

LIA Insurance Agency

250 West Crest Street #E

Escondido, CA 92025

Phone: (760) 743-1007 Fax: (760) 743-6193

Email: lia@liainsurance.com

Commercial Vehicle Questionnaire

Name: _____

Contact Person: _____

Address _____

Phone: _____ Fax: _____

Email: _____

Type of business entity

- Individual
- Partnership
- Corporation
- LLC
- Other: _____

Year your business started: _____

of Years Experience in this Type of Business: _____

Policy effective date requested: _____

Description of how vehicles are used (including number of daily deliveries, if applicable): _____

Please list all Drivers to be covered under the Business Auto Policy. Attach additional sheet if needed.

NAME	Date of Birth	Drivers License #

Note: If any drivers have had any tickets or accidents in the last three years, please provide dates and details of each.

Policy will be quoted with the following limits:

Liability Limit: \$1,000,000 Combined Single Limit

Hired and non-owned automobile liability: \$1,000,000 Combined single limit

Personal Injury Protection/Medical Payments Limit Selection [Per State Requirement]:

- \$5,000
- \$10,000
- Other: _____

Uninsured/Underinsured Motorist Limit Selection:

- \$500,000
- \$1,000,000

Radius of Operations:

0 – 50 miles

51 – 100 miles

101 – 200 miles

Over 201 miles

Please list all Vehicles Titled or Leased under the Business Name. Attach additional sheet if needed.

Year	Make	Model	Vehicle ID #	Cost New	Comprehensive Deductible	Collision Deductible

Any Loss Payees to be listed on Policy? _____

Any Additional Insured to be Listed on Policy? _____

Signature: _____

_____ **Date**

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