



1585 Ellinwood Ave Ste 210
Des Plaines, IL 60016
Ph.: (847) 391 - 5100
Fax: (847) 298 - 8961

Order For Insurance Quote
(No Charge - No Obligation)
AUTO

***WARNING * After completing this form please
print out and send by fax to number listed above.**

Corporation or Individual Name

Address

Address

City

State

Zip Code

How Long at Current address :

Getting Started Primary Car:

Year :

Make:

Model:

Number of Doors?

Is the Vehicle Leased? ☐ Yes ☐ No

Where is the car parked overnight?

Tell us about your:

Primary Use:

Yearly Milage:

Discount:

☐ Airbags

☐ Anti-lock Brakes

☐ Lojack

☐ No Alarm

☐ Audible Alarm

☐ Teletrac

Deductible:

Comprehensive:

Pays for Damage to your vehicle resulting from accidents other than collision

Collision:

Pays for Damage to your vehicle when it collides with another vehicle or object

Getting Started Second Car:

Year :

Make:

Model:

Number of Doors?

Is the Vehicle Leased? ☐ Yes ☐ No

Where is the car parked overnight?

Where is the car parked overnight?

Tell us about your:

Primary Use:

Yearly Milage:

Discount:

☐ Airbags

☐ Anti-lock Brakes

☐ Lojack

☐ No Alarm

☐ Audible Alarm

☐ Teletrac

Deductible:

Comprehensive:

Pays for Damage to your vehicle resulting from accidents other than collision

Collision:

Pays for Damage to your vehicle when it collides with another vehicle or object

Getting Started Third Car:

Year:

Make:

Model:

Number of Doors?

Is the Vehicle Leased? ☐ Yes ☐ No

Where is the car parked overnight?

Tell us about your:

Primary Use:

Yearly Milage:

Discount:

☐ Airbags

☐ Anti-lock Brakes

☐ Lojack

☐ No Alarm

☐ Audible Alarm

☐ Teletrac

Deductible:

Comprehensive:

Pays for Damage to your vehicle resulting from accidents other than collision

Collision:

Pays for Damage to your vehicle when it collides with another vehicle or object

Are you have more cars?

☐ No

☐ Yes

Primary Driver:

DOB Year of Experience: Age this Driver:

First Name **M.I.** **Last Name**

DL # State Choose One:

Gender:

☐ Male ☐ Female

Marital Status:

☐ Married ☐ Unmarried

Current Work Status: Education Level Completed:

Home Ownership Status:

☐ Rent ☐ Own ☐ Other

Second Driver:

DOB Year of Experience: Age this Driver:

First Name **M.I.** **Last Name**

DL # State Choose One:

Gender:

☐ Male ☐ Female

Marital Status:

☐ Married ☐ Unmarried

Current Work Status: Education Level Completed:

Home Ownership Status:

☐ Rent ☐ Own ☐ Other

Third Driver:

DOB Year of Experience: Age this Driver:

First Name **M.I.** **Last Name**

DL # State Choose One:

Gender:

☐ Male ☐ Female

Marital Status:

☐ Married ☐ Unmarried

Current Work Status: Education Level Completed:

Home Ownership Status:

☐ Rent ☐ Own ☐ Other

Are you have more Drivers?

☐ No ☐ Yes

Incident:

Primary Driver?

☐ No ☐ Yes

If "yes". Please
describe :

Second Driver?

☐ No ☐ Yes

If "yes". Please
describe :

Third Driver?

☐ No ☐ Yes

If "yes". Please
describe :

Existing Policy Information:**Do you have current auto insurance?**☐ No ☐ Yes

If "yes". When does your existing policy expire?

If "yes" . Please write the Current Insurance Company:

How long have been with this company?Years: Month: **How many years of continuous coverage have you had?**Years: Month: **Current Bodily Injury Liability Limits: \$****New Policy Information:**

	Bodily Injury*	Property Damage**
<input type="checkbox"/> State Minimus	20,000 / 40,000	15,000
<input type="checkbox"/> Good Coverage	50,000 / 100,000	50,000
<input type="checkbox"/> Better Coverage	100,000 / 300,000	100,000
<input type="checkbox"/> Maximus Coverage	250,000 / 500,000	100,000

*Bodily Injury Coverage will pay for injuries caused by you or other drivers in your household after an accident.

**Property Damage Coverage will pay for damages caused by you or other drivers to personal or public property during an accident.

Medical Payments: \$**Additional Services:**☐ Towing Coverage☐ Rental Reimbursement☐ Uninsured Motorist Property Damage***

*** This coverage will reimburse you if you are hit by an uninsured driver or a hit-and-run driver

Home Information:

E-mail address:

Preferred Phone:

Home Ownership Status:☐ Rent☐ Own☐ Other**Describe Primary Applicant's Credit:**☐ Excelent ☐ Good ☐ Some problems ☐ Major Problems

Date