



INSURANCE PARTNERS INC.

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

Confidential Plan Form Date:

Prepared by:

Name:

Gender: M F DOB:

Spouse:

Gender: M F DOB:

Address:

Zip:

Phone:

Email:

Employer:

Spouse's Employer:

Child Name

Gender:

DOB

Child Name

Gender:

DOB

M F

/

M F

M F

/

M F

Referrals:

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

Auto

Home

Umbrella Bonds

Life

Health

Business Auto

Disability

General Liability

Worker's Comp.

Long Term Care

Income

Inland Marine

401K

Roth/IRA Plans

Annuities

Last Will & Testaments

Revocable Living Trusts

Wealth Accumulation

Lifetime Income

Legacy Planning

Best Coverage



Competitive Rates



Great Service



INSURANCE
PARTNERS INC.

Auto Insurance

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 1,000 5,000 \$	Roadside Assistance Yes No AAA		Towing & Labor 50 90 100			Rental Car 30 50 /day

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

Lienholder (s):

List all accidents, claims, and tickets in the past 5 years:

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



INSURANCE
PARTNERS INC.

Homeowner Insurance

Current Carrier:

Issue Date:

Premium: \$

Address:

If buying a new home, Current Address:

Year Built:

Square Ft:

of Residents:

Property Value:

Deductible:

Personal Property Value:

Stories:

Beds:

Baths:

Construction Type:

Roof Type: Metal Slate Shingles

Roof Age:

Siding: Brick % Vinyl % Other , %

Heating Age:

Gas Electric

Electrical Age:

Plumbing Age:

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

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

Garage: Attached Detached

Garage Size:
(# of cars)

Pets: Yes No # Pets: Kind:

Pool: Yes No Diving Board: Yes No Inground Above Ground Slide: Yes No Locked Fence: Yes No

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

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

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

Mortgagee/Lender Name and address:

General Liability: \$

Loan #:

Medical Payments: Water/Sewer Backup Coverage: Yes No Amount:

Underground Service Line Coverage: Yes No Mine Subsidence: Yes No Earthquake: Yes No

Scheduled High Value Items:

Claims made in the past 5 years: