



DMI INSURANCE SERVICES, INC.
Automotive Program Specialists
www.dmi-insurance.com

EXPERIENCE QUESTIONNAIRE

BUSINESSES IN OPERATION
LESS THAN 3 YEARS

NAMED INSURED: _____

CONTROL #: _____

DBA: _____

EFFECTIVE DATE: _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED FOR INSURANCE COVERAGE

1. Have you obtained a business license? Yes No
If yes, provide the following: License #: _____ Issue Date: _____
2. Have you invested capital in this business? Yes No
If yes, how much? \$ _____
3. Are you purchasing an existing business? Yes No
If yes, can loss runs be furnished? Yes No
4. Have you been involved in an automotive business within the last 10 years? Yes No
5. Do you have other management experience not in the auto industry? Yes No

ALL BUSINESSES IDENTIFIED IN QUESTIONS 3 – 5 MUST BE LISTED IN EMPLOYMENT HISTORY

EMPLOYMENT HISTORY – List all employment in the last 4 years, beginning with your current or most recent.

Business Name:		City:	State:
Business Type:	Job Title:	From:	To:

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Business Type:	Job Title:	From:	To:

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Business Type:	Job Title:	From:	To:

REMARKS – Provide any additional details that may substantiate the applicant's experience.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S PRINTED NAME _____ TITLE _____