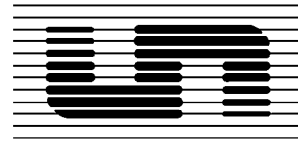




Underwriting Manager
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LIFE AND HEALTH SUPPLEMENTAL QUESTIONNAIRE

1. Provide the **Net Commission*** for the following periods:

	Commissions	Fees	Total	No. of Insureds
Previous Year 20 ____ (actual)	\$ _____	\$ _____	\$ _____	_____
Current Year 20 ____ (estimated)	\$ _____	\$ _____	\$ _____	_____

**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.*

2. Indicate by line of business the **Net Commission** of the agency:

Life	\$ _____	ACCIDENT/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 or other Managed Care	\$ _____
Stop Loss	\$ _____	TOTAL LIFE & HEALTH	\$ _____

3. Does the agency:
- A. market self-insured plans Yes No
 - B. administer employee benefit plans Yes No
 - C. become involved in structured settlements Yes No
 - D. sell prepackaged plans Yes No
 - E. advise clients of the maximum and minimum investment returns Yes No

If the answer to any of the above is yes, please explain:

4. List three major accounts, type and size of plan:

Major Accounts	Type of Accounts	No. of Indiv. Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List carriers currently represented and years represented:

<i>Complete</i> Name of Carrier	Commissions	No. of Indiv Insureds	Years Rep'd
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

6. If you place this business as a broker, subagent or independent contractor, please provide the following information about the firm and the insurance company that the firm uses to place coverage:

Broker/Agency	Location	Types of Accounts	Company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

