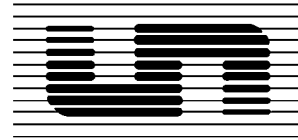




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**AGENCY CLUSTER SUPPLEMENTAL QUESTIONNAIRE**

1. Cluster Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

	Street	City	County	State	Zip Code
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2. List all entities or individuals making up or participating in the cluster:

Name	Address	Insurance Experience
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\_\_\_\_\_

\_\_\_\_\_

3. Give a short, written description of the intended purpose for the cluster and description of the operation:

\_\_\_\_\_

\_\_\_\_\_

4. Operating as:     Partnership     Corporation     Other    If other, please explain: \_\_\_\_\_

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

6. Is all business of the individual's participating in the cluster placed through the cluster and done in the name of the cluster?     Yes     No

7. Is all processing of accounts handled by the cluster?     Yes     No

8. Is the actual cluster held in a single office location or facility?     Yes     No

9. Office Procedures:

a. Name used when answering the telephone: \_\_\_\_\_

b. Does the cluster retain records of closed files when combining files with member agencies?     Yes     No

c. Explain management control over office procedures: \_\_\_\_\_

d. Explain management control over office personnel: \_\_\_\_\_

10. List all companies with which the cluster has agency contracts:

Carrier	Years Rep'd	Annual GWP	Loss Ratio
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

11. List all other companies/brokers with which the cluster does brokerage business on a regular basis:

Carrier	Years Rep'd	Annual GWP	Loss Ratio
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Please submit the following with this questionnaire:

- ◆ Application for each entity/individual participating or belonging to the cluster seeking E&O Coverage
- ◆ Copy of the contractual agreement with member agencies

Name of Agency: \_\_\_\_\_

Signature - Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name and Title: \_\_\_\_\_