

LBS Insurance Group

Business 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

General Information

*Business Name: _____

*Contact Name: _____ Position: _____

*Address: _____

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

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

*Business Status: _____ Other: _____

Best Time to Call: _____ *Business Tax ID # _____

*E-Mail Address: _____

*Confirm E-Mail Address: _____

*Location Address (type "same if same as above): _____

City: _____ State: _____ Zip Code: _____

Current Insurance Information

Company Name (not agency): _____

Policy Expiration Date: _____ Ex. 01/12/2007

Premium Amount: \$ _____

What type of coverage do you currently have?

Bond	Commercial Umbrella	Group Life
Commercial Auto	Directors & Officers Liability	Professional Liability
Commercial Liability	Group Disability	Workers' Compensation
Commercial Property	Group Health	Other

About Your Business

# Of Full-Time Employees?	# Of Part-Time Employees?	How long in Business?	How Many Locations?	Total Annual Payroll	Annual Sales?
		Years		\$	\$

Please give a brief description of your business and clientele

Coverage Information

Please select the type of coverage you want

Bond	Commercial Umbrella	Group Life
Commercial Auto	Directors & Officers Liability	Professional Liability
Commercial Liability	Group Disability	Workers' Compensation
Commercial Property	Group Health	Other

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above; please enter it here:

*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 quotation 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](#) 