



**Instructions:** ? A separate supplement should be completed for **each** Cluster or group that Applicant is a member of;  
 ? Complete, sign and date the supplement in ink.

**Cluster Supplement**

1. Applicant Name: \_\_\_\_\_
2. Cluster Name: \_\_\_\_\_
3. Cluster Structure: Name Only  Partnership  LLC/LLP  Corporation  Other: \_\_\_\_\_
4. Date Cluster Established: \_\_\_\_\_  
(MM/DD/YYYY)
5. Is there a written contract or agreement between the Cluster and all members? Yes  No   
*If the answer is yes, provide a copy of the document.*
6. Does the Applicant have ownership in the Cluster? Yes  No  If yes, what %? \_\_\_\_\_
7. Does the Cluster have ownership in the Applicant? Yes  No  If yes, what %? \_\_\_\_\_
8. Does the Cluster have exclusive employees? Yes  No  If yes, how many? \_\_\_\_\_
9. Does the Cluster have shared employees? Yes  No  If yes, how many? \_\_\_\_\_
10. How many agencies are members in the Cluster? \_\_\_\_\_
11. Does Cluster maintain E&O insurance in their name? Yes  No
12. Ownership and control of accounts is with? Applicant  Cluster
13. What % of Applicant's business is written through the Cluster? \_\_\_\_\_
14. Is there a non-compete agreement amongst Cluster members? Yes  No
15. Is E&O insurance mandatory for all members? Yes  No

**Cluster Services Provided**

16. Indicate what services the Cluster provides: (check as many as apply)

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Access to carrier under cluster contract: | <input type="checkbox"/> | Pre-underwriting and carrier submission: | <input type="checkbox"/> |
| Office Facilities:                        | <input type="checkbox"/> | Quote and proposal preparation:          | <input type="checkbox"/> |
| Automated Systems:                        | <input type="checkbox"/> | Advertising:                             | <input type="checkbox"/> |
| Automation Support:                       | <input type="checkbox"/> | Market Research:                         | <input type="checkbox"/> |
| Personnel:                                | <input type="checkbox"/> | Telemarketing:                           | <input type="checkbox"/> |
| Accounting & Finance Services:            | <input type="checkbox"/> | Claims handling:                         | <input type="checkbox"/> |
| Group Volume Buying:                      | <input type="checkbox"/> | Legal expertise:                         | <input type="checkbox"/> |
| Human Resources:                          | <input type="checkbox"/> | Loss Control:                            | <input type="checkbox"/> |
| Account Servicing:                        | <input type="checkbox"/> | Other:                                   | _____                    |

**Insurance Company Contracts**

17. Are insurance company contracts held in the name of the Cluster? Yes  No

*If the answer is yes, provide the following information.*

Insurance Company Name	Applicant Directly Places Yes <input type="checkbox"/> No <input type="checkbox"/>	Cluster's GWP	Binding Authority Yes <input type="checkbox"/> No <input type="checkbox"/>	Applicant's % of Volume %	Admitted Yes <input type="checkbox"/> No <input type="checkbox"/>	Best's Rating
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

18. List carriers with whom the Cluster's contracts have been terminated within the last 5 years.  
 Company Name \_\_\_\_\_ Brief description of reason for termination \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. During the past five (5) years has any claim been made or suit brought against the Cluster, any other past or present directors, officers, partners, principals, predecessors in business, employees or contractors? Yes  No

*If yes, complete the claims supplement for each claim.*

20. Is the Applicant, any other predecessors in business, past or present directors, officers, partners or principals, employees or contractors aware of any fact, circumstance, or situation which may result in a claim being made against the Cluster? .....Yes  No

*If yes, complete the claims supplement for each claim.*

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

Name Printed	Title
Signature	Date

**Application must be signed by an owner, officer, partner or principal of the Applicant**