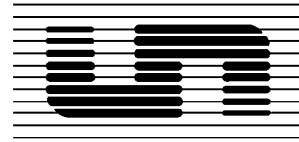




Underwriting Manager
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Diamond State Ins. Co. United National Ins. Co. United National Casualty Ins. Co. United National Specialty Ins. Co.

CROP INSURANCE SUPPLEMENTAL QUESTIONNAIRE

1. Provide Annual GWP by line:

Hail \$ _____
 Multiple Peril \$ _____
 Other (specify) _____ \$ _____
 Total Annual GWP \$ _____

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

Carrier	# of Accounts	Annual GWP	Yrs Rep'd	Binding Authority	
				Yes	No
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
What is the maximum limit you may bind?		\$ _____			

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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. Provide a brief description of your office procedures for this business. Include résumés of personnel involved:

Name of Agency: _____
 Signature - Authorized Representative: _____ Date: _____
 Please Print Name and Title: _____