

502 Cedar Drive Santa Ana Pueblo, NM 87004 Tel: (505) 404-5000 | (800) 352-3496 Fax: (505) 404-5001 | (800) 388-7475 www.AMERIND.com

## **Individual Native American Homeowners Application**

Thank you for choosing AMERIND to provide a quote to you underwriter at (800) 3			ners Coverage. Pl	ease contact an	
Please select <u>one</u> of the following that applies to you.	o <u> </u>	arry queenerie.			
☐ Primary Residence ☐ Rental Property ☐ Other/Se	easonal Property				
Primary Account Holder					
Full Name (First MI Last)	Primary Account Holder's Email Address				
Mailing Address (Line 1)	Home/Work Telep	hone Number			
City, State, Zip	Cell Telephone Nu	ımber	Delivery Preference - Please select one: Email		
Name of Tribe where <b>Homeowner</b> is Enrolled	ner is Enrolled  Tribal Enrollment Number (**ATTACH CIB or Tribal ID)		Mail to mailing address		
Secondary Account Holder					
Full Name (First MI Last) Home/Work Tele	ephone Number	Secondary Accou	unt Holder's Email	Address	
Information About Residence					
Four COLOR exterior images (front, back and sides) are required NAHR@AMERIND.com. Faxed photos will not be accepted.	to complete your ap	plication. You may e	email images to		
Physical Address of Home ( <b>no PO Box</b> ) City,		State,		Zip	
Is the home located on: Reservation Restricted Land	d 🔲 Indian Trust	Land Indian A	Allotment Land		
Year Home was Built:	Year Roof Replace	ed (if any)			
Living Square Feet Area (Not including basement):	Number of Stories	s:	1.5 Story	tory 2.5 Story	
Type of Construction:	onry 🔲 Masonry	√ Veneer	bile Home 🔲	Other	
Basement:	Unfinished (	) square feet	t) None		
Square feet of porches/decks (List separately): Porch/Dec	ck	Length x	Width		
Check all that apply: ☐ Central Station Burglar Alarm ☐ Ce ☐ Swimming Pool (Photos are to include:		arm 🔲 Trampo pol)	bline		
Attached structures (check all that apply)   1 Car Garage	2 Car Garage	a 🔲 3 Car Garag	e 🗌 Carport		

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Information About Primary Residence Continued							
Provide upgrade year for any of the following:		Wiring _		PI	umbing		Heating
Do you run a business from your home?	∕es □ No	If y	es, wha	t type of busir	ness?		
Do you have a Student living away from home? ☐ Yes ☐ No If yes, Please provide:							
Name of School:		Addı	ess:				
Is your home under renovation or is new cons	truction? Co	mpletion	Date _		*Attach	copy of Ren	novation list or Contractors Spec Sheet
If your home is a mobile home, complete the following:							
Year, Make and Model:					Purchase F	Price:	\$
Size: Length x	Width	Skirtin	ıg: [	] Hardiboard	☐ Metal	☐ Vinyl	I ☐ Other:
Elected Coverage							
Please provide limits for the coverage(s) below	v you would li	ke.					eductible is automatically appli
5% will be applied to mobile/manufactured homes.  Deductible Amounts □ \$1,000 □ \$2,500 □ \$5,000 □ \$7,500 □ \$10,000  CALIFORNIA RESIDENTS: A minimum deductible of \$5,000 applies							
Dwelling Coverage Limit (cost to rebuild)	\$		NOTE				e after evaluation
	\$		NOTE		f the dwellin		included. Additional limits are
Structure Type	Square Foota	age	Value				Is it rented to others?
			\$				☐ Yes ☐ No
			\$				☐ Yes ☐ No
			\$				☐ Yes ☐ No
Personal Property Limit \$			Examp	ole: Furniture,	appliances	, clothing,	, etc.
Loss of Use (Additional Living Expense/Fair Rental Value)       Personal Liability Limit         □ \$5,000 □ \$10,000 □ \$15,000 □ \$20,000 □ \$25,000 □ \$30,000       □ \$50,000 □ \$100,000 □ \$200,000 □ \$250,000         □ \$40,000 □ \$50,000 □ \$60,000 □ \$75,000 □ \$100,000 □ None       □ \$300,000 □ \$400,000 □ \$500,000 □ None							
Optional Coverage - Please select the coverage(s) below you would like							
☐ Scheduled Personal Property (Attach itemized list with values) ☐ Identity Fraud Expense ☐ Limited Fungi Wet or Dry Rot or Bacteria		☐ Earthquake Coverage (Provides coverage against earthquake for policy limits)  Select one of the following as a deductible, which is a percentage of the limit.  ☐5% ☐10% ☐15% ☐20% ☐25%					
<ul><li>☐ Refrigerated Personal Property</li><li>☐ Mechanical Breakdown</li></ul>				age Facility In 0 to \$10,000 (			) \$
☐ Home Day Care (Number of children)				Vater Backup			·
Incidental Occupancies				0,000 🗌 \$15			] \$25,000
☐ Primary Residence		☐ Wind/Hail Deductible (select one)					
Other Structures  Describe:  Describe:			] 5% ] 7.5% ] 10%		\$5,000 \$7,500 \$10,000		
Business Property Increased Limit  ☐ \$5,000 ☐ \$7,500 ☐ \$10,000		NOTE:	% dedu	ıctible is base	d upon the	replacem	ent value of the dwelling or

structure. 2% is automatically applied



Mortgage Holder/Additional Insured								
Name	C	Contact Person		Telephone Number	Account/Loan No.			
Mailing Address		ity		State	Zip			
Email Address:		•			Delivery Preference			
Email / Idarooo.					Please select one:			
☐ Mortgage Holder	☐ Loss Payee ☐ Add	litional Insured	Is this an escrow	account? Yes No	Email			
Is this a Residence H	leld in Trust? 🗌 Yes 🔲 N	lo <b>If yes</b> , please	include copy of Estate T	rust Documents	Mail to mailing address			
Tribal Assista	ince							
☐ Are you receiving	g assistance from the Tribe/H	lousing Authority	? (provide contact info	ormation of individual assisting y	vou below)			
Contact Name			Tel	ephone Number				
Prior Loss Inf	ormation							
Are you currently insured?								
Previous Insurance C	Carrier			Policy Numb	er			
Date of Loss		Type of Loss	Reason for Loss		Amount Paid on Loss			
					\$			
					\$			
					\$			
Certification								
I affirm that information provided in this application is true and I have disclosed all known hazards that could give rise to a claim. A material misrepresentation of the facts relied on by AMERIND Risk in underwriting this request for coverage, will void this agreement. I agree to take any corrective action requested by AMERIND Risk to improve the condition of the property.								
Printed Name of Prim	nary Account Holder	,	Signature of Primary	y Account Holder	Date			
Before Sending Your Application Checklist:								
☐ Color Photographs are submitted to ☐ Renovation List is attached (if applicable								
NAHR@AMERIND.com (REQUIRED) Scheduled Personal Property Inventory is attached (if applicable)								
Copy of Tribal ID / Enrollment Card is attached    Contractor's Spec Sheet is attached (if applicable)								
	ses Used in the Homeown	ers/Renters App	olication					
Definition	Description							
Escrow Account	If your monthly mortgage payment includes a portion to cover homeowner's insurance – this is an escrow account.							
Fee Simple Land	e Land Private ownership of real estate in which the owner has the right to control, use, and transfer the property at will.							
Reservation								
Land of which the title is held by an individual Indian (such as a restricted allotment) or an Indian tribe and which can only be alienated or encumbered with the approval of the Secretary of the Interior because of limitations contained in the conveyance instrument pursuant to federal law or because of a federal law directly imposing such restriction.								
Trust Land Land of which the title is held in trust by the United States for an individual Indian (such as a trust allotment) or an Indian tribe.								

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