



Housing Authority of the Cherokee Nation

1500 Hensley Drive

P.O. Box 1007

Tahlequah, OK 74465-1007

Phone 918-456-5482

Toll Free 800-837-2869

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 that 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



Keys to a brighter future

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 Homeowner is Enrolled

Tribal Registration Number

Secondary Account Holder

Full Name (First MI Last)

()
Home/Work Telephone Number

Secondary Account Holder's Email Address

Information About Residence

Physical Address of Home (no PO Box) City State Zip

County Home is Located Number of Bedrooms

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