

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

Auto 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:	Illinois	Zip:	
Phone:		Best Time to Call:	Morning Afternoon Evening			
Coverage Options						
Liability/Bodily Injury:			Liability/Property Damage:			
Current Insurance Company (Not Agency)						
Company Name:			Policy Period:	to		
Premium:			Term:			
Auto Information						
Car #1						
Year:		Make:		Model:		
VIN #:				Use:		
Comp/Collision Deductibles:	/		Auto Loan Info:			
Car #2						
Year:		Make:		Model:		
VIN #:				Use:		
Comp/Collision Deductibles:	/		Auto Loan Info:			
Car #3						
Year:		Make:		Model:		
VIN #:				Use:		
Comp/Collision Deductibles:	/		Auto Loan Info:			
Please list additional vehicle(s) here:						



Driver Information					
Driver #1					
Full Name:				Relation:	Insured
Date of Birth:				Marital Status:	
Moving Violations:	Y or N	Accidents:	Y or N	Occupation:	
Driver's License #:				Social Security #:	
Driver #2					
Full Name:				Relation:	
Date of Birth:				Marital Status:	
Moving Violations:	Y or N	Accidents:	Y or N	Occupation:	
Driver's License#:				Social Security #:	
Driver #3					
Full Name:				Relation:	
Date of Birth:				Marital Status:	
Moving Violations:	Y or N	Accidents:	Y or N	Occupation:	
Driver's License #:				Social Security #:	
Driver #4					
Full Name:				Relation:	
Date of Birth:				Marital Status:	
Moving Violations:	Y or N	Accidents:	Y or N	Occupation:	
Driver's License#:				Social Security #:	
Other Information					

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!