

LBS Insurance Group

Automobile Insurance Quote 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

*Name:
*Address:
*City: *State: *Zip Code:
*Day Phone: *Evening Phone: *Ex: 920-111-2222*
Best Time to Call:
*E-Mail Address:
*Confirm E-Mail Address:
*Residence Status:

Current Automobile Insurance Information

Company Name (not agency):
Policy Number:
Number of years with current policy:
Policy Expiration Date: *Ex: 01/12/2007*
Premium Amount \$:
Term: 6 Month: 1 Year: Other:

Vehicle Information

Include all vehicles you or your family own or lease.

Vehicle #1

Make: Model: Year: Body Type:
Vehicle ID # (VIN): Annual Mileage:
Drive To: Number of Miles (one way):
Airbags? Vehicle Alarm? Antilock Braking System?
If the vehicle is kept at an address other than the one above, please indicate below.
City or Township: State: Zip Code:

Liability Limit for All Vehicles

Choose either Bodily Injury **AND** Property Damage, **OR** Single Limit

Bodily Injury:

Property Damage:

Single Limit:

Deductibles and Miscellaneous

	Comprehensive Deductible	Collision Deductible	Towing	Loss of use
Vehicle #1			Yes	Yes
Vehicle #2			Yes	Yes
Vehicle #3			Yes	Yes
Vehicle #4			Yes	Yes
Vehicle#5			Yes	Yes
Vehicle #6			Yes	Yes

Driver Information

Include all licensed drivers in your household.

Driver #1

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111

Licensing State:

Driver's License Number

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Driving Courses Completed Last Three Years (must provide proof):

Driver #2

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111

Licensing State:

Driver's License Number

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Driving Courses Completed Last Three Years (must provide proof):

Driver #3

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111

Licensing State:

Driver's License Number:

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Driving Courses Completed Last Three Years (must provide proof):

Driver #4

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111

Licensing State:

Driver's License Number

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Driving Courses Completed Last Three Years *(must provide proof):*

Driver #5

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111

Licensing State:

Driver's License Number

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Driving Courses Completed Last Three Years *(must provide proof):*

Driver #6

Full Name:

Marital Status:

Social Security Number:

Ex:111-11-1111

Licensing State:

Driver's License Number

of Years Licensed:

Relation to You:

Date of Birth:

Sex:

Driving Courses Completed Last Three Years *(must provide proof):*

Driver History

*Please list ANY convictions for ANY driver **convicted of moving traffic violations** in the past 5 years*

Driver # <i>(from above)</i>	Date <i>Ex:01/12/2007</i>	Type of Conviction	MPH Over Limit
-------------------------------------	----------------------------------	---------------------------	-----------------------

*Please list ANY driver who has had **license suspensions, revocations or DUI convictions***

Driver # <i>(from above)</i>	License Status	DUI Conviction for Driver #
-------------------------------------	-----------------------	------------------------------------

Please list ANY driver **involved in any accidents**, regardless of fault, in the past 5 years

Driver # (from above)	Date Ex:01/12/2007	Accident Description	Cost:
			\$
			At Fault?
			Yes No
			Cost:
			\$
			At Fault?
			Yes No
			Cost:
			\$
			At Fault?
			Yes No
			Cost:
			\$
			At Fault?
			Yes No
			Cost:
			\$
			At Fault?
			Yes No

Accessories/Custom Parts

Please describe or list any parts upgrades or accessories you may feel are appropriate for this quote:

*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a CLUE report, MVR, and credit report about me on an ongoing basis during this quotation and policy period and to check my claims history and credit report on an ongoing basis during the term of the determination and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

[View our Privacy Policy](#) 