



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:

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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 \_\_\_\_\_