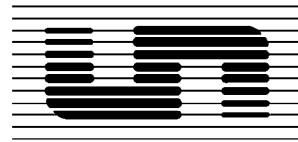




Underwriting Manager  
 DORAN EXCESS UNDERWRITERS, INC.  
 PO Box 1417  
 Mechanicsburg, PA 17055-1417  
 800/553-6739 717/920-5230 Fax: 717/920-5231  
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- Diamond State Ins. Co.     United National Ins. Co.     United National Casualty Ins. Co.     United National Specialty Ins. Co.

**SUBSTANDARD AUTO SUPPLEMENTAL QUESTIONNAIRE**

1. Provide Annual GWP:                    \$ \_\_\_\_\_  
 2. For carriers in which your agency **directly** places business, please provide the following:

Carrier	# of Accounts	Annual GWP	Yrs Rep'd	Binding Authority		Admitted	
				Yes	No	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"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. For carriers and their agent/broker/wholesaler/MGA in which your agency **indirectly** places business, provide the following:

Agt/Brkr/Whlsr/MGA	Carrier	Annual GWP	Binding Authority		Admitted	
			Yes	No	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"/>
_____	_____	\$ _____	<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 conditions must be met before coverage is bound? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. How and when is evidence of coverage provided to the insured and to the carrier? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_