

WEKIND Protecting Our People

Individual Native American Homeowners Application

Thank you for choosing AMERIND to provide a quote to you for Individual Native American 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	Other/Seasonal Property
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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		very Preference - Please select one: Email		
Name of Tribe where Homeowner 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 Seco	ondary Account Hol	der's Email Address		
Information About Residence					
Four COLOR exterior images (front, back and sides) are required	to complete your application	n. You may email ir	mages 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:	d 🛛 Indian Trust Land	Indian Allotme	ent Land		
Year Home was Built:	Year Roof Replaced (if a	ny)			
Living Square Feet Area (Not including basement):	Number of Stories:	1 Story 🔲 1.5 St	ory 🗌 2 Story 🗌 2.5 Story		
Type of Construction:	onry 🗌 Masonry Venee	er 🗌 Mobile Ho	ome 🗌 Other		
Basement: Finished () square feet)	Unfinished () square feet)	None		
Square feet of porches/decks (List separately): Porch/Dec	ck Length	x	_ Width		
Porch/Dec	ck Length	X	_ Width		
Check all that apply: Central Station Burglar Alarm Ce	entral Station Fire Alarm Fence, Gate, and Pool)	Trampoline			
Attached structures (check all that apply)	2 Car Garage	3 Car Garage] Carport		

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Information About Primary Residence Continued							
Provide upgrade year for any of the following	: 🗆	Wiring _		P	lumbing		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? I Yes I No If yes, Please provide:							
Name of School:		Addr	ress:				
Is your home under renovation or is new cons	struction? Co	ompletior	Date _		*Attach	copy of Ren	ovation list or Contractors Spec Sheet
If your home is a mobile home, complete the following:							
Year, Make and Model:					Purchase I	Price:	\$
Size: Length x	Width	Skirtin	ig: 🗌] Hardiboard	Metal	🗌 Vinyl	Other:
Elected Coverage							
Please provide limits for the coverage(s) below	w you would l	like.					
Deductible Amounts \$1,000 \$2,500]\$5,000 □	\$7,500	□\$10,				leductible is automatically applied obile/manufactured homes.
Dwelling Coverage Limit (cost to rebuild)							
	\$		NOTE	: Dwelling lim	it is subject	to change	e after evaluation
Other Structures Limit (Attach at least <u>one</u> photo of each structure.)	\$: Up to 10% c ble upon requ		ng limit is	included. Additional limits are
Structure Type	Square Foot	tage	Value				Is it rented to others?
			\$				Yes No
			\$				Yes No
			\$				🗌 Yes 🔲 No
Personal Property Limit \$			Examp	ple: Furniture,	appliances	, clothing,	etc.
Loss of Use (Additional Living Expense/Fair Rental V	/alue)		F	Personal Liat	oility Limit		
□ \$5,000 □ \$10,000 □ \$15,000 □ \$20,00	0 🗌 \$25,000) 🗌 \$30,0	000	□ \$50,000) 🗌 \$100,	000 🗆 \$	200,000 🗌 \$250,000
□ \$40,000 □ \$50,000 □ \$60,000 □ \$75,00				□ \$300,00	00 🗌 \$400	0,000	\$500,000 🗌 None
Medical Payments: S1,000 Sone							
Optional Coverage - Please select th	e coverage(s)) below y	ou wou	uld like			
 Scheduled Personal Property (Attach itemized list with values) Identity Fraud Expense Limited Fungi Wet or Dry Rot or Bacteria 					ch is a percentage of the limit.		
Refrigerated Personal Property							
Mechanical Breakdown) \$
Home Day Care (Number of children)		Пι	imited V	Nater Backup	(Choose o	ne limit be	low)
□ Home Day Care (Number of children) □ Limited Water Backup (Choose one limit below) Incidental Occupancies □ \$10,000 □ \$15,000 □ \$20,000 □ \$25,000							
Primary Residence		ΠV	Vind/Ha	il Deductible (select one)		
Other Structures] 5%	_	,, ר		
Describe:] 7.5%] 10%		_] \$7,500] \$10,000		
Business Property Increased Limit		NOTE:	% dedu		d upon the	replacem	ent value of the dwelling or

Mortgage Holder/Additional Insured

Name	Contact Person	Telephone Number	Account/Loan No.
Mailing Address	City	State	Zip
Email Address:			Delivery Preference Please select one:
	Additional Insured Is this an escrow acco No If yes, please include copy of Estate Trust Definition		Email Mail to mailing address

Tribal Assistance

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

Contact Name	act Name Telephone Number					
Prior Loss Information						
Phor Loss in	Tormation					
Are you currently ins	sured? 🗌 Yes 🗌 No	Have you had a	any losses?	🗌 Yes 🗌 No		
Previous Insurance Carrier Policy Number				olicy Number		
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 Primary Account Holder Signature of Primary Account Holder Date						
Before Sending Yo	our Application Checklist (al	l documents ma	ay be sent via email	l to nahr@amerind.c	:om):	
Color Photograp	hs are submitted to	🗌 Ren	ovation List is attach	ned (if applicable		
NAHR@AMERIND.com (REQUIRED)				ached (if applicable)		
Copy of Tribal ID	/ Enrollment Card is attached	Cor	ntractor's Spec Shee	t is attached (if applic	cable)	
Definitions for Phrases Used in the Homeowners/Renters Application						
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 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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