

Benchmark

MANAGEMENT GROUP, INC.

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

CLAIM ADJUSTERS SUPPLEMENTAL APPLICATION

- 1) Please provide a percentage breakdown (based on revenues) of the types of claims being adjusted.

Liability _____%	Aviation _____%
Property _____%	Other _____%
Marine _____%	(please describe)

- 2) Does the applicant have any authority to settle losses? () yes
() no

If yes, up to what dollar amount? \$_____

- 3) A) Average number of claims adjusted each year _____
B) Average dollar value of claims adjusted _____

- 4) List the top three (3) insurance companies with whom you are adjusting claims.

A) _____

B) _____

C) _____

It is understood and agreed that this supplemental application shall become 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