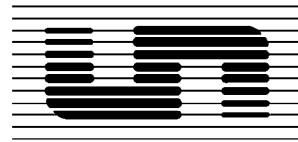




Underwriting Manager
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WORKERS' COMPENSATION SUPPLEMENTAL QUESTIONNAIRE

1. Provide Annual GWP: \$ _____
2. Provide the following information for all carriers (insurance companies, RRGs, self-insurance plans, pools, etc.) used to write this business:

Name	Annual GPW	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"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL		\$ _____	(must equal answer to Question #1)			

3. List 5 specific classes for which your agency writes the largest amount of Workers' Compensation Premium:

Class	Annual GPW
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. 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: _____