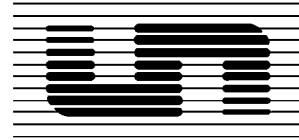




Underwriting Manager
 DORAN EXCESS UNDERWRITERS, INC.
 PO Box 1417
 Mechanicsburg, PA 17055-1417
 800/553-6739 717/920-5230 Fax: 717/920-5231
 e-mail: mail@doranxs.com



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- Diamond State Ins. Co. United National Ins. Co. United National Casualty Ins. Co. United National Specialty Ins. Co.

BOND SUPPLEMENTAL QUESTIONNAIRE

1. Provide Annual GWP and number of accounts for the following coverages:

	Annual GWP	No. of Accounts
Contract Surety	\$ _____	_____
Miscellaneous Surety	\$ _____	_____
Fidelity	\$ _____	_____
Financial Institution	\$ _____	_____
Other _____	\$ _____	_____
Total Bonds	\$ _____	_____

2. For carriers in which your agency **directly** places Bond coverages, please provide the following:

Carrier	Years Rep'd	Annual GWP	5 Year Loss Ratio	Power of Attorney	
				Yes	No
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

3. For carriers and their agent/broker/wholesaler/MGA in which your agency **indirectly** places business, provide the following:

Agt/Brkr/Whlsr/MGA	Carrier	No. of Accounts	Annual GPW
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

- 4a. What is the: average Bond amount? _____ largest Bond amount? _____
5. What states are you authorized to issue bonds? _____

6. List the agency staff members who have power of attorney and include a résumé detailing their bond experience/education:

Name	Position in Agency	Experience/Education
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach copies of your underwriting instructions and limitations from your major sureties with whom you have "Power of Attorney"

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7. Does the agency have authority to sign consents of surety for increase in bond amounts or release of retainage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you ever have pre-executed bonds in your office? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the bond carrier provided the agency a line of credit for any client? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the agency have joint control capacity on any bonds written? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the agent/agency involved in any current or past guarantees on loans to surety clients? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the agent on the Board of Directors or have affiliation with clients other than acting in the capacity of an insurance agent? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes to any of the preceding, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

13. Describe agency procedures for bond issuance. Attach a blank copy of any logs kept to monitor agency issued bonds. _____

14. Describe agency procedures used to monitor and control the use of powers of attorney: _____

15. Provide a list of all bond losses over \$50,000 in the past five (5) years. Include a detailed description of the loss including circumstances of, type and amount of loss: _____

16. Has any agent with the agency, or the agency itself, ever had their power of attorney revoked, suspended or declined? **(If yes, attach a detailed explanation)** Yes No

Name of Agency: _____

Signature - Authorized Representative: _____ Date: _____

Please Print Name and Title: _____
