

# Benchmark

**MANAGEMENT GROUP, INC.**

1730 Park Street, Suite 214 Naperville, IL 60563  
Phone: (630) 778-7000 Fax: (630) 778-7007

## ADVERTISING AGENCY/PUBLIC RELATIONS SUPPLEMENTAL APPLICATION

1) Estimated gross annual billings for current fiscal period \_\_\_\_\_  
and approximate percentage in the following media:

Radio \_\_\_\_\_ TV \_\_\_\_\_ Newspaper \_\_\_\_\_  
Outdoor \_\_\_\_\_ Magazines \_\_\_\_\_ Other (specify) \_\_\_\_\_

List major clients:

2) Please complete the appropriate sections indicating the approximate percentages of your total operations:

- A) Public relations consultant \_\_\_\_\_ %
- B) Mail order or catalogue sales firm \_\_\_\_\_ %
- C) Publishing \_\_\_\_\_ %
- D) Broadcasting \_\_\_\_\_ %
- E) Production of films, radio or television programs \_\_\_\_\_ %
- F) Photo service \_\_\_\_\_ %
- G) Package design/logos/trademarks/other corporate identities \_\_\_\_\_ %

If involved in the section G) above, please provide the following:

(a) Number of trademarks developed per year: \_\_\_\_\_

(b) Description of legal review procedures for trademarks/  
copyrights:

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**ADVERTISING AGENCY/PUBLIC RELATIONS  
SUPPLEMENTAL APPLICATION**

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- 3) Does applicant's activities involve set up and/or management of promotional games, contests, lotteries, sweepstakes, or other games of chance? ( ) YES ( ) NO**

**If YES, provide details including specific contracts and approximate percentage of your total operation:\_\_\_\_\_**

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**It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Signature of person authorized  
to execute on behalf of the  
Applicant**