

Benchmark

MANAGEMENT GROUP, INC.

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Phone: (630) 778-7000 Fax: (630) 778-7007

EMPLOYEE LEASING SERVICE SUPPLEMENTAL APPLICATION

1. (a) Total Leasing fees \$ _____
(b) Fees derived from governmental sources: \$ _____
(c) Fees derived from foreign sources: \$ _____
(d) Describe any foreign operations: _____

2. Total number of leased employees: _____
3. What are the types of positions being filled?: _____

4. If professional employees are leased, do you require that they maintain individual Malpractice/Professional Liability Insurance?
YES () NO ()

If YES, furnish details.
5. Are any pre-placement screening procedures used? ___ YES ___ NO
If yes, please furnish details: _____

6. Describe supervisory and precautionary measures used to foster quality control: _____

7. Does the Company actually design any tangible products, structures or production systems? ___ YES ___ NO

If YES, please describe: _____

8. How does the Company ascertain client satisfaction when a contract is completed? _____

9. Does the Company administer or otherwise handle any pension or retirement plans for clients? YES NO If Yes, please furnish full details: _____

10. Give the following information with respect to the Company's three largest clients in the past year:

(a) Type of work done: _____

Fee received: \$ _____

(b) Type of work done: _____

Fee received: \$ _____

(c) Type of work done: _____

Fee received: \$ _____

11. (a) ATTACH ONE COPY OF ANNUAL REPORT AND/OR FINANCIAL STATEMENT.

(b) ATTACH ONE COPY OF DESCRIPTIVE BROCHURE FURNISHED TO PROSPECTIVE CLIENTS.

(c) ATTACH ONE COPY OF CONTRACT/SERVICE AGREEMENT.

(d) ATTACH ONE COPY OF EMPLOYEE PACKET.

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