

# INSURANCE APPLICATION & QUESTIONNAIRE

Patrick J. Thomas Agency  
625 2<sup>nd</sup> Ave. South, Suite #300  
Minneapolis, MN 55402  
(612) 339-5522

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

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## Business Information

Bus. Name:  
Complete Address:  
Phone #:  
Fax #:  
Business entity (Corporation, Individual, etc.):  
Federal Tax ID #:  
State Unemployment #:  
Web Address:  
# of years in business:  
# Of Employees & total payroll:  
List owners, percentage of ownership, Titles & salary:  
Annual Revenue:

## Contact Information

Name :  
Social Security Number:  
Complete Address:  
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.

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## INSURANCE APPLICATION & QUESTIONNAIRE- CONTINUED

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**Please provide a specific description of what type of work is done through business, include hours of operations:**

Has coverage been declined, cancelled or non-renewed within the last 3 years? If yes, explain: (not applicable in Missouri)  
If Property coverage is provided (Building or Business Contents), list all occupants and provide square footage of each.

Number of stories?

Building Value

Business Personal Property Value

Need Year Built: \_\_\_\_\_ If over 30 years old, provide year of update for each: (if more than please building provide info for each) electrical, plumbing, heating and roof. Please indicate if sprinklered.

Any exposing property within 60 ft. of insured's property (Describe businesses within 60 ft. of your location that may pose a greater loss potential i.e. gasoline service station or heavy manufacturing) ? If yes, describe.

Does insured operate any other business or own any property other than the premises listed in this policy? If yes, describe the operation and provide the location address.

If values are over \$250,000, are there alarms (indicate which types: central station fire/smoke/sprinkler)?

What percent of sales are from the internet?

8. If Hired and Non-Owned Auto Liability insurance is needed or desired, please answer these additional questions:
- A. Please provide full name, date of birth, list state of license issuance and license number for all authorized drivers and describe the driving purpose(s) and frequency.
  - B. Verify that all authorized drivers have personal auto policies in effect (and verify renewal at their expiration date) and verify the minimum limit carried is \$250,000CSL.
  - C. Are any vehicles owned or leased (Long term) in the company name.

**THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED  
ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND  
CORRECT IN ALL RESPECTS.**

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Date

Name

Title