

LIA Insurance Agency

250 West Crest Street #E
Escondido, CA 92025
Phone: (760) 743-1007 Fax: (760) 743-6193
Email: lia@liainsurance.com

Auto Quote Information Sheet

Date of Quote: _____ Effective Date _____ Lead Source of Existing HH# _____
Name: _____ Phone #: _____ Email: _____
Residence Address: _____
Prior Insurance Co/Policy #: _____ # of Months/yrs: _____ Rent or Own Home/X date: _____

Household

Name	Relation ship	Marital Status	Occupation	M/F	DOB	DL #	Yrs Exp	SS#

Tickets/Accidents

Name	Cite/Acc. Date	Cite/Accident Description	MVR Date	BI?	At Fault

Vehicle #1-Rated Driver _____

Yr/Make/Model _____

Vin # _____

Odometer _____ Vehicle Use _____

of Days Commute _____ Annual Miles _____

Work/School Address _____

Garaging Address (if diff): _____

Lienholder _____ Pay Plan _____

Vehicle #2-Rated Driver _____

Yr/Make/Model _____

Vin # _____

Odometer _____ Vehicle Use _____

of Days Commute _____ Annual Miles _____

Work/School Address _____

Garaging Address (if diff): _____

Lienholder _____ Pay Plan _____

Coverage Vehicle #1

BI/PD _____ UM _____ Med _____

Comp Deductible _____ Coll Deductible _____

Emergency Road Service _____ Rental Reim _____

Extended Theft _____ Glass Ded Buyback _____

Residual Debt _____

Coverage Vehicle #2

BI/PD _____ UM _____ Med _____

Comp Deductible _____ Coll Deductible _____

Emergency Road Service _____ Rental Reim _____

Extended Theft _____ Glass Ded Buyback _____

Residual Debt _____

Discounts Vehicle #1

Anti-Lock Brakes___ Passive Restraint__ Good Driver___
Good Student___ Percent Use___ Yes/IDD___
Affinity Group_____ Hybrid___ Multi-Car_____
Veh Recovery System_____ Auto/Home_____
Auto/Life_____ Life Policy # _____

Notes: _____

Discounts Vehicle #2

Anti-Lock Brakes___ Passive Restraint__ Good Driver___
Good Student___ Percent Use___ Yes/IDD___
Affinity Group_____ Hybrid___ Multi-Car_____
Veh Recovery System_____ Auto/Home_____
Auto/Life_____ Life Policy # _____

Notes: _____

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