



## **Business Owners Package - Important Information and Instructions**

Thank you for your interest in the Business Owner Package insurance coverage offered by the Herbert H. Landy Insurance Agency. Business Owners Package insurance is designed to protect your business for liability loss due to bodily injury and property damage to others, as well as provide coverage for your business property and materials. This insurance, combined with your Professional Liability or Errors & Omissions insurance, provides you with in-depth security, allowing you to focus on the many other aspects of running your business.

Please fully complete the enclosed Business Owners Insurance Premium Indication Questionnaire in order to obtain your premium indication. To help with this, here are a few tips.

Contact Information: Please make sure all information is completed, and especially note that we need a legible phone number and email address.

Business Activities: The “Description of Business Services” refers to what your business does, for example, Real Estate Agency, Accountant, Attorney, etc. “Annual Gross Receipts” can be a close approximation, but if your business is brand new, please estimate what your gross receipts will be for your first year of business.

Property Information: This refers to the office space or building you occupy, including if you are working out of your home. If you rent office space, a close approximation of the total building space is sufficient, as is the year built.

Coverage Information: If you do not currently carry this type of coverage, please put N/A in the “Previous Carrier” line and your requested effective date for coverage in the “Expiration Date” line. “Business Personal Property Limit” refers to your office and business equipment that you want covered, while “Liability Limit” refers to how much protection you require for claims for bodily injury and/or property damage to others. Typical choices range from \$250,000 per claim/\$250,000 aggregate coverage to \$1,000,000 per claim/\$2,000,000 aggregate coverage. If you are not sure how much coverage you need, consider what you need to protect. If you are a sole proprietor, for example, you will want to consider higher limits to protect your personal assets. Please contact us if you would like to discuss your options for Liability coverage.

If you need assistance with these questions, or require further information, please contact John Torvi at 781-292-5417, [johnt@landy.com](mailto:johnt@landy.com), or Michele Kalamvokis at 781-292-5428, [michele@landy.com](mailto:michele@landy.com). Thank you and we look forward to assisting you.



**Business Owners Insurance Premium Indication Questionnaire**

*Please Complete All Sections. Answer N/A If Not Applicable*

**Contact Information**

Name of Business: \_\_\_\_\_  
Principal Contact Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Business Activities**

Type of Business: (Sole Prop, S-Corp, LLC, etc.) \_\_\_\_\_ Annual Gross Receipts: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Annual Payroll: \_\_\_\_\_  
Description of Business/Services: \_\_\_\_\_  
Date Business Was Established: \_\_\_\_\_  
Annual Gross Receipts: \_\_\_\_\_  
Have You Had Any Losses In The Past 5 Years? Yes \_\_\_ No \_\_\_  
(If yes please provide the date, description and amount paid on a separate sheet of paper.)

**Property Information**

Year Building Was Built: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
Total Square Footage of Building: \_\_\_\_\_ Does This Business Own The Building? Yes \_\_\_ No \_\_\_  
Square Feet Occupied By Your Business: \_\_\_\_\_  
Sprinklers In Building? Yes \_\_\_ No \_\_\_ Is The Building Alarmed? Yes \_\_\_ No \_\_\_  
Type of Construction: \_\_\_ Frame \_\_\_ Masonry \_\_\_ Metal

**Coverage Information**

Previous Carrier: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Premium: \_\_\_\_\_  
Business Personal Property Limit Requested: \_\_\_\_\_  
Liability Limit Requested: \_\_\_\_\_  
Building Limit Requested (If Owner): \_\_\_\_\_  
Workers Compensation Insurance Requested? Yes \_\_\_ No \_\_\_

**Please fax the completed Questionnaire to 800-344-5422 or email it to [bops@landy.com](mailto:bops@landy.com).  
For questions and information, contact John Torvi at 781-292-5417 or at [johnt@landy.com](mailto:johnt@landy.com).**

*This request for a premium quotation does not constitute nor bind insurance coverage in any way.  
This is not an application for Errors & Omissions Insurance*

**The Herbert H. Landy Insurance Agency  
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