The Parks Group, Inc.
a managing general agency

TEXAS PUBLIC TRANSPORTATION APPLICATION SUPPLEMENT

Business Name of Applicant _____

DRIVER INFORMATION		Must be completed for ALL full time, part time, and household drivers.					
Driver	Date of Birth	License Number	State	# Years Driving Similar Equipment	Date of Hire	Number Accidents Last 3 Years	Number Violations Last 3 Years

SCHEDULE OF AUTOS TO BE INSURED

All units you own or are leased to you must be scheduled & insured if filings are made.

Unit No.	Model Year	Make	Model	Vehicle Identification #	Original Seating Capacity	Gross Vehicle Weight (GVWR)	Stated Value	Radius	Limousines Only		
									Length of Stretch	Coachbuilder/Modifier	
										Name	QVM/ CMC
7											❑
8											❑
9											❑
10											❑
11											❑
12											❑
13											❑
14											❑
15											❑
16											❑
17											❑
18											❑
19											❑
20											❑
21											❑
22											❑
23											❑
24											❑
25											❑
26											❑
27											❑
28											❑
29											❑
30											❑
31											❑
32											❑
33											❑
34											❑
35											❑

LOSS PAYEE(S)

Schedule all Lessors (L) or Loss Payees (LP) to be listed on the policy.

Unit #	L or LP	Name and Address