



## General Liability Application for Quote

Please complete the form and return by email to skip@landm-ins.com or fax to (504) 208-2866.

### Insured Information

Contact Information:

*Name*

*Company Name*

*Telephone Number*

*Email Address*

*Mailing Address*

Limit of General Liability Requested: [ ] \$100,000 [ ] \$300,000 [ ] \$500,000 [ ] \$1,000,000

How many owners does the company have? \_\_\_\_\_

How many full-time employees are currently employed? \_\_\_\_\_

How many part-time employees are currently employed? \_\_\_\_\_

Describe your company's specific business activity(ies) and/or functions?

Do you desire a pay plan? [ ] Yes [ ] No