

EQUITY INSURANCE GROUP, INC.

Home • Auto • Commercial • Farm • Crop • Life • Health



1401 Maine Street • Windsor, IL 61957

Phone (217) 459-2013 • Fax (217) 459-2014

Commercial Insurance Quote Request

For the fastest and most accurate automobile insurance quote, please provide as much information as possible in the form below. The information will be kept confidential and will be used for quote purposes only. Please note that no coverages can be bound through this form.

Business Information				
Business Name:				
Mailing Address:		County:		
City:		State:	Zip:	
Phone:		FEIN or SSN:		
Proposed Effective Date:		Number of Owners:		
Number of Employees:	Fulltime:	Part-time:	Employee Payroll Amount:	
Annual Gross Sales/Receipts:		Date Business Established:		
Amount of Liability Coverage:	Each Occurrence/General Aggregate \$300,000/\$600,000 \$ 500,000/\$1 million \$1 million/\$2 million			
Business structure:	Corporation – Individual – Joint Venture – LLC – Non-Profit – Partnership – Trust Association – Church – Club – Municipality – Sole Proprietorship			
Nature of Business?	Apartments – Condo – Contractor – Institutional – Manufacturing Office - Restaurant - Retail – Service – Wholesale – Other _____			
Description of operations:				
Any Subsidiaries?	If so, list here (Part-owner, sister company, etc...):			
Is a formal safety program in place?				Yes or No
Any exposure to flammables, explosives, or chemicals?				Yes or No
Has the applicant had a foreclosure, repossession, bankruptcy during the past 5 years?				Yes or No
Any policy or coverage declined, cancelled, or non-renewed during last 3 years?				Yes or No
Has the applicant had a judgment or lien in the past five years?				Yes or No



Prior Carrier Info			
Name of Company:		Years w/ Company:	
Expiration Date:		Policy Number:	
Known Losses (Past 5 years)			
Date of Loss 1 :		Amount:	
Open or Closed:		Description of loss:	
Date of Loss 2:		Amount:	
Open or Closed:		Description of loss:	

Owner Information			
Full Name:		Email:	
Phone:		Years of Experience:	
Date of Birth:		Social Security #:	
Contact Information (If different from owner)			
Full Name:		Phone:	
Title:		Email:	

Premises 1 (if Building coverage is also requested, please fill out Property coverage forms)			
Street Address:		County:	
City:		State & Zip:	
Year Built:		Square Footage:	
Occupied Area:	_____ square feet	Open to public area:	_____ square feet
Inside City Limits:	Yes or No	Interest:	Owner or Tenant
Amount of Business Personal Property at this location:			
Premises 2			
Street Address:		County:	
City:		State & Zip:	
Year Built:		Square Footage:	
Occupied Area:	_____ square feet	Open to public area:	_____ square feet
Inside City Limits:	Yes or No	Interest:	Owner or Tenant
Amount of Business Personal Property at this location:			

One of our representatives will respond to your submission as soon as possible. Please take note that no coverage is bound by this quote form. All quotes are estimates based on the information provided. Please return completed forms to an agent or fax to 217-459-2014. Thank you for the time to fill out this form!