF INSURANCE INFORMATION

I/We hereby authorize the representative(s) of the above-listed insurance brokerage to speak with and release information to the National Home Watch Association regarding my general liability and other business insurance(s). This includes providing a certificate of insurance, bonding, and the naming of the NHWA as an additional insured. I hereby give permission to the NHWA to verify the insurance documentation I have submitted and will inform my insurance broker/provider that the NHWA has my permission to do so.

NAME OF BUSINESS AS LISTED ON POLICY (including parent and dba, if applicable):

By _____
Print Name

By _____
Print Name

Signature

Signature

Title

Title

Date _____

Date _____

OTHER TERMS AND CONDITIONS

I/WE AGREE TO ALL OF THE FOLLOWING TERMS AND CONDITIONS OF MEMBERSHIP IN THE NATIONAL HOME WATCH ASSOCIATION (ACTUAL SIGNED INITIALS AND SIGNATURES—NOT TYPED—ARE REQUIRED WHERE INDICATED):

I hereby give permission to the NHWA to verify the documentation I have submitted, along with checking for any complaints against my company or myself. _____
Initial Initial

I hereby agree that the content of my company's website and promotional material shall be truthful and honest, and that its content is subject to review by the NHWA. _____
Initial Initial

I understand that the honesty and integrity of my business is paramount. As such, I understand that in the event of any criminal or unethical behavior on the part of any company principals or employees, membership will be reviewed immediately, and a determination will be made as to the future status of the company's inclusion in the NHWA. _____
Initial Initial

I understand that this membership is non-transferable. I will **IMMEDIATELY** notify the NHWA if there is a change in ownership and/or principals of my company, or of any change in contact information. _____
Initial

Initial

I understand that this membership applies only to one location. Any additional locations are subject to an additional location fee. _____
Initial Initial

I understand that the NHWA will run a criminal background check on me, as well as on any other principal of my company. _____
Initial Initial

I have read, understand, and hereby agree to uphold and abide by the standards and ethics set forth by the National Home Watch Association. _____
Initial Initial

NAME OF BUSINESS (including parent and dba, if applicable):

By _____ By _____
Print Name Print Name

Signature Signature

Date _____ Date _____

For publicity purposes, please attach a bio of your company and the principal(s). You can get an idea of what to include by going to the blog on our website and looking at our recent posts. (You should also include what prompted you to start your Home Watch business and some personal background information.) Please submit a CLEAR HEAD SHOT to us in .jpg format.

We will be sending out a press release to your local paper(s). **THIS IS NOT OPTIONAL.** Please provide the name and address of each local news outlet where we should send the press release, along with the **proper email address for submission for press releases or business announcements.** (Unfortunately, we cannot guarantee that it will be published.)

Name of local publication:	Email address at publication to send press release to:
_____	_____
_____	_____
_____	_____
_____	_____

CHECK ENCLOSED PAYABLE TO THE NHWA for my first annual dues in the amount of \$495.00, plus a one-time fee of \$50.00 per principal for a criminal background check.

PAID VIA PAYPAL – Go to www.nationalhomewatchassociation.org/paypal to make your payment.

PLEASE CHARGE MY CREDIT CARD for my first annual dues in the amount of \$495.00, plus a one-time fee of \$50.00 per principal for a criminal background check.

Visa **MasterCard** **American Express**

NAME EXACTLY AS IT APPEARS ON CREDIT CARD	Account Number
_____	_____
Signature	Expiration date: _____ / _____ CVV Code: _____

BILLING ADDRESS ON FILE WITH CREDIT CARD COMPANY:
