Patrick J. Thomas Agency
625 2nd Ave. South, Suite #410
Minneapolis, MN 55402
(612) 339-5522

INSURANCE APPLICATION & QUESTIONAIRE

Please provide the following information in as much detail as possible.

Section 1: Business Information

1. Business Name:
   Complete Address:
   Phone #:
   Fax #:
   Business entity (Corporation, Individual, etc.):
   Federal Tax ID #:
   State Unemployment #:
   Web Address:
   # of years in business:
   # Of Employees, Titles & payroll:

2. List owners, percentage of ownership, Titles & Payroll:
[Please attach or send us resumes of the business owner(s)]

3. Annual Revenue(MUST BE ANSWERED):

4. **Detailed description of operations (MUST BE ANSWERED!):**

5. Contact Information:
   Name :
   Complete Address (include City, State, Zip):
   Phone #:
   E-mail address:
   # of years in this field:

Certificates of Insurance

Please provide name, address, contact person & phone # for companies who wish to have a certificate of insurance from you.

Date

Preparer and Title