

**INSURANCE PARTNERS INC.**

AUTO QUOTE

Fax: 217-544-8622

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Homeowner: Yes No Insurance Now: Yes No How Long with Current Carrier: \_\_\_\_\_

Renters Insurance: Yes No Company: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name	DOB	Drivers License #	Social Security #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

<u>Driver #</u>	<u>Year</u>	<u>Purchase Date</u>	<u>Make &amp; Model</u>	<u>New</u>	<u>To Wk&amp;Annual</u>	<u>VIN Number</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

<u>Coverages</u>	<u>Please circle or fill in desired amount</u>					<u>Other Limits</u>
Bodily Injury	100/300	300/300	250/500	500/500		_____
Property Damage	50	100	250	300	500	_____
Medical Payment	1000	2000	3000	5000	10,000	_____
UM	100/300	300/300	250/500	500/500		_____
UIM	100/300	300/300	250/500	500/500		_____
<b>Full Glass</b>	<b>Yes</b>	<b>No</b>				
Odometer	Vehicle 1 _____	Vehicle 2 _____	Vehicle 3 _____	Vehicle 4 _____		
Comprehensive	Vehicle 1 _____	Vehicle 2 _____	Vehicle 3 _____	Vehicle 4 _____		
Collision	Vehicle 1 _____	Vehicle 2 _____	Vehicle 3 _____	Vehicle 4 _____		
Towing	Vehicle 1: 50 75 100	Vehicle 2: 50 75 100	Vehicle 3: 50 75 100	Vehicle 4: 50 75 100		
Rental Car limit:	_____ per day	_____ Max				