

Agency Cluster / Alliance Supplement

Agency Name:

1. Cluster / Alliance Name: _____

2. The cluster / alliance organization is a: Corporation Partnership LLC
 Other: _____

3. Operations of the cluster/alliance member agencies are conducted:

- In a single office location
- In multiple office locations

4. Are all contracts and licenses with carriers in the name of the cluster/alliance? Yes No

5. Office Procedures:

a. External name used with the public: (i.e. letterhead, business cards, phone greeting)

- Cluster/Alliance
- Member Agency
- Cluster/Alliance and Member Agency

b. Office procedures and personnel are determined and controlled by:

- Cluster/Alliance management
- Member agency management
- Cluster/Alliance and Member Agency

6. What is the total number of agencies in the cluster / alliance? _____

7. How many agencies have joined the cluster / alliance in the past 5 years? _____

8. How many agencies have left the cluster / alliance in the past 5 years? _____

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)