



Request for Quote

Auto and Homeowners' Insurance

Send this completed form to NCMIC Insurance Services:

FAX: 866-852-8522 EMAIL: agents@ncmic.com MAIL: PO Box 9118 Des Moines, IA 50306-9118
 OR CALL: 800-394-1466

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

No. of years at this address: _____ Home phone: (_____) _____ Work phone: (_____) _____

Email: _____ Fax: (_____) _____

Your e-mail address will never be shared or sold. It will be used to send you important notices.

Are any vehicles garaged at an address other than your home address? Yes No If yes, where? _____

1 For a quote on your car insurance, please fill out sections 1-5

	Driver's Name	Relationship	Date of birth (mo/day/yr)	Marital Status	Gender	Social Security #	Driver's License #
#1				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Male <input type="checkbox"/> Female		
#2				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Male <input type="checkbox"/> Female		
#3				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Please list additional drivers and/or vehicles on a separate sheet of paper.

2	Year	Make (Buick, Ford, etc.)	Model (Caravan Taurus, etc.)	Body (Truck, 2-door, etc.)	Car Usage	# Miles Driven One way	Annual Mileage	Vehicle Identification # (VIN) <small>(can be found on your registration, car dash or driver's side door)</small>	Primary Operator
#1					<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commute- work/school				
#2					<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commute- work/school				
#3					<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Commute- work/school				

3 Describe any accidents or violations you've had in the past 5 years. If none, check here:

Driver's Name	Date of Accident or Violation (month/day/year)	Accident	Violation	Vandalism	Theft	Was Driver Responsible?	Anyone Injured?	Amount of claim or type of violation
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list additional accidents or violations on a separate sheet of paper.



4 Please complete this section, or attach a copy of your auto insurance declarations page

Bodily injury: \$100,000/\$300,000 \$250,000/\$500,000
(per person/per occurrence) Other \$ _____ / \$ _____

Property damage: \$100,000 \$250,000 Other \$ _____

Medical payments/PIP: \$5,000 \$10,000 \$25,000 Other \$ _____

Uninsured/Underinsured: \$100,000/\$300,000 \$250,000/\$500,000 Other \$ _____ / \$ _____

Comprehensive deductible: \$250 \$500 \$1,000 Other \$ _____

Collision deductible: \$250 \$500 \$1,000 Other \$ _____

Rental?: Yes No Towing?: Yes No

5 Previous coverage and additional information

Has your car insurance lapsed in the past year? Yes No

Current carrier: _____ Renewal date: _____ / _____ / _____
Mo Day Yr

Name of full-time student who drives with a 3.0 or better grade point average: _____

Number in household: _____ Number of licensed drivers in household: _____

If you are including your spouse, who holds the vehicle titles? _____

6 For a quote on your homeowners insurance, please fill out sections 1 (except driver's license#), 6, 7 & 8

How many feet to a fire hydrant?: _____ In city limits? Yes No Year built: _____ Fireplace? Yes No

Type of heat source(s): _____ Roof type: _____ Smoke detectors? Yes No

Burglar alarms? Yes No Number of stories: _____ Business on premises? Yes No

Basement? Yes No Is basement finished? Yes No Construction type: (frame, brick, masonry): _____

Number of bathrooms? _____ full _____ half _____ 3/4

Swimming pool? Yes No If yes, locked gate? Yes No Square footage of living area _____

Updates: roof (year: _____) electrical (year: _____) plumbing (year: _____) heating (year: _____)

Scheduled personal property (jewelry, furs, artwork, etc.): \$ _____ Dwelling: Family Condo/townhouse

Trampoline? Yes No Dog(s)? Yes No If yes, breed: _____

7 Previous coverage information

Current carrier: _____ Renewal date: _____ / _____ / _____
Mo Day Yr

Has your insurance ever been cancelled or declined? Yes No Any claims last 5 years? Yes No

If yes, reason and amount paid: _____

8 Please complete this section, or attach a copy of your homeowners declarations page

Replacement cost of dwelling: \$ _____ Do you want a separate wind/hail deductible? Yes No

Personal liability: \$100,000 \$200,000 \$300,000 \$500,000 Other \$ _____

Medical payments/PIP: \$5,000 Other \$ _____

Deductible: \$500 \$1,000 \$2,500 Other \$ _____

While most of the information needed to determine a rate and issue a policy comes directly from you, other sources may be used where allowed by law. Other sources may include state motor vehicle reports, insurance claims history, and credit records. By submitting this form, I request NCMIC provide their insurance partners with only the information needed to provide me with an auto/homeowners coverage quote. NCMIC Insurance Services is a licensed insurance agency.

X _____
Signature

X _____
Date