



GENERAL INSURANCE COMPANY OF AMERICA

HOME OFFICE:
SAFECO PLAZA, SEATTLE, WASHINGTON 98185-0001

Insurance Professionals Errors and Omissions Insurance
Supplemental Application C — Agency Group or Cluster Affiliation

Name of Applicant _____

- 1. Legal name of affiliate group: _____ Date Established: _____
2. Trade name of affiliate group (eg: DBA): _____
3. Affiliate group is a: [] Corporation [] Partnership [] Other _____
4. How many agencies are members of the affiliate group? _____ How many have an ownership interest? _____
5. Do any members share office space? [] Yes [] No
6. How many staff are employed by the affiliate group? _____ Admin _____ Producers _____ Marketing [] None
7. Does the applicant's staff process affiliate group business for other members of the group? [] Yes [] No

If 'yes', what processing is done for affiliate group business?

- Marketing [] Yes [] No Premium Accounting..... [] Yes [] No
Account Placement..... [] Yes [] No Payment of commissions to other members [] Yes [] No
Account Servicing..... [] Yes [] No Payment of profit sharing to other members [] Yes [] No
Other (please describe):

8. List all carriers accessed through the affiliate group that are not shown in item 7 of the application:
Table with 3 columns: Carrier, Premium Volume, Coverages Placed

- 9. Does the applicant or its principals own or control the affiliate group? [] Wholly [] Majority [] Minority [] None

If the applicant or its principals own or control the affiliate group, answer the following:

- 10. Does the affiliate group plan to increase its membership during the next 12 months? [] Yes [] No
11. On a separate page, describe the process of appointing new members.
12. Have any errors and omissions claims been made against the affiliate group? [] Yes [] No (If "YES," please complete Supplemental Application A for each claim.)

I understand information submitted herein becomes a part of the Applicant's Errors & Omissions Insurance application and is subject to the same representations and conditions.

Signature of Applicant _____ Date _____
(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)

Title of signing applicant: [] Owner [] Executive Officer [] Partner [] Member of LLC [] Other _____