



Request For Quote

Auto & Homeowners Insurance

Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 No. of years at this address: _____ Home/Cell phone: (_____) _____ Work phone: (_____) _____
 Email: _____ Fax: (_____) _____
Your e-mail address will never be 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? _____

- For an Auto Insurance Quote, complete Sections 1-5
- For a Homeowners Insurance Quote, complete Sections 1 (except driver's license #), 6, 7 & 8

1 Driver Information

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

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

2 Vehicles

Car	Year	Make <small>(Buick, Ford, etc.)</small>	Model <small>(Caravan, Taurus, etc.)</small>	Body <small>(Truck, 2-door, etc.)</small>	Purchase Date	Car Usage	# Miles Driven <small>One way</small>	Annual Mileage	Vehicle Identification # <small>(VIN) (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 Accidents/Violations in the Past 5 Years If none, check here:

Driver's Name	Date of Accident or Violation <small>(month/day/year)</small>	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 Coverage Options

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

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

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

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

Collision deductible: \$250 \$500 \$1,000 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 Home Information

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

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 Home Coverage Options

Complete or attach a copy of your homeowners declaration 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 \$10,000 Deductible: \$1,000 \$2,500 Other \$ _____

9 Return your completed form by fax, email or mail:

Fax:
1-866-852-8522

Email:
agents@ncmic.com

Mail:
P.O. Box 9118, Des Moines, IA 50306

Questions? Call toll free **1-800-394-1466**