

Section A – GENERAL INFORMATION

Name _____
LAST FIRST MIDDLE INITIAL

NCMIC Policy Number _____

License Number _____ License State _____ Expiration Date _____

Products you have with NCMIC to which this address change applies (please check all that apply):

- Malpractice Insurance Equipment Lease/Loan Business Owners' Coverage/General Liability
- MilesAway Credit Card Workers' Compensation Employment Practices Liability Insurance (EPLI)
- Credit Card Processing Auto/Homeowners Insurance

Section B – ADDRESS CHANGE INFORMATION

1. This address is for a(n): Additional location Relocation
2. Is your practice a home-based office?..... Yes No
If "yes," please contact our office for a Home-Based Office form.
3. Have you moved to a new state? Yes No
If "yes," please include a copy of your license in that state.

New Mailing Address

STREET _____ CITY _____ STATE _____ ZIP _____

New Practice Address Same as Mailing Address

STREET _____ CITY _____ STATE _____ COUNTY _____ ZIP _____

New Billing Address Same as Mailing Address

STREET _____ CITY _____ STATE _____ ZIP _____

4. Practice Phone (_____) _____ Practice Fax (_____) _____

5. Home Phone (_____) _____

6. Email Address _____

Your email address will never be sold. It will be used to send you important messages.

Section C – PLEASE READ, SIGN AND DATE

I understand that all correspondence will be sent to the mailing address listed above. Billing statements will be sent to the billing address listed above.
 I understand that if I am moving my practice to a different state, I will need to complete a new enrollment form.

X _____ **X** _____
SIGNATURE DATE

Section D – RETURN THIS FORM

Mail this form to:
 NCMIC Insurance Company
 P.O. Box 9118
 Des Moines, IA 50306

Or fax to:
1-800-996-2642

Questions? Call toll free
1-800-952-9935