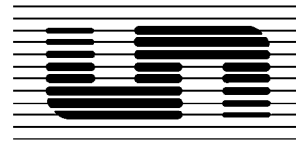




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PROFESSIONAL LIABILITY SUPPLEMENTAL QUESTIONNAIRE

- Provide Annual GWP: \$ _____
- Provide the following information for your book of Professional Liability business:

Class of Business	Annual GPW	No. of Accts
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL	\$ _____	(must equal answer to Question #1)

- For carriers in which your agency **directly** places business, please provide the following:

Carrier	No. 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"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the maximum limit you may bind? \$ _____

- 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 GWP
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. 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: _____