

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: _____
(Please Print)

Title: _____