



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

Underwriting – Please Print Name

Email Address

Policy Issue – Please Print Name

Email Address

Renewal Information – Please Print Name

Email Address

Marketing – Please Print Name

Email Address

Billing/Accounting – Please Print Name

Email Address

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
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Norwood, MA 02062
Visit our web site at www.Landy.com
Phone: 800-336-5422 Fax: 800-344-5422**