



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)  
**Workers Compensation**

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

Business Name:

Address:

City:

State

Zip Code

SIC Code:

Phone #

Fax #

Will this replace an existing business policy: ☐ Yes ☐ No

Is the address above also the garaging address? ☐ Yes ☐ No

**Workers Compensation**

☐

Legal Entity /Status:

Numbers of Years in Business:

Number of Full -Time Workers:

Gross Annual Payroll:

Number of part -Time Workers:

Gross Annual Revenue:

Years of Owner Experience within Industry:

Limit

Brief description  
of the business:

Date