

NOTICE OF CLAIM FORM
FOR INDIE CAPITAL CONSTRUCTORS, INC.
LIMITED WARRANTY COVERAGE

Please read the Indie Capital Constructors, Inc. Warranty Booklet for filing instructions and pertinent information YOUR NAME: _____

ADDRESS OF COMPLAINT: _____
(Street)

(City) (State) (Zip)

HOME PHONE: (_____) _____ BUSINESS PHONE: (_____) _____

EFFECTIVE DATE OF WARRANTY: /_____/_____
(Mo.) (Day) (Year)
(Date of Closing or First Occupancy)

NATURE OF DEFECT (BE SPECIFIC): _____

DATE DEFECT FIRST OBSERVED: _____ / _____ / _____
(Mo.) (Day) (Year)

DATE FIRST REPORTED TO INDIE: _____ / _____ / _____
(Mo.) (Day) (Year)

Attach any copies of relevant correspondence between you and Indie Capital Constructors, Inc. or any third party involving this claim.

<p>CHECK ONE (if applicable)</p> <p>1. <input type="checkbox"/> FHA 2. <input type="checkbox"/> VA 3. <input type="checkbox"/> RHS</p> <p>Case # _____</p> <p>If you are the original owner, and your Home is FHA-financing, please provide the following:</p> <p>Name of Mortgage Company: _____</p> <p>Address of Mortgage Company: _____</p>
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Homeowner Signature (Date)

Homeowner Signature (Date)

NOTICE OF CLAIM FORM
FOR INDIE CAPITAL
CONSTRUCTORS, INC. STRUCTURAL
CLAIMS ONLY

Please read the Indie Capital Constructors, Inc. Warranty Booklet for filing instructions and pertinent

information YOUR NAME: _____

ADDRESS OF COMPLAINT: _____

(Street)

(City)

(State)

(Zip)

HOME PHONE: (_____) _____ BUSINESS PHONE: (_____) _____

EFFECTIVE DATE OF WARRANTY: / ____ / ____

(Mo.) (Day) (Year)

(Date of Closing or First Occupancy)

Please note that the Indie Capital Constructors, Inc. Limited warranty provides Limited Structural Warranty Coverage which is subject to exclusions and conditions. You are encouraged to review the Structural Performance Standards of your Warranty and the list of structural components that are covered and not covered by the Structural Performance Standards.

Please answer the following questions:

1. Have you reviewed the Structural Performance Standards and list of covered and non-covered components in your Warranty? Yes No
2. Do you believe that you have a covered Structural claim under the terms of the Structural Performance Standards in your Warranty? Yes No

NATURE OF DEFECT (BE SPECIFIC): _____

DATE DEFECT FIRST OBSERVED: ____ / ____ / ____
(Mo.) (Day) (Year)

DATE FIRST REPORTED TO INDIE: ____ / ____ / ____
(Mo.) (Day) (Year)

Attach any copies of relevant correspondence between you and Indie Capital Constructors, Inc. or any third party involving this claim.

<p>CHECK ONE (if applicable)</p> <p>1. <input type="checkbox"/> FHA 2. <input type="checkbox"/> VA 3. <input type="checkbox"/> RHS</p> <p>Case # _____</p> <p>If you are the original owner, and your Home is FHA-financing, please provide the following:</p> <p>Name of Mortgage Company: _____</p> <p>Address of Mortgage Company: _____</p>
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Homeowner Signature (Date)

Homeowner Signature (Date)