

Benchmark

MANAGEMENT GROUP, INC.

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

TAX PREPARATION - BOOKKEEPING SERVICES SUPPLEMENTAL APPLICATION

- 1) Does the applicant employ or use Certified Public Accountants in the performance of services for clients? ___ Yes ___ No
If Yes, provide details _____

- 2) Does the applicant provide legal advice, render opinions or otherwise interpret tax laws or rulings or accounting rules, standards or principles? ___ Yes ___ No
If Yes, attach a description of such activity.
- 3) Does the applicant supervise or manage any investment or trust funds on behalf of clients? ___ Yes ___ No
If Yes, attach a description of such activity.
- 4) Attach a description of the training period provided or required of employees.
- 5) Indicate the percentage of estimated gross receipts derived from each of the following:
 - a) Tax Returns - Individuals _____ %
 - b) Tax Returns - Businesses _____ %
 - c) Bookkeeping - Individuals _____ %
 - d) Bookkeeping - Businesses _____ %

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