

LBS Insurance Group

Certificate of Insurance 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

Insured Information

Company Name: _____ **Date:** _____ *Ex. 01/15/2007*

***Insured Making Request:** _____

***Address:** _____

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

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

Best Time to Call: _____

***E-Mail Address:** _____

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

Recipient Information

***Name:** _____

***Address:** _____

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

Attention: _____

E-Mail Address: _____

Confirm E-mail Address: _____

Job Reference: _____

How do you want the certificate sent?: _____ **Fax:** _____ *Ex. 920-555-1212*

If you wish to have it sent using two methods, please specify which two methods you would like us to use to send your certificate:

Certificate Information

Policies to Reference:	Auto	General Liability	Worker's Compensation
	Umbrella	Equipment	Builders' Risk
	Property		

Unless you specify differently, Auto, General Liability, Property and Worker's Compensation will be the only policies indicated on the Certificate (when applicable)

Additional Insured: If yes, specify which policies and give details below:

Waiver of Subrogation: If yes, specify which policies and give details below:

30 Days Notice of Cancellation:

Special Instructions

Please give any special instructions you feel are appropriate for this certificate:

***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.

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. 01/15/2007

View our Privacy Policy 