

Submit to:
National Advantage Insurance Svcs, Inc.
Fax: 714-505-1025 Tel: 714-505-1015

Resume of Experience

Name _____ Date _____

Corporate Name or dba (if applicable): _____

Work Experience - most recent experience first:

Employment Dates: _____ Employment Location(s): _____

Employed by (or indicate if self-employed) _____

Description of Experience and Responsibilities: _____

Employment Dates: _____ Employment Location(s): _____

Employed by (or indicate if self-employed) _____

Description of Experience and Responsibilities: _____

Employment Dates: _____ Employment Location(s): _____

Employed by (or indicate if self-employed) _____

Description of Experience and Responsibilities: _____

By signing this "Resume of Experience", the Individual and the Applicant warrants and represents that each of the facts and representations contained in this "Resume of Experience", along with all other information supplied by the Individual and the Applicant, are true, complete and accurate.

The Individual and the Applicant understands and agrees that all the information, facts and representations supplied by the Individual and the Applicant, including facts contained in this "Resume of Experience", will be used by National Contractors Insurance Company, Inc., a Risk Retention Group, to determine the acceptability of the Individual and the Applicant, the risks, the rates and the coverages which may be offered.

Signed: _____ Date _____

Print: _____

Title: _____