

Benchmark

MANAGEMENT GROUP, INC.

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

SEEDSMENS SUPPLEMENTAL APPLICATION

- 1) Of which Seed Trade Association(s) is the applicant a member in good standing? F.I.S. _____ Other(s) _____
- 2) Is the Firm a co-operative, or a member of a co-operative? YES() NO()
- 3) Does the firm research or develop transgenic seed varieties? YES() NO()

If "Yes", are new transgenic seed varieties tests grown for a minimum of 2 growing seasons before being marketed? YES () NO() If "No", please explain procedures to ensure the transgenic seed variety is of the required quality and has the required characteristics. _____

- 4) Do you use a standard disclaimer and/or limited remedy clause on all your seed tags, bags, labels and invoices, limiting your liability to replacement, or the cost of replacement, seed? YES() NO()
If "No", please explain _____

- 5) Please list main types of seeds:
Agricultural: _____,
Vegetable: _____

- 6) Please list countries to which you export seed: _____

- 7) Please give the approximate percentage of your sales from:
a) Seed grown by you, or by others for you: _____ %
b) Treating/Conditioning seed for others: _____ %
c) Distribution of seed grown by others and Sold under their label: _____ %

- 8) Do you deal in green bean seeds YES() NO()
If "Yes", advise the source of green bean seeds (advise if seeds were exposed to halo blight and eradication measures taken): _____

Do you deal in watermelon seeds? YES() NO()
If "Yes", please advise the measures taken against watermelon fruit blotch: _____

Do you deal in potato seeds? YES() NO()
If "Yes", please describe your quality control measures: _____

- 9) Do you comply with:
- a) FIS Guidelines on the prevention and handling of claims in the seed industry? YES() NO()
 - b) Internationally accepted procedures for seed testing such as AWSA or ISTA? YES() NO()
 - c) Have you initiated an ISO 9000 Program? YES() NO()
- 10) In testing and checking seeds, does the firm maintain a private laboratory staffed with a senior analyst? YES() NO()

If "No", does the firm use the facilities of a qualified commercial laboratory? (Please provide name of laboratory used)

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