

LBS Insurance Group

Workers' Compensation 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. 920-555-1212

Business Status:

Other:

Best Time to Call:

Business Tax ID Number:

*Contact 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 Number:

Policy Expiration Date:

Ex: 01/12/2007

Premium Amount: \$

NCCI Number:

NCCI Experience Modification Number:

What type of coverages 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? years	How many locations?	Estimated Annual Payroll \$
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Please give a brief description of your business below:

Employee Information

# of Employees	Classification Code	Estimated Yearly Payroll \$ \$ \$ \$ \$
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Please list additional employees in the "Additional Comments" section below

Business Information

Please select all that apply to your business

Operate or Lease Aircrafts/Watercrafts	Require Out-of-State Travel	Pre-Employment Physicals
Store, Treat, Dispose or Transport Hazardous Waste	Work on Vessels, Docks or Bridges Over Water	Offer Safety & Incentive Programs
Work Underground	Use Subcontractors	Other
Work Above 15 Feet	Delivery Service	

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.

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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