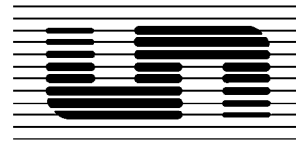




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**SURPLUS LINES BUSINESS SUPPLEMENTAL QUESTIONNAIRE**

1. List by line of business the annual premium volume placed in non-admitted carriers:

Line of Business	Annual GWP	Line of Business	Annual GWP
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. For non-admitted carriers in which your agency **directly** places business, provide the following:

Carrier	# 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"/>

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

Agt/Brkr/Whlslr/MGA	Carrier	# of Accounts	Annual GWP
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. Are all non-admitted carriers in which you directly or indirectly place business on your state's "Approved" or "White" list?     Yes     No

5. What percent of surplus lines premium is written for your agency's insureds? \_\_\_\_\_%  
 For insureds of other agents or brokers? \_\_\_\_\_%

6. If you place business with surplus lines carriers on behalf of other agents or brokers, is there a contractual relationship with these other agents or brokers?     Yes     No  
 If yes, provide a copy of the contract.

7. Provide a brief description of your office procedures for this business. Attach copies of any forms used. Include résumés of personnel involved:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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