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)