



**Housing Authority of the Cherokee Nation**  
1500 Hensley Drive  
**P.O. Box 1007**  
**Tahlequah, OK 74465-1007**  
**Phone 918-456-5482**  
www.HACN.org

## **Community Shield Homeowners Insurance Program**

The Community Shield Homeowners Insurance Program is a self-insured risk pool with coverage provided by AMERIND Risk, a Native American owned organization that provides coverage in Indian Country and is not state regulated. Policies issued will be an HO3 policy and will be provided based on current replacement cost of your home.

### **Eligibility Requirements Include:**

- Cherokee Nation Tribal citizen
- Income cannot exceed 80% of national median income guidelines
- Home to be insured must be located within the 14-county Cherokee Nation reservation
- Home to be insured must be the homeowner's primary residence
- Home to be insured cannot exceed 2300 square feet
- Home to be insured must be or have been assisted on a NAHASDA program

### **Required Documents:**

- Copy of Tribal Citizenship Card(s) for each household member who has one
- Copy of Government issued photo ID for each household member 18 years of age and older
- Copy of Social Security card(s) for each household member over 5 years old
- Income Verification for every household member 18 years of age and older
- Previous 3 months banking statements
- Copy of property deed and/or title
- Verification of current paid property taxes
- Other documents as requested

Please complete and mail the attached application and supporting documents to:  
Housing Authority of the Cherokee Nation  
PO Box 1007  
Tahlequah, OK 74465

Once your application has been received and determined eligible, an inspection of the home will be completed. AMERIND Risk will have final determination of insurance eligibility of the unit.



# AMERIND Risk

## Community Shield Homeowners Application



# Housing Authority of the Cherokee Nation

Please complete in blue or black ink only.  
No Pencil – No White Out

Is the home to be insured your primary residence?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

### 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 <b>Homeowner</b> is Enrolled	Tribal Registration Number

### Secondary Account Holder

Full Name (First MI Last)	( ) Home/Work Telephone Number	Secondary Account Holder's Email Address
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### Information About Residence

Physical Address of Home ( <b>no PO Box</b> )	City	State	Zip
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County Home is Located	Number of Bedrooms
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**Is the home located on:**  Restricted Land  Indian Trust Land  Indian Allotment Land  Fee Simple Land

**Year Home was Built:** \_\_\_\_\_ **Year Roof Replaced (if any)** \_\_\_\_\_

**Living Square Feet Area** (Not including basement): \_\_\_\_\_ **Number of Stories:**  1 Story  1.5 Story  2 Story  2.5 Story

**Type of Construction:**  Frame/Modular Home  Masonry  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  Central Station Fire Alarm  Trampoline  
 Swimming Pool (Photos are to include: Fence, Gate (include lock), and Pool)

## Information About Residence Continued

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 \_\_\_\_\_  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: \_\_\_\_\_

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 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.

Deductible Amounts  \$1000

Other Structures Limit: \$ \_\_\_\_\_ Note: Up to 10% of the dwelling limit is included. Additional limits are available upon request.

Structure Type	Square Footage	Value
		\$

Personal Property Limit: \$ 10,000

Loss of Use: None

Personal Liability Limit: None

Medical Payments: None

## Mortgage Holder/Additional Insured

Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_ Account/Loan No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax Number \_\_\_\_\_

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

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact Name Telephone Number

Has the unit to be insured ever been assisted on any of the below programs?

\_\_\_\_\_ HACN Homeownership Programs (paid off unit) – paid off date \_\_\_\_\_

\_\_\_\_\_ Housing Rehabilitation Program – date of assistance \_\_\_\_\_

\_\_\_\_\_ Mortgage Assistance Program – date of assistance \_\_\_\_\_

## Prior Loss Information

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

\_\_\_\_\_ Policy Number  
Previous Insurance Carrier

Date of Loss	Type of Loss	Reason for Loss	Amount Paid on Loss
			\$
			\$
			\$

## Directions

Please provide driving directions to the unit to be insured. Please be as detailed as possible and include the starting point.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Certification

I affirm the 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. I understand false statements or information are punishable under Federal Law. I understand false statements or information are grounds for termination of assistance. In order to receive services, I understand I must meet all eligibility requirements.

\_\_\_\_\_  
Printed Name of Primary Account Holder

\_\_\_\_\_  
Signature of Primary Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Group Administrator

\_\_\_\_\_  
Signature of Group Administrator

\_\_\_\_\_  
Date