

Benchmark

MANAGEMENT GROUP, INC.

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

ESCROW AGENTS SUPPLEMENTAL APPLICATION

- 1) Projected volume of funds handled:
 - A) Current year \$ _____
 - B) Next year \$ _____
- 2) Projected number of accounts to be handled:
 - A) Current year \$ _____
 - B) Next year \$ _____
- 3) How many accounts is each Escrow Agent assigned? _____
- 4) How many Escrow Agents are working in the state of Washington?
_____ (Please attach a copy of the Limited Practice Officers
(L.P.O.) licenses for each agent.)

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