

LIA Insurance Agency

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

BOP Questionnaire

Name: _____

DBA: _____

Description of Operation: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if Different: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Website: _____

Years in Business: _____

Estimated Annual Sales: _____

Do You Currently Have Insurance Coverage: Y: _____ N: _____

Current Insurance Carrier: _____

Expiration Date of Current Policy: ____ / ____ / ____ (mm/dd/yyyy)

Limits of Insurance

Liability Occurrence/Aggregate: \$500,000/\$1,000,000 ____ \$1,000,000/\$2,000,000 ____ \$2,000,000/\$4,000,000 ____

Building Property: \$ _____

Building: \$ _____

Location Information

Square Footage: _____

Year of Construction: _____

Construction Type: Wood Frame _____ Masonry Exterior w/Wood Frame Interior: _____ Other: _____

Number of Stories: _____ Type of Roof: Tile: ____ Wood Shingle: ____ Other: _____

Has the Building Undergone Any Updates: Y: ____ N: ____ (Electrical/Plumbing, Etc)

Do You Have a Burglar Alarm: Y: ____ N: ____

Do You Have a Fire Alarm: Y: ____ N: ____ Sprinkler System: Y: ____ N: ____

Have You Had Any Prior Insurance Claims: Y: ____ N: ____

If Yes, Please Provide a Description and Loss Claim Amount: _____

