

Information About Primary Residence Continued

Provide upgrade year for any of the following: Wiring _____ Plumbing _____ 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: _____

Is your home under renovation or is new construction? Completion Date _____ *Attach copy of Renovation list or Contractors Spec Sheet

If your home is a mobile home, complete the following:

Year, Make and Model: _____ Purchase Price: \$ _____

Size: _____ Length x _____ Width Skirting: Hardiboard Metal Vinyl Other: _____

Elected Coverage

Please provide limits for the coverage(s) below you would like.

*Note: 2% wind & hail deductible is automatically applied.
5% will be applied to mobile/manufactured homes.

Deductible Amounts \$1,000 \$2,500 \$5,000 \$7,500 \$10,000

Dwelling Coverage Limit (cost to rebuild) \$ _____ NOTE: Dwelling limit is subject to change after evaluation

Other Structures Limit \$ _____ NOTE: Up to 10% of the dwelling limit is included. Additional limits are available upon request.
(Attach at least one photo of each structure.)

Structure Type	Square Footage	Value	Is it rented to others?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Property Limit \$ _____ Example: Furniture, appliances, clothing, etc.

Loss of Use (Additional Living Expense/Fair Rental Value)

\$5,000 \$10,000 \$15,000 \$20,000 \$25,000 \$30,000
 \$40,000 \$50,000 \$60,000 \$75,000 \$100,000 None

Personal Liability Limit

\$50,000 \$100,000 \$200,000 \$250,000
 \$300,000 \$400,000 \$500,000 None

Medical Payments: \$1,000 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

Refrigerated Personal Property

Mechanical Breakdown

Home Day Care (Number of children) _____

Incidental Occupancies

Primary Residence

Other Structures

Describe: _____

Business Property Increased Limit

\$5,000 \$7,500 \$10,000

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%

Self-Storage Facility Increased Limits:

\$2,000 to \$10,000 (in increments of \$1,000) \$ _____

Limited Water Backup (Choose one limit below)

\$10,000 \$15,000 \$20,000 \$25,000

Wind/Hail Deductible (select one)

5%

7.5%

10%

\$7,500

\$10,000

NOTE: % deductible is based upon the replacement value of the dwelling or structure. 2% is automatically applied

Mortgage Holder/Additional Insured

Name _____ Contact Person _____ Telephone Number _____ Account/Loan No. _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address: _____

Delivery Preference
Please select one:
Email
Mail to mailing address

Mortgage Holder Loss Payee Additional Insured **Is this an escrow account?** Yes No

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 Number _____

Prior Loss Information

Are you currently insured? Yes No Have you had any losses? Yes No

Previous Insurance Carrier _____ Policy 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 Your Application Checklist (all documents may be sent via email to nahr@amerind.com):

- Color Photographs are submitted to NAHR@AMERIND.com (REQUIRED) Renovation List is attached (if applicable)
 Copy of Tribal ID / Enrollment Card is attached Scheduled Personal Property Inventory is attached (if applicable)
 Contractor's Spec Sheet is attached (if applicable)

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.