For a premium indication, please email this completed form to *the Landy Agency* at celesta@landy.com or fax to 800-344-5422

Company/Applicant: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

1) Do you have E&O currently in force? □ Yes □ No
If Yes, please complete:
Name of Current Carrier _____ Current Limits_____
Expiration Date _____ Retroactive or Prior Acts Date _____

2) Please check your desired Limit of Liability and Deductible (choose all that apply):
Limit of Liability:
□ 250,000/250,000
□ 500,000/500,000
□ 500,000/1,000,000
□ 1,000,000/1,000,000
□ 1,000,000/2,000,000

Deductible: □ 1,000
□ 2,500
□ 5,000
□ 10,000

3) Projected Annual ***(12 mo.)*** Gross Revenues: $_____

4) Please check the services that are provided (choose all that apply):
□ Title Agent
□ Abstractor, Searcher or Title Examiner
□ Closing, Escrow or Settlement Agent
□ Witness Closing or Signing Agent
□ Other Services (doc prep, courtesy filing, etc.)

5) Revenue Breakdown **(*must total 100%*)**:
___% Title Agent
___% Escrow Agent/Closer
___% Abstract/Search
___% Witness Closer/Signing Agent
___% Other (Please Describe: _____)

6) Percent of your work is ***residential***: ___%

7) ___% of work performed by subcontractors
If any, are subcontractors required to carry E&O? □Yes □No

8) Have you had claims in the past five years? □Yes □ No
If "Yes", please complete: Number of Claims _____
Year that Most Recent Claim was Reported: _____
Total Claim Amount(s) Paid $_____

For Questions or Assistance, please contact Celesta Leclerc at celesta@landy.com or 800-336-5422 x103

The Herbert H. Landy Insurance Agency, Inc
800-336-5422

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