



AGENCY PROFILE

All agents submitting Professional Liability Business 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
- 7. Licensing: Provide a photocopy(s) of your Resident State Insurance license (Required), and for all States which you have valid resident and non-resident licenses in which you wish to write business in with us.
 Are you surplus lines licensed? Yes No If yes, please list states. (Use separate sheet if necessary)
 _____ / _____ / _____
 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 address for the situations listed and please complete all boxes.

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 John Torvi @ johnt@landy.com or fax to 800-344-5422

**The Herbert H. Landy Insurance Agency
75 Second Ave. Suite 410
Needham, MA 02494
Visit our web site at www.Landy.com
Phone: 800-336-5422 Fax: 800-344-5422**