



**AGENCY PROFILE**

All agents submitting applications for insurance coverage to the Herbert H. Landy Insurance Agency must complete, execute and forward this Agency Profile to Herbert H. Landy Insurance Agency prior to submitting an application.

- 1. Agency Name \_\_\_\_\_
- 2. The agency is a:  Sole Proprietorship                       Corporation    Partnership                       LLC
- 3. Business Address: Street \_\_\_\_\_ PO Box \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
- 5. Agency principal contact: \_\_\_\_\_  
E-mail \_\_\_\_\_ Agency Web Address \_\_\_\_\_
- 6. Please check the programs that you are interested in submitting business for:  
 Accountants    Real Estate Agents    Appraisers    Lawyers    MPL    Other \_\_\_\_\_

7. Licensing: Please list all states in which your agency holds Admitted and Surplus Lines Licenses  
\_\_\_\_\_

Provide a photocopy(s) of your Agency’s Admitted and Surplus Lines Licenses for all States, as well as your Agency’s Residence License in which you wish to write business with us, by emailing to [info@landy.com](mailto:info@landy.com) or faxing to 800-344-5422

**Will you be making your own surplus lines filings?  Yes  No**

The agent represents and warrants that he/she and the firm are properly licensed in the states for which they are submitting business and will maintain the proper licenses for the business contemplated by this agreement. The agent and the firm agree: To remit all premiums due as agreed whether collected or not. No document, including applications or policies relating to insurance contracts written pursuant to this agreement shall be altered without Landy’s written permission.

Landy or its authorized representative shall have the right to audit all records. It is further agreed and understood that the agent and the firm shall have no binding authority and will maintain an Errors & Omissions Insurance policy with an Insurance Company that is Rated A or better and maintain policy limits of at least \$1,000,000/\$1,000,000. The Agent / Agency will provide Landy a copy of the Declarations Page. If this agreement is terminated due to a breach of the terms stipulated within it, then both Landy and the agent shall separately have full and undisputed use of all expiration lists relating to insurance contracts written pursuant to this agreement. Otherwise expiration lists remain the property of the agent.

It is the responsibility of the agent and/or agency requesting or obtaining an appointment with The Herbert H. Landy Insurance Agency to keep current on all changes and updates to policy forms, applications and all other program information. The Herbert H. Landy Insurance Agency will not be responsible for errors or consequences resulting from the use or distribution of outdated or inaccurate materials or information.

Producer shall indemnify, defend and hold harmless the Herbert H Landy Insurance Agency Inc., and all its parents, affiliates and subsidiaries, and their directors, officers, employees and representatives from and against any and all liabilities, damages, losses, costs and expenses whatsoever including, but not limited to, reasonable attorney's fees incurred by The Herbert H Landy Insurance Agency Inc. or other indemnities arising out of any negligent act, error or omission of Producer, its employees, agents, permitted assigns or independent contractors, with respect to or arising from or in any way connected with its services or obligations under this agreement, unless and to the extent said act or omission is the direct result of the instructions or acts of the Herbert H Landy Insurance Company and/or its affiliates.

This agreement may be modified at any time with or without notice by the Herbert H. Landy Insurance Agency.

Principal’s Signature \_\_\_\_\_ / / \_\_\_\_\_  
Month Day Year

Please print principal’s name here \_\_\_\_\_



Name of Agency: \_\_\_\_\_

Agency is a (check as appropriate) Wholesale \_\_\_ Retail \_\_\_ Agency

It is very important that you provide us with the names of the individuals who will be receiving policy, underwriting, renewal, billing and marketing information. For many of our programs, policies and binders will only be sent electronically – no hard copy will be mailed. Please use this form to provide the contact information and e-mail

<input type="text"/>	<input type="text"/>
<b><u>Underwriting – Please Print Name</u></b>	<b><u>Email Address</u></b>
<input type="text"/>	<input type="text"/>
<b><u>Policy Issue – Please Print Name</u></b>	<b><u>Email Address</u></b>
<input type="text"/>	<input type="text"/>
<b><u>Renewal Information – Please Print Name</u></b>	<b><u>Email Address</u></b>
<input type="text"/>	<input type="text"/>
<b><u>Marketing – Please Print Name</u></b>	<b><u>Email Address</u></b>
<input type="text"/>	<input type="text"/>
<b><u>Billing/Accounting – Please Print Name</u></b>	<b><u>Email Address</u></b>

Thank you for this information. This will assist us with providing the best service for both you and your clients.

**Please return this form, copies of all licenses and a copy of the Agency's E&O declarations page to Joanmarie Berry at joanmarie@landy.com or fax to 800-344-5422**

**The Herbert H. Landy Insurance Agency  
100 River Ridge Drive Suite 301  
Norwood, MA 02062  
Visit our web site at [www.Landy.com](http://www.Landy.com)  
Phone: 800-336-5422 Fax: 800-344-5422**