

LBS Insurance Group

Automobile ID Card Request Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:

LBS Insurance Group
303 West Main Street
P.O. Box 498
Ashland, WI 54806-0498
Phone: 715-682-6197
Fax: 715-682-6312
www.lbsinsurancegroup.com



* Denotes Required Field

Personal Information

***Insured Name:** _____ **Date:** _____ *Ex: 01/15/2007*

***Address:** _____

***City:** _____ ***State:** _____ ***Zip Code:** _____

***Phone:** _____ **Fax:** _____ *Ex: 920-111-2222*

Best Time to Call: _____

***E-Mail Address:** _____

***Confirm E-Mail Address:** _____

***Please Send My Card Via:** _____

Vehicle Information

Include all vehicles you or your family own or lease.

Vehicle #1

Make: _____ **Model:** _____ **Year:** _____ **Body Type:** _____

Vehicle ID # (VIN): _____

Vehicle #2

Make: _____ **Model:** _____ **Year:** _____ **Body Type:** _____

Vehicle ID # (VIN): _____

Vehicle #3

Make: _____ **Model:** _____ **Year:** _____ **Body Type:** _____

Vehicle ID # (VIN): _____

Vehicle #4

Make: _____ **Model:** _____ **Year:** _____ **Body Type:** _____

Vehicle ID # (VIN): _____

