

**SUPPLEMENTAL APPLICATION
FOR PRIVATE PASSENGER AUTOMOBILE LIABILITY INSURANCE
TEXAS AUTOMOBILE INSURANCE PLAN ASSOCIATION**

MUST BE SUBMITTED WITH TAIPA-1000

P.O. Box 149144 Austin, Texas 78714-9144 • 4301 Westbank Dr Ste 200 The Escalade Bldg A, Austin, TX 78746
1-800/580-TAIP (8247) • 512/444-4441

SUPPLEMENTAL APPLICATION MUST BE SUBMITTED IN DUPLICATE.

APPLICANT		Last		First		Middle		
CONTINUATION FROM TAIPA-1000 – SECTION 4								
COMPLETE FOR ALL OPERATORS AND RESIDENTS								
Applicant and Other Residents 14 Years of Age and Over		Relationship to Applicant	Principal Operator	Veh. No.	Birth Date Mo Day Yr	Sex M-F	M/S*	
			_Y_N					
			_Y_N					
			_Y_N					
			_Y_N					
			_Y_N					
Marital Status S-Single M-Married W-Widowed D-Divorced ← *W/S						REASON NOT LICENSED		
VEH. 3	Year	Make	Model Name/Body Style/CC for Motorcycle	Rate Class	VEH. 4	Year	Make	
Vehicle Identification Number					Vehicle Identification Number			
ANY EXISTING DAMAGE? <input type="checkbox"/> Yes* Vehicle # _____ <input type="checkbox"/> No Vehicle # _____				PASSIVE RESTRAINTS? <input type="checkbox"/> Driver only Vehicle # _____ <input type="checkbox"/> Both sides Vehicle # _____	ANY EXISTING DAMAGE? <input type="checkbox"/> Yes* Vehicle # _____ <input type="checkbox"/> No Vehicle # _____			
* If "Yes" identify unit and explain in REMARKS below.				* If "Yes" identify unit and explain in REMARKS below.				
USE – VEH. 3	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Miles to Work/School	Est. Annual Mileage	USE – VEH. 4	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Miles to Work/School	Est. Annual Mileage	
	<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	One Way _____			<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	One Way _____		
Garaging County Name if not County of Residence		Garaging Zip if not Garaged in County of Residence		Garaging County Name if not County of Residence		Garaging Zip if not Garaged in County of Residence		
Territory	State Reg. in	Vehicle Registered to	License Plate #	Territory	State Reg. in	Vehicle Registered to	License Plate #	
VEH. 5	Year	Make	Model Name/Body Style/CC for Motorcycle	Rate Class	REMARKS			
Vehicle Identification Number								
ANY EXISTING DAMAGE? <input type="checkbox"/> Yes* Vehicle # _____ <input type="checkbox"/> No Vehicle # _____				PASSIVE RESTRAINTS? <input type="checkbox"/> Driver only Vehicle # _____ <input type="checkbox"/> Both sides Vehicle # _____				
* If "Yes" identify unit and explain in REMARKS below.								
USE – VEH. 5	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Miles to Work/School	Est. Annual Mileage					
	<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	One Way _____						
Garaging County Name if not County of Residence		Garaging Zip if not Garaged in County of Residence						
Territory	State Reg. in	Vehicle Registered to	License Plate #					
PREMIUMS								
COVERAGE		VEHICLE 3		VEHICLE 4		VEHICLE 5		
B.I.								
P.D.								
P.I.P.								
U.M. / B.I.								
U.M. / P.D.								
TOTAL EACH VEHICLE								
TOTAL VEHICLES 3, 4 AND 5						\$		
APPLICANT'S SIGNATURE _____						DATE _____		