

UNION INSURANCE GROUP

"INSURANCE FOR UNIONS & THEIR MEMBERS"

2125 West Roscoe
Chicago, IL 60618
888.200.4545
773.549-1970/ Facsimile

REQUEST FOR A NO OBLIGATION QUOTE

NAME:	UNION AFFILIATION:
ADDRESS: STREET:	CITY: ST, ZIP:
CURRENT INSURANCE COMPANY:	COUNTY:
HOME PHONE:	WORK PHONE:

❖ VEHICLES:

	VEHICLE #1	VEHICLE #2
Year:	_____	_____
Make: <i>(Ford/Chevy)</i>	_____	_____
Model: <i>(Taurus/Lumina)</i>	_____	_____
Body: <i>(4dr/2dr/van)</i>	_____	_____
Style: <i>(SE/SEL)</i>	_____	_____
2wd/4wd	_____	_____
Use: <i>(work/school)</i>	_____	_____
Miles: <i>(one way/days per week)</i>	_____	_____
Annual Mileage:	_____	_____

❖ HOUSEHOLD DRIVERS:

DRIVER NAME #1:	_____	_____
DRIVER NAME #2:	_____	_____
	DRIVER #1	DRIVER #2
Sex (M/F):	_____	_____
Driver's Age:	_____	_____
Marital Status:	_____	_____
Social Sec. #:	_____	_____
Uses Vehicle #:	_____	_____
Relation to Policyholder:	_____	_____
Any Moving Violations in the Past 3 Years: <i>(type & # of violations)</i>	_____	_____

❖ ACCIDENT AND VIOLATION INFORMATION:

Any driver had their license suspended or revoked in last 5 years: _____ If yes – provide full description: _____

Any Accidents – At fault or not at fault in last 3 years: _____ If yes – provide full description: _____

❖ HOMEOWNERS INSURANCE :

Dwelling Amount: _____ Year Built: _____ Brick or Siding: _____ Located w/i City Limits: _____ Name of Fire Dept.: _____