



Texas Partners Insurance Group Client Information: \_\_\_\_\_

Fax To: 832-201-9806

Phone Number: \_\_\_\_\_

AMERICAN MANAGEMENT CORP. e-mail: \_\_\_\_\_

## Private Passenger Auto Supplemental Application

DBA \_\_\_\_\_

	Year	Make	Model	Annual Miles	Serial Number	Cost New	Med Payment	Comp Ded	Coll Ded
1									
2									
3									
4									
5									
6									

PIP Limit	Additional PIP Limit	<input type="checkbox"/> Uninsured Motorist Limit <input type="checkbox"/> BI <input type="checkbox"/> PD _____ <input type="checkbox"/> Underinsured Motorist Limit <input type="checkbox"/> BI <input type="checkbox"/> PD _____	Waiver Coll. Ded.
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### Additional Interests

Vehicle Number	Name and address of Loss Payee

### Driver Information

Vehicle Number	Name of Driver	License Number	State	Date of Birth	Sex	Marital Status	Relation to Insured

### General Questions

#	Yes	No	
1			Is vehicle rated as a high performance sports car over \$50,000? If YES, decline.
2			Is vehicle registered in the name of the business? If NO, decline.
3			Will there be anyone under the age of 21 driving the vehicle at any time? If YES, decline.
4			Has any auto policy been cancelled or non-renewed during the past 3 years? If YES, explain.
5			Do all drivers of the vehicle meet AMC MVR guidelines? If NO, explain.
6			Are any of the above vehicles used by son(s) or daughter(s) that are not working at the business on a regular basis? If YES, decline.

- ❖ Please include loss runs or statement of losses along with this supplement
- ❖ Private passenger automobiles must be approved by AMC prior to binding

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_