

# 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

## Home 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.

Personal Information				
Full Name:		Email:		
Street Address:		County:		
City:		State:	IL	Zip: <input type="text"/>
Phone:		Employer:		
Occupation:		Years Employed:		
Date of Birth:		Social Security #:		
Co-Applicant Information				
Full Name:		Employer:		
Occupation:		Years Employed:		
Date of Birth:		Social Security #:		
Previous Address (if less than 3 years at current)				
Street Address:		County:		
City:		State:		Zip: <input type="text"/>
Home Information				
Year Built:		Square Footage:		
# of Bedrooms:		# of Bathrooms:		
Inside City Limits?	Yes or No	# of Stories:		
Fire District:		Feet to Hydrant:		
Basement:	Yes or No	If yes, finished %:		
Solid fuel devices?	Yes or No	If yes, what kind:		
Heating type:		Air:		
Circuit breakers:	Yes or No	Number of Amps:		
Roof type:		Roof Material:		
Exterior type:		Architectural style:		



**Home Information (continued)**

Date purchased:		Purchase Price:	
Current Market Value:		Other structures?	Yes or No
<b>Updates</b>			
Wiring year:		Complete or Partial	
Plumbing year:		Complete or Partial	
Heating year:		Complete or Partial	
Roofing year:		Complete or Partial	
Exterior year:		Complete or Partial	
<b>Swimming Pool</b>			
In ground?	Yes or No	Diving Board?	Yes or No
Enclosed fence?	Yes or No	Slide?	Yes or No
Depth:		Size:	
List swimming pool extras:			

**Additional Interests (Mortgagee)**

Entity Name:		Address:	
Phone Number:		Loan number:	

**Known Losses**

Date of Loss 1 :		Type & Amount:	
Date of Loss 2:		Type & Amount:	
Date of Loss 3:		Type & Amount:	

**Other Information:**

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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!