



Section A – PLEASE TELL US ABOUT YOURSELF

Email Address: _____
Your email address will never be sold. It will be used to send you important notices.

10. Do you perform full exams, histories and documentation? ☐ Yes ☐ No

Section C – PLEASE READ, SIGN AND DATE

By signing this application, I certify and attest that the statements, information, and answers provided herein are true and accurate. I understand that NCMIC Insurance Company (NCMIC) shall rely upon the statements, information, and answers provided on this application to determine whether to accept this application for insurance and, if the application is accepted, to determine at what rate to insure.

California Residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Washington Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

X _____ NCMIC POLICYHOLDER'S SIGNATURE	X _____ DATE
X _____ AGENT SIGNATURE	X _____ DATE

Section D – RETURN THIS FORM

Mail to:

NCMIC Insurance Company
P.O. Box 9118
Des Moines, IA 50306

Fax to:

1-800-996-2642

Scan and email to:

submissions@ncmic.com

Questions? Call toll free

1-800-952-9935