

AMERIND Risk

Community Shield Homeowners Application

Thank you for choosing AMERIND Risk to provide a quote to you for Community Shield Homeowners Coverage. Please contact an underwriter at (800) 352-3496 if you have any questions.

Please select **<u>one</u>** of the following that applies to you.

Primary Residence						
Rental Property	Administrator's Name:					
Other/Seasonal Property	Entity:					
Primary Account Holder						
Full Name (First MI Last)	Primary Account Holder's Email Address					
Mailing Address (Line 1)	Home/Work Telephone Number					
City, State, Zip	Cell Telephone Number					
Name of Tribe where Homeowner is Enrolled	Tribal Enrollment Number (**ATTACH CIB or Tribal ID)					
Secondary Account Holder						
Full Name (First MI Last) Home/Work Tele	ork Telephone Number Secondary Account Holder's Email Address					
Information About Residence						
Four COLOR exterior images (front, back and sides) are required	to complete your application. You may email images to					
NAHR@amerind.com. Faxed photos will not be accepted.						
Physical Address of Home (no PO Box) City,	State, Zip					
Is the home located on: Reservation Restricted Land Indian Trust Land Indian Allotment Land						
Year Home was Built: Year Roof Replaced (if any)						
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Living Square Feet Area (Not including basement):	Number of Stories: 1 Story 1.5 Story 2 Story 2.5 Story					
Type of Construction: Image: Frame/Modular Home Image: Masc	onry 🗌 Masonry Veneer 🗌 Mobile Home 🗌 Other					
Basement: Finished () square feet)	Unfinished () square feet) None					
Square feet of porches/decks (List separately):						
Porch/Deck: Length x Width	Porch/Deck: Length x Width					
Check all that apply: Central Station Burglar Alarm	entral Station Fire Alarm					
Swimming Pool (Photos are to include: Fence, Gate (include lock), and Pool)						



Information About Residence Co	ontinued							
Attached structures (check all that apply)	🗌 1 Car Garage 🛛	2 Car Garage 🛛 3	Car Garage 🛛 🛛	Carport				
Provide upgrade year for any of the following:	Wiring _	Plu	mbing	Heating				
Do you run a business from your home? Yes No If yes, what type of business?								
Do you have a Student living away from home? Yes No If yes, Please provide: Name of School: Address:								
If your home is under renovation or is new construction, complete the following:								
Date Project to be Completed: *ATTACH copy of Renovation List or Contractor's Spec Sheet								
If your home is a mobile home, complete the f	ollowing:							
Year, Make and Model:		F	Purchase Price:	\$				
Size: Length x	Width Skirtin	ig: 🗌 Hardiboard	🗌 Metal 🔄 Vinyl	I Other:				
Elected Coverage								
Please provide limits for the coverage(s) below	w you would like.	*Note	e: 2% wind & hail de	eductible is automatically applied.				
Deductible Amounts □ \$1,000 □ \$2,500 [\$5,000 \$7,500			obile/manufactured homes				
Dwelling Coverage Limit (cost to rebuild)	\$	NOTE: Dwelling limit	is subject to change	e after evaluation				
Other Structures Limit \$ NOTE: Up to 10% of the dwelling limit is included. Additional limits are available upon request.								
Structure Type	Square Footage	Value		Is it rented to others?				
		\$		🗌 Yes 🔲 No				
		\$		🗌 Yes 🔲 No				
		\$		🗌 Yes 🔲 No				
Personal Property Limit \$		Example: Furniture, a	ppliances, clothing,	, etc.				
Loss of Use (Additional Living Expense/Fair Rental V	′alue)	Personal Liabi	lity Limit					
□ \$5,000 □ \$10,000 □ \$15,000 □ \$20,000	0 🗌 \$25,000 🗌 \$30,0	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								
Medical Payments: 31,000 None								
Mortgage Holder/Additional Insu	ured							
Name C	Contact Person		Telephone Numb	ber Account/Loan No.				
Mailing Address C	Sity		State	Zip				
Mortgage Holder Loss Payee Additional Insured Is this an escrow account?								
Is this a Residence Held in Trust? Yes No If yes, please include copy of Estate Trust Documents*								



Tribal Assistance

Are you receiving assistance from the Tribe/Housing Authority? (provide contact information of individual assisting you below)

Contact Name			Telephone N	umber		
Prior Loss Inf	formation					
Are you currently ins	ured? 🗌 Yes 🗌 No	Have you had a	any losses? 🗌 Yes	🗌 No		
Previous Insurance (Carrier	Policy Number				
Date of Loss		Type of Loss	Reason for Loss		Amount Paid on Loss	
					\$	
					\$	
					\$	
Certification						
misrepresentation of		ND Risk in unde	have disclosed all known haza erwriting this request for coverage dition of the property.			
Printed Name of Prin	nary Account Holder		Signature of Primary Account	Holder	Date	
Printed Name of Gro	up Administrator		Signature of Group Administra	ator	Date	
Before Sending Yo	ur Application Checklist: (All	l documents m	nay be sent via email to nahr@)amerind.com)		
Color Photograph	ns are submitted to	🗌 Rer	novation List is attached (if appli	cable		
NAHR@AMERIN	D.com (REQUIRED)	🗌 Sch	neduled Personal Property Inver	ntory is attached (if app	olicable)	
Copy of Tribal ID	/ Enrollment Card is attached	Cor	ntractor's Spec Sheet is attache	d (if applicable)		
Definitions for Phra	ases Used in the Homeowner	s/Renters App	blication			
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	Private ownership of real estate in which the owner has the right to control, use, and transfer the property at will.					
Reservation	An area of land managed by a Native American tribe under the United States Department of the Interior's Bureau of Indian Affairs.					
Restricted Land	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					

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.

federal law or because of a federal law directly imposing such restriction.

