AGENCY CLUSTER / ALLIANCE SUPPLEMENT

Agency Name: ___________________________________________________________

1. Cluster / Alliance Name: __________________________________________________

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

3. What is the purpose for the cluster? ______________________________________

4. Operations of the cluster/alliance member agencies are conducted:
   □ In a single office location
   □ In multiple office locations

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

6. 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

7. What is the total number of agencies in the cluster / alliance? ____________________________

Signature: __________________________________________________________________________ Date: ____________ / ______/ ______

Name: __________________________________________________________________________ Title: ____________________________________________

(Please Print)