



INSURANCE PARTNERS INC.

901 South Spring Street
Springfield, IL 62704
best-coverage.com
217.544.8644

Confidential Plan Form Date: Prepared by:

Name: DOB: Gender:

Spouse DOB: Gender:

Address:

Phone: Email:

Employer Spouse's Employer:

Child's Name: DOB:

Child's Name: DOB:

Referrals:

IPI'S EXPERIENCED STAFF CAN GIVE YOU QUOTES & COMPARISONS FOR:

- | | | | |
|-------------------------|---------------------|-------------------|------------------------|
| Auto | Home | Umbrella | Life |
| Health | Business Auto | Bonds | General Liability |
| Worker's Comp. | Long Term Care | Disability Income | Medicare Products |
| 401K | Roth/IRA Plans | Annuities | Last Will & Testaments |
| Revocable Living Trusts | Wealth Accumulation | Lifetime Income | Legacy Planning |

Best Coverage ◆ **Competitive Rates** ◆ **Great Service**

Auto Quote

Current Carrier:

Issue Date:

Premium \$:

Driver's Name	Driver's License #	Social Security #
1.		
2.		
3.		
4.		

Auto Year & Model	Vehicle ID #	Coverage
1.		Full Liability Only Storage
2.		Full Liability Only Storage
3.		Full Liability Only Storage
4.		Full Liability Only Storage

Current Policy Coverage Limits

Bodily Injury (in 1,000's)				Property Damage (in 1,000's)									
25/50	100/300	250/500	_____	25	50	100	250	_____					
Include Uninsured and Under-insured?				Comprehensive Deductible			Collision Deductible						
Yes No				250	500	1,000	w/glass	250	500	1,000			
Med Pay		Roadside Assistance			Towing & Labor			Rental Car					
1,000	5,000	\$_____	Yes	No	AAA	50	90	100	_____	30	50	/day	_____

Lienholder: Vehicle 1: Yes No Vehicle 2: Yes No Vehicle 3: Yes No Vehicle 4: Yes No

Lienholder (s):

List any accidents, claims, or violations within the past 5 years:

◆ WE COMPARE YOUR COVERAGE AND RATES TO SAVE YOU TIME AND MONEY ◆

Homeowner Quote

Current Carrier: Issue Date: Premium \$:

Address

If buying a new home, Current Address

Year Built: Sq. Ft.: Property Value: # of Residents:

Stories: # Beds: # Baths: Roof Type: Metal Slate Shingles

Siding: Brick % Wood % Aluminum % Vinyl % Roof Age:

Heating: Age: Gas Electric Electrical age: Plumbing Age:

Central AC: Yes No Flooring Type & Percentage: % %

Basement: Full Partial N/A Finished: % Crawl Space: Yes No Slab Yes No

Fireplace: Gas Electric Wood N/A Generator: Whole Home Portable N/A Trampoline: Yes No

Garage: Attached Detached Garage Size: Pets: Yes No How Many: Kind:

Pool: Yes No Sq.ft: Diving Board: Yes No Slide: Yes No Fence with lock around pool: Yes No

Other Structures: N/A Type: Sq.Ft. Heat: N/A Gas Electric Flooring Type: %

Security System: Self Monitored Company Monitored N/A Mortgage: Yes No Escrow: Yes No

Lender: Account #:

General Liability: \$ Medical Payments: \$ Deductible: \$

Water/Sewer Backup Coverage: Yes No Amount: \$ Mine Subsidence: Yes No

Underground Service Line Coverage: Yes No Amount: \$ Earthquake: Yes No

Scheduled (High Value) Items:

Claims made in the past 5 years:

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