Underwriting Manager
DORAN EXCESS UNDERWRITERS, INC.
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MANAGING GENERAL AGENTS
SUPPLEMENTAL QUESTIONNAIRE

Please complete one form for each carrier for which you are an MGA – Currently or in last three (3) years.

1. Complete Name of Carrier: _____
2. Length of time as MGA for this carrier: _____
3. Lines of business written: _____
4. Territory: _____
5. Services Performed: ❑ marketing ❑ underwriting ❑ policy issuance ❑ loss control ❑ claim settlement authority Amount $ _____
6. Does Risk have authority to deny claim? ❑ Yes ❑ No
7. Maximum limits of binding authority: _____
8. Do you purchase reinsurance on behalf of this carrier ? ❑ Yes ❑ No If yes, please describe: _____ ; Maximum limits allowed: _____
9. How often does the carrier audit your agency? _____
10. Number of accounts, premium written and loss ratio for past three years:

Year	Annual Gross Premium Written	# of Accounts	Loss Ratio
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____

11. a) No. of subproducers: _____ b) Do you require them to carry E&O coverage? ❑ Yes ❑ No
12. How do you recruit subproducers?: _____
13. Do you provide training for the subproducers? ❑ Yes ❑ No If yes, please explain _____
14. Have you appointed or delegated to, any producers with binding authority?
15. Describe all programs that have been discontinued or moved to another carrier during the last five (5) years. _____

Please include a copy of the MGA agreement with this carrier, attach a copy of your subproducer agreement and include copies of any promotional material.

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