

Benchmark

MANAGEMENT GROUP, INC.

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FREIGHT FORWARDERS/CUSTOMS BROKERS SUPPLEMENT TO THE GENERAL APPLICATION FOR SPECIFIED PROFESSIONS

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
 (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

Occupation	Percentage of Gross Income	Number of Transactions	Occupation	Percentage of Gross Income	Number of Transactions
<input type="checkbox"/> Customs Broker	_____ %	_____	<input type="checkbox"/> Warehousing	_____ %	_____
<input type="checkbox"/> Independent Ocean Freight Forwarder (FMC)	_____ %	_____	<input type="checkbox"/> IATA Agent	_____ %	_____
<input type="checkbox"/> CAB Forwarder	_____ %	_____	<input type="checkbox"/> Consolidation/ Breakbulk Agent	_____ %	_____
<input type="checkbox"/> NVOCC	_____ %	_____	<input type="checkbox"/> Property Broker	_____ %	_____
<input type="checkbox"/> Charter Agent/Broker	_____ %	_____	<input type="checkbox"/> Cartage	_____ %	_____
<input type="checkbox"/> Steamship Agent	_____ %	_____	<input type="checkbox"/> Other (please describe)	_____ %	_____
<input type="checkbox"/> Stevedore	_____ %	_____	_____	_____ %	_____
			_____	_____ %	_____

2. APPLICANT OPERATIONS

- a. Is applicant a member of : (Check all that apply)
- National Customs Brokers & Forwarders Association of America, Inc.
 - Local Broker/Forwarder Association (please name) _____
 - Property Broker's Association of America, Inc.
 - International Association of NVOCCs
 - Other industry association (please name) _____
- b. Does your firm use trading conditions to limit liability? (If Yes, please attach a copy) Yes No
- c. Average value of shipments: \$ _____ Average value of shipments: \$ _____

3. STAFF CLASSIFICATION

No. of Working Partners, Principals, Directors _____ No. of Warehousemen, Drivers, etc. _____
 No. of Managers, Entry/Export Clerks, etc. _____ No. of Support Personnel (typists, acctg., etc.) _____

I understand information submitted herein becomes a part of my Application and is subject to the same representation and conditions.

 Name of Applicant*

 Title (Officer, partner, etc.)

 Signature of Applicant

 Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.