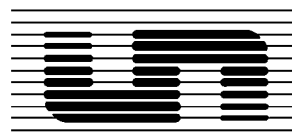




Underwriting Manager
 DORAN EXCESS UNDERWRITERS, INC.
 PO Box 1417
 Mechanicsburg, PA 17055-1417
 800/553-6739 717/920-5230 Fax: 717/920-5231
 e-mail: mail@doranxs.com



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INDEPENDENT CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

Complete for each Independent Contractor (a producer compensated solely by commission and for whom no taxes are withheld) for whom coverage is desired.

Name of Independent Contractor: _____

1. Provide by line of property/casualty business the Annual Gross Written Premium of the Independent Contractor for the previous 12 months:

Commercial Lines

Standard-Auto/Fire/GL/Pkg/WC	\$ _____	Flood	\$ _____
Auto-Public & Livery	\$ _____	Livestock Mortality	\$ _____
Auto-Trucking	\$ _____	Medical Malpractice	\$ _____
Aviation	\$ _____	Pollution	\$ _____
Contract Surety	\$ _____	Prof Liab (Other Than Med Mal)	\$ _____
Crop	\$ _____	Stop Loss	\$ _____
Earthquake	\$ _____	Wet Marine	\$ _____
Excess/Umbrellas	\$ _____	Worker's Comp (Self-Funded)	\$ _____
Fire-Substandard/Fair Plan	\$ _____	All Other Commercial	\$ _____

Personal Lines

Standard-Auto & Property	\$ _____		
Substandard Auto/Auto Plan	\$ _____		
Substandard Fire/Windstorm	\$ _____		
Pleasure Boats	\$ _____	TOTAL COMMERCIAL &	
All Other Personal Lines	\$ _____	PERSONAL	\$ _____

2. Provide by line of life and health business the **Net Commission*** for the Independent Contractor for the previous 12 months:

Life	\$ _____	Health	
Variable Life	\$ _____	Fully Insured	\$ _____
Fixed Annuities	\$ _____	Not Fully Insured	\$ _____
Variable Annuities	\$ _____	METs or MEWAs	
Disability Income	\$ _____	Fully Insured	\$ _____
Long Term Care	\$ _____	Not Fully Insured	\$ _____
Mutual Funds	\$ _____	HMO/PPO/DSP	\$ _____
		TOTAL LIFE & HEALTH	\$ _____

**Net Commission is defined as gross commission plus fees, less any payments to non-employee agents/brokers who are not to be covered by the applied for policy.*

3. What services (accounting, rating, account servicing, etc.) and what materials (agency stationary, phone, etc.) does the agency provide the Independent Contractor? _____

4. Describe the agency's control over the Independent Contractor: _____

5. Is the Independent Contractor's primary office located within the agency's office? Yes No
If no, please explain. _____

6. How do **you** think the public views the Independent Contractor? As a representative of the agency; or
 as an Independent Contractor?

Name of Agency: _____

Signature - Authorized Representative: _____ Date: _____

Please Print Name and Title: _____