

LBS Insurance Group

Homeowners 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:

*Social Security Number:

*Address:

*City:

*State:

*Zip Code:

*Day Phone:

*Evening Phone:

Ex: 920-111-2222

Best Time to Call:

*E-Mail Address:

*Confirm E-Mail Address:

*Date of birth: *Applicant:

Spouse:

Ex: 01/25/2007

Current Homeowners Insurance Information

Company Name (not agency):

*Policy Number:

(type "none" if you currently do not have insurance)

Policy Expiration Date:

Ex: 01/12/2007

Premium Amount \$:

Amount Insured For \$:

Policy Type:

Term: 6 Months 1 Year Other:

Home Information

Length of Time at Present Address: Years:

Months:

Year Home Was Built:

Square Footage (excluding garage and basement):

of Claims in Last 3 Years:

Structure Information

Type

Construction

Roof

Foundation

Garage

Age of Roof (years):

Features

Bathrooms	Basement	Deck/Porch/Patio	Fireplaces
# of Full:	Square Feet:	Deck - Square Feet:	# of Chimneys:
# of Half:		Porch - Square Feet:	# of Hearths:
		Patio - Square Feet:	

Additional Features

Heating System	Central Air	Central Vac	Security Alarm	Fire Alarm	Smoke Detector
Yes	Yes	Yes	Yes	Yes	Yes
Dead Bolts	Fire Extinguisher	Trampoline:		If Yes, Fenced?:	
Yes	Yes				

Desired Coverage

Deductible:	Comprehensive Personal Liability:	Value of Your Contents
		\$

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 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. 01/15/2007

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