



MIKE CHANEY
 Commissioner of Insurance
 Fire Marshal

MISSISSIPPI INSURANCE DEPARTMENT
 501 N. West Street, Suite 1001, (39201)
 Post Office Box 79
 Jackson, Mississippi 39205-0079
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AUTOMOBILE CLUBS
QUESTIONNAIRE FOR OWNERS, DIRECTORS, OFFICERS AND MANAGERS

NAME OF AUTOMOBILE CLUB: _____

(1) Full Name: _____
 (First) (Middle) (Last) (Social Security Number)

(2) Resident Address: _____
 (Street) (City) (State) (Zip)

(3) Mail Address: _____
 (Street) (City) (State) (Zip)

(4) Date of Birth: _____ Telephone Number: _____

(5) Present position with automobile club: _____ How long? _____

(6) Are you a full time employee of this automobile club? Yes ___ No ___

(7) List employment history for the past five (5) years:

Date From	To	Employer Name & Address	Type of Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(8) If this automobile club is a corporation, are you a stockholder? Yes ___ No ___
 If yes, do you own or control a majority of the voting stock? Yes ___ No ___

(9) Are you connected in any way with any other automobile club transacting business in this State?
 Yes ___ No ___ (If yes, give complete details on separate sheet)

(10) Have you ever been convicted of any crime involving fraud, dishonesty, or moral turpitude?
 Yes ___ No ___ (If yes, give complete details on separate sheet)

I hereby certify that all the information in this application is true and correct to the best of my knowledge.

 Date

 Signature

SWORN AND SUBSCRIBED BEFORE ME ON _____

My Commission Expires: _____

 Notary Public