INSURANCE AGENTS AND BROKERS ERRORS & OMISSIONS POLICY

Supplement - Cluster

Applicant's 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.

1.	Applicant Name:						
2.	Cluster Name:						
3.	Cluster Structure:	☐ Partnership		C/LLP	☐ Corporation	☐ Other:	
4. 5.	Date Cluster Established: (MM/DD/YYYY) Is there a written contract or agreement between the Cluster and all members? 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 em	Does the Cluster have exclusive employees?		☐ Yes	□ No	If yes, how many?	
9.	How many agencies are members of	of the Cluster?			·		
10.	Does Cluster maintain E&O insuran	ce in their name?		☐ Yes	□ No		
11.	Is E&O insurance mandatory for all	members?		☐ Yes	□ No		
12.	Is their a non-compete agreement a	mongst Cluster members?	•	☐ Yes	□ No		
13.	Ownership and control of accounts	is with?		☐ Appli	icant	ter	
14.	What % of Applicant's business is w	ritten through the Cluster?	•		%		
15.	What type(s) of coverage is written	through the Cluster?					
16.	What are the names of the Compan Insurance Company Name	ies used to write the busin Applicant Directly Places		ants GWP	Binding Authority	Admitted	Best's Rating
Clu	uster Services Provided				☐ Yes ☐ I	No Yes No	
17.	Indicate what services the Cluster p	rovides: (check as many a	as apply)				
	Access to carrier under cluster cor Office Facilities: Automated Systems: Automation Support: Personnel:	ntract:		Quote a Adverti Market	derwriting and carric and proposal prepa sing: Research: arketing:		

Sign	inature Date			
Prin	nt Name Title			
	nderstand that the information submitted in this supplement becomes a part of my E&O application and is subject to the sanditions.	ame war	ranties	and
19.	Is the Applicant, any other predecessors in business, past or present directors, officers, partners or principals, employed contractors aware of any fact, circumstance, or situation which may result in a claim being made against the Cluster? If yes, complete the claims supplement for each claim.		☐ Yes	□N
10.	officers, partners, principals, predecessors in business, employees or contractors? If yes, complete the claims supplement for each claim.	,	☐ Yes	□N