



**DEALERS RISK AND
INSURANCE SERVICES**

NEW IN BUSINESS

EXPERIENCE QUESTIONNAIRE (LESS THAN 3 YEARS)

Named Insured: _____

DBA: _____

1. **Type of Business:** _____

2. **Business License Number:** _____

3. **Original issue date of License:** _____

4. **# of years business insurance:** _____ **Type of business insured:** _____

5. **Number of years experience in the Auto Sales and/or Auto Service industry:** _____

6. **Describe auto industry experience. List job title held, job duties, and management qualifications:**

7. **Attach resume or list employment for the previous 5 years:**

• **Employer's Name:** _____

City/Town: _____ **State:** _____

Employed from: _____ **to:** _____

• **Employer's Name:** _____

City/Town: _____ **State:** _____

Employed from: _____ **to:** _____

• **Employer's Name** _____

City/Town: _____ **State:** _____

Employed from: _____ **to:** _____

8. **Attach Owner(s) Motor Vehicle Record**

Remarks: _____

I certify that, to the best of my knowledge, all information contained herein is true and correct.

Applicant's Signature

Date