

LIA Insurance Agency

250 West Crest Street #E

Escondido, CA 92025

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

Email: lia@liainsurance.com

Homeowner/Renter Quote Questionnaire

Date of Quote: _____ Effective Date: _____ Lead Source/Existing HH#: _____

Insured

Name: _____ Phone: _____ Email: _____

Residence Address: _____

Mailing Address (if diff): _____ Date Purchased: _____

Prior Insurance Co/Policy #: _____ Prior Losses: _____ Vacant? _____

Household Members

Name	Relationship	Occupation	M/F	DOB	SS#

Dwelling

Policy Type: _____ Occupancy: _____ # Units _____

Style Type: (single story, split level, etc) _____ Construction type: (Stucco, adobe, etc) _____

Year built: _____ Square footage: _____ Roof type and age: _____

Garage type & #of cars: _____ Pool: (fenced?) _____

Reconstruction Cost (NOT needed on renter's policy)

Exterior wall type (%'s) _____ Interior wall type (%'s) _____ Kitchen Grade _____

Floor Covering (%'s) _____ # Bathrooms & Grade _____

Fireplaces(masonry or metal chimney) _____ Basement % of Ground Floor (finished?) _____

Cathedral Ceiling (%) _____ Wall Height (8,9,10ft) _____ Air Conditioning _____ Balcony _____

Decks & Type _____ # Patio Covers _____ # Porches (screened?) _____ # Sky Lights _____

#Sliding Glass Doors _____ #French Doors _____ # Atrium/Bay/Greenhouse/Picture/Stained Glass _____

#Hot Tub/Jacuzzis _____ Central Stereo _____ Central Vac _____ Intercom System _____ #Wet Bars _____

#Exterior Shutters _____ #Solar Panels _____ Green House/Solar Room _____

Spiral Staircase(type) _____ Breezeway(screened?) _____ Additional Furnace _____

Discounts/Credits/Surcharges

Non-Smoker _____ Home Security _____ Local Burglar _____ Local Fire _____ Interior Inspection _____ Auto/Home _____

Central Burglar and/or Fire (Company Name) _____ Sprinkler (full or partial) _____

Home Renovation/Yr Renovated (must be documented) _____ Home/Life _____ Life Policy # _____

Current Coverage

Dwelling _____ Separate Structures _____ Personal Property _____

Loss of Use _____ Liability _____ Med _____ Deductible _____ Earthquake/Deductible _____

Building Ordinance _____ ID Fraud _____ Floater _____ Other _____

Mortgagee/Loan # _____ Who pays? _____ Pay Plan _____

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