

LBS Insurance Group

Renters 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:

Main Insured's Social Security #:

Ex: 111-11-1111

*Address:

*City:

*State:

*Zip Code:

Property Address: *(if different from above)*

City:

State:

Zip Code:

*Day Phone:

*Evening Phone:

Ex: 920-111-2222

Best Time to Call:

*E-Mail Address:

*Confirm E-Mail Address:

Occupation:

How long at current job?

Years

Months

*Date of Birth:

Ex: 01/12/2007

Are you a smoker?

Current Insurance Information

Company Name *(not agency)*:

Policy Expiration Date:

Ex: 01/12/2007

Premium Amount: \$

Amount Insured For: \$

Policy Type:

Term: 6 Months 1 Year Other

Have you filed any property claims in the past 3 years?

If "Yes," please give us the claims details below:

Dwelling Information

Living Area Square Feet:

Number of units in your building:

Year Built

Building Construction:

Copper Plumbing?

Circuit Breakers?

Alarm System?

Is the apartment equipped with at least one working smoke detector?

Does your house/apartment have at least one fire extinguisher that is 2 1/2 lbs. or larger?

Do all exterior doors have deadbolt-type locks?

Desired Coverage

Deductible:

Comprehensive Personal Liability:

Value of Your Contents:

Replacement Cost?

\$

List any additional coverage requirements below:

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: 01/12/2007

[View our Privacy Policy](#) 