



- Instructions:**
- A separate supplement should be completed for **each** Cluster or group that Applicant is a member of;
 - Complete, sign and date the supplement in ink.

Cluster Supplement

1. Applicant Name: _____
2. Cluster Name: _____
3. Cluster Structure: Name Only Partnership LLC/LLP Corporation Other: _____
4. Date Cluster Established: _____
(MM/DD/YYYY)
5. Is there a written contract or agreement between the Cluster and all members? Yes No
If the answer is yes, provide a copy of the document.
6. Does the Applicant have ownership in the Cluster? Yes No If yes, what %? _____
7. Does the Cluster have ownership in the Applicant? Yes No If yes, what %? _____
8. Does the Cluster have exclusive employees? Yes No If yes, how many? _____
9. Does the Cluster have shared employees? Yes No If yes, how many? _____
10. How many agencies are members in the Cluster? _____
11. Does Cluster maintain E&O insurance in their name? Yes No
12. Ownership and control of accounts is with? Applicant Cluster
13. What % of Applicant's business is written through the Cluster? _____
14. Is there a non-compete agreement amongst Cluster members? Yes No
15. Is E&O insurance mandatory for all members? Yes No

Cluster Services Provided

16. Indicate what services the Cluster provides: (check as many as apply)
- | | |
|--|---|
| Access to carrier under cluster contract: <input type="checkbox"/> | Pre-underwriting and carrier submission: <input type="checkbox"/> |
| Office Facilities: <input type="checkbox"/> | Quote and proposal preparation: <input type="checkbox"/> |
| Automated Systems: <input type="checkbox"/> | Advertising: <input type="checkbox"/> |
| Automation Support: <input type="checkbox"/> | Market Research: <input type="checkbox"/> |
| Personnel: <input type="checkbox"/> | Telemarketing: <input type="checkbox"/> |
| Accounting & Finance Services: <input type="checkbox"/> | Claims handling: <input type="checkbox"/> |
| Group Volume Buying: <input type="checkbox"/> | Legal expertise: <input type="checkbox"/> |
| Human Resources: <input type="checkbox"/> | Loss Control: <input type="checkbox"/> |
| Account Servicing <input type="checkbox"/> | Other: _____ |

