

DMI INSURANCE SERVICES, INC.

P.O. Box 248
Morgan Hill, CA 95038

Quote # _____

NEW VENTURE QUESTIONNAIRE

Name of Applicant _____ Producer Name: _____

DBA _____ Producer #: _____

1. Type of Business: _____

2. Business License Number: _____

3. Issue Date of License: _____

4. Number of years experience in or management position in auto sales and/or service operations: _____

5. Describe auto industry experience: _____

6. Employer's name, dates of employment and job title for previous 5 years:

• Employer's Name: _____

Address: _____

Dates employed from: _____ to: _____

Job Title: _____

• Employer's Name: _____

Address: _____

Dates employed from: _____ to: _____

Job Title: _____

• Employer's Name _____

Address: _____

Dates employed from: _____ to: _____

Job Title: _____

Remarks: _____

To the best of my knowledge, all information contained on this application is true and correct.

Applicant's Signature

Date