



# INSURANCE PARTNERS, INC.

901 S. Spring St. Springfield, IL 62704

(P) 217.544.8644 • [best-coverage.com](http://best-coverage.com) • (F) 217.544.8622

## Confidential Plan Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Spouse \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pref. Contact Time \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Spouse's Email \_\_\_\_\_

Current Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Children's Names / DOB

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Do you currently own?

Monthly Savings Plan	<input type="checkbox"/>	IRA/ROTH .....	<input type="checkbox"/>
Annuities.....	<input type="checkbox"/>	CD's.....	<input type="checkbox"/>
401k/Pension.....	<input type="checkbox"/>	Life Ins.....	<input type="checkbox"/>
Health Ins.....	<input type="checkbox"/>	LTC.....	<input type="checkbox"/>
P&C.....	<input type="checkbox"/>	Employee Benefits	<input type="checkbox"/>

Financial Advisor \_\_\_\_\_

Do you have an updated will/trust? \_\_\_\_\_

Where do you bank? \_\_\_\_\_

Health Conditions / Tobac \_\_\_\_\_

Health Conditions / Tobac \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Prioritize Your Goals:

Wealth Accumulation \_\_\_\_\_ Protect Life Savings \_\_\_\_\_ College/Tax Planning \_\_\_\_\_

Retirement Income \_\_\_\_\_ Quality Ins Coverage \_\_\_\_\_ Family's Well-Being \_\_\_\_\_ Other \_\_\_\_\_

COMMENTS/NOTES

REFERRALS

**“We compare coverages and rates to save you time and money”**



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## Auto Quote

Marital Status: \_\_\_\_\_ Renters Insurance: Yes No Company \_\_\_\_\_

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

Husband Occupation: \_\_\_\_\_ Degree \_\_\_\_\_ Wife Occupation: \_\_\_\_\_ Degree: \_\_\_\_\_

Driver Name/DOB	Driver's License #	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year	Make	Model	VIN	Annual Mileage	Use	Primary Driver
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### PLEASE CIRCLE OR FILL IN DESIRED AMOUNT BELOW

<b>Bodily Injury</b> (circle one, in 1,000's)				<b>Property Damage</b> (circle one, in 1000's)							
15/30	25/50	50/100	100/30	250/500	300/500	CSL	10	25	50	100	250
<b>Include Uninsured and Underinsured</b>				<b>Comprehensive Deductible</b>			<b>Collision Deductible</b>				
At equal liability limit		At other liability limit		250 500 1000 w/glass			250 500 1000				
<b>Med Pay</b> (circle one)		<b>Roadside Assistance</b>		<b>Towing &amp; Labor</b>			<b>Rental Car</b> (circle one)				
500 1000 2000 5000		Yes No AAA		25 50 75 100			30 40 50 / day				

Mileage To Work (1 way): \_\_\_\_\_

## Insured Loss Information

Any accidents, claims, or violations within the past year? \_\_\_\_\_

Date/Type \_\_\_\_\_

<b>Homeowner's Insurance?</b> Quote / Decline	<b>Umbrella Insurance?</b> Quote / Decline	<b>Motorcycle?</b> Quote / Decline	<b>Boat?</b> Quote / Decline
<b>Trailer?</b> Quote / Decline	<b>RV?</b> Quote / Decline	<b>ATV?</b> Quote / Decline	<b>Other?</b> Quote / Decline



**Homeowner Quote**

Current Carrier: \_\_\_\_\_ How long with carrier: \_\_\_\_\_ County: \_\_\_\_\_

H03 H04 H06 Year Built: \_\_\_\_\_ Home: Brick/Frame Siding: Vinyl/Alum. Shingles: \_\_\_\_\_

Dwelling Value: \$ \_\_\_\_\_ Woodburner: Y/N Personal Property (H04/H06): \$ \_\_\_\_\_

Primary/Seasonal Protection Class \_\_\_\_\_ Miles to Fire Dept \_\_\_\_\_ Distance to Hydrant \_\_\_\_\_

Roof Age/Style: \_\_\_\_\_ Style of Home \_\_\_\_\_ Type of Residence: \_\_\_\_\_ Sq. Foot: \_\_\_\_\_

Beds: \_\_\_\_\_ Baths: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Total Residents: \_\_\_\_\_ Fireplace: Y/N (Gas/Wood) Stories: 1 1.5 2 Duplex Triplex

Basement: Y/N Sq. Foot: \_\_\_\_\_ Finished: \_\_\_\_\_% Unfinished \_\_\_\_\_%

<u>Coverages</u>	<b>PLEASE CIRCLE DESIRED AMOUNT</b>				
Liability	300	500	1 Mil		
Medical Payment	1,000	2,000	3,000	4,000	5,000
Deductible	500	1,000	1,500	2,000	2,500

**Scheduled Items**

Jewelry \_\_\_\_\_ Misc. \_\_\_\_\_ # of Items \_\_\_\_\_

**Endorsement**

Water Sewer Backup \_\_\_\_\_ Umbrella: Y/N Amount: \_\_\_\_\_

ID Fraud: Y/N UM & UIM Coverage: Y/N Yard Fenced: Y/N Trampoline: Y/N

Swimming Pool: Y/N Above/Below Slide: Y/N Diving Board: Y/N Depth: \_\_\_\_\_

Mine Subsidence: Y/N Earthquake: Y/N

Garage: Attached/Detached How many Cars: \_\_\_\_\_ Sq. Foot: \_\_\_\_\_ Central Air/Window Unit

Electrical: 100 or 200 Amp Breaker Box/Fuses Animals: Y/N Type: \_\_\_\_\_

Deck/Patio Size: \_\_\_\_\_ Material: \_\_\_\_\_

**Claims Info: Past 7 Years**

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**Life/Health/LTC/Retirement Income**
**LIFE INSURANCE**

Insured/ Owner	Company/ Policy	Issue Date	Amount of Coverage	Type of Coverage	Deduct.	Cash Value	Premium/ Mode	Riders	Beneficiary

**HEALTH INSURANCE**

Insured/ Owner	Company/ Policy	Eff. Date	Maximum Benefit	Type of Coverage	Deduct.	Co- Ins	Premium/ Mode	Comments

**NURSING & HOME HEALTH CARE INSURANCE**

Insured/ Owner	Company/ Policy	Issue Date	Maximum Benefit	Daily Benefit	Elimination Period	Premium/ Mode	Riders	Comments

**RETIREMENT INCOME**

Source	Current Value	Monthly Income	Comments
	\$		
	\$		
	\$		

**Headquarters**  
901 S. Spring St.  
Springfield, IL 62704  
217.544.8644

**South Springfield**  
2626 S. 5<sup>th</sup> St.  
Springfield, IL 62703

**Auburn**  
480 E. Jackson St.  
Auburn, IL 62615

**Peoria**  
810 S. Johanson Rd.  
Peoria, IL 61607

**COMMENTS/NOTES**
**REFERRALS**

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