



DMI INSURANCE SERVICES, INC.
330 Tennant Ave. Morgan Hill, CA 95037
Phone (800) 877-2525 Fax (408) 778-0298
"Automotive Program Specialists"

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:

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

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

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

Business Name:	City:	State:
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 _____