



CHARLES JAMES CAYIAS
INSURANCE INC.

Adding a Driver: Information MUST be completed on EVERY driver.

If you are adding more drivers, please complete the form for each driver.

Driver Information:

All drivers MUST meet the underwriting guidelines!

Name of Company: _____

Driver name: _____ Driver's License#: _____ State: _____

Do you have a CDL? Yes No Date of birth: _____ Social Security #: _____

Gender: Male Female Marital Status: Single Married

Moving Violations in last 36 months? _____ Accidents in last 36 months? _____

Please describe if any accidents of violations:

Vehicle associated with driver:

Year: _____ Make: _____ Model: _____ VIN: _____

Percentage Business Use: _____ Percentage Personal Use: _____

Types of Services Provided:

Front Pilot Car:	<input type="checkbox"/> Experience _____	Rear Pilot Car:	<input type="checkbox"/> Experience _____
Height Pole:	<input type="checkbox"/> Experience _____	Route Surveys:	<input type="checkbox"/> Experience _____
Traffic Control/Flagging:	<input type="checkbox"/> Experience _____	Night Moves:	<input type="checkbox"/> Experience _____

Other possible business pursuits (please give details):

Pilot & Escort Driver Certifications:

State Certification: _____ Certification #: _____ Expiration Date: _____

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If available please provide a copy of the MVR/Driving Record for this driver. If a copy (dated within the last 30 days) is not available, there will be a charge for each MVR/Driving Record ordered through our office.

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