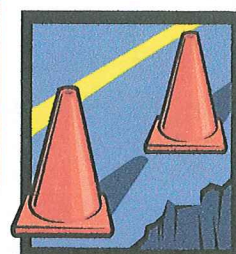


CHARLES JAMES CAYIAS INSURANCE INC.

801-488-0085



PROFESSIONAL PILOT CAR INSURANCE PACKAGE

Working in cooperation with North America's leading escort vehicle trainers, certifying entities, and insurance professionals who specialize in protecting the needs of escort operators all across the United States.

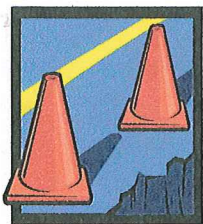
Whether an accident is your fault or not, without the right protection, you could pay tens of thousands out of pocket to defend yourself in a lawsuit brought against you by others. Be prepared by having the proper insurance protection!

The Professional Pilot Car Insurance Package offers the following insurance coverage(s):

- **Commercial Automobile:** As personal auto insurance policies exclude business operations, commercial insurance is essential. We offer \$1,000,000 in bodily injury and property damage coverage, along with medical payments, personal injury protection (in those states where required), and uninsured motorists to protect you, your passengers and members of the public in case of an over the road accident. Comprehensive and collision coverage is also offered to protect your vehicle. We can provide commercial automobile coverage on a mono-line basis.
- **General Liability:** Will protect you against injuries to members of the public at your premises, and damages that you may cause to the property of others that does not involve an automobile. We offer limits of \$1,000,000 each occurrence and \$2,000,000 aggregate for losses occurring during the policy term. We can provide general liability coverage on a mono-line basis.
- **Professional Liability:** Will provide you with protection for those activities normally excluded under a general liability policy because they are considered to be a professional exposure. We offer \$1,000,000 in coverage for flagging, height pole, route surveys and shunting services, subject to certain qualifications. No coverage is offered for rigging, steerables or tillerman services.
- **Inland Marine:** Will cover your miscellaneous equipment used in your operation such as small tools, magnetic vehicle signage, flags, cones, etc. We offer three limits of coverage \$1,000; \$2,500; \$5,000 depending on your needs. Higher limits are available upon request.

Charles James Cayias Insurance, Inc.
2150 South 1300 East, Suite #100
Salt Lake City, UT 84106
PH: (801) 488-0085
Fax: (801) 463-6683
www.cayias.com

Program benefits include a combination of coverage specific to the pilot car industry, competitive pricing, expertise, and prompt friendly service. Simply put... our goal is to provide you with the best value for your money!



Professional Pilot Car Insurance Package Application

Charles James Cayias Insurance, Inc.

2150 South 1300 East, Suite #100, Salt Lake City, UT 84106

(801) 488-0085 Office

www.cayias.com

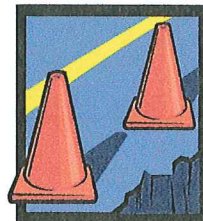
Contact: Jalene Dipietro - jalene@cayias.com Brianne Bennett - brianne@cayias.com

Charley Cayias - charley@cayias.com

Please fax completed application to: (801) 463-6683

Please allow 48 – 72 hours to receive a quote (Monday – Friday)

This application MUST be fully completed in order to receive a quote!



General Information:

Date You Need Coverage By: _____

Types of coverage requested? (Check all that apply):

☐ Commercial Auto ☐ General Liability ☐ Professional Liability ☐ Inland Marine

(Commercial Auto coverage can be written on its own)

(MUST have General Liability and Auto Coverage in order to get Professional Liability coverage)

(MUST have General Liability Coverage in order to get Inland Marine coverage)

How did you hear about us? _____

Company Name: _____

(If individually owned, please include full name of the business owner and any business name on the company line.)

Business Entity Type: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company/Corporation

☐ Privately Held Corporation ☐ Division of _____ Corporation

FEIN/SS #: _____ Date Business Started: _____

Contact Name: _____ Title: _____

E-mail address: _____

Cell Phone: _____ Home Phone: _____ Fax: _____

What is the best number an time to contact you? ☐ Cell ☐ Home Time _____ ☐ am ☐ pm

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Garaging Address (if different from Mailing Address): _____

City: _____ State: _____ Zip Code: _____

Current Auto Insurance Carrier: _____ Expiration Date: _____

Type of Policy: ☐ Personal ☐ Commercial Limits Carried: _____ Current Premium(s): _____

Current General Liability Insurance Carrier: _____ Expiration Date: _____

Limits Carried: _____ Current Premium(s): _____

Any claims in the last three years? ☐ Yes ☐ No

If yes, list type of claim(s) and date(s): _____

Operations Information:

Types of Services Provided: (Check all that apply and include length of experience for each.)

<input type="checkbox"/> Front Pilot Car:	Length of Experience _____	<input type="checkbox"/> Rear Pilot Car:	Length of Experience _____
<input type="checkbox"/> Tillering:	Length of Experience _____	<input type="checkbox"/> Rigging:	Length of Experience _____
<input type="checkbox"/> Steerables:	Length of Experience _____	<input type="checkbox"/> Hot Shot:	Length of Experience _____
<input type="checkbox"/> Route Surveys:	Length of Experience _____	<input type="checkbox"/> Height Pole:	Length of Experience _____
<input type="checkbox"/> Traffic Control:	Length of Experience _____	<input type="checkbox"/> Brokerage:	Length of Experience _____
<input type="checkbox"/> Night Moves:	Length of Experience _____		

There is no Tillering, Rigging, Steerables, and Hot Shot Services coverage under any circumstance.

Other Types of Services Provided: (Give Detailed Description, Including Length of Experience)

Do you perform Height Pole work?

☐ Yes

☐ No

Type of Pole?

☐ Homemade

☐ Manufactured

Height Pole Guidelines: Height Pole MUST be non-conductive, flexible/frangible, and non-destructive

Height Pole MUST have secure fastening devices to hold pole in place and prevent pole from slipping!

Does your Height Pole meet or exceed the above mentioned guidelines?

☐ Yes ☐ No

If yes, what percentage of jobs require height pole work? _____%

Specify any training class and when it was taken: _____

Please describe your experience, training and safeguards used to prevent claims while performing height pole work: _____

Are you contracted to perform Route Surveys prior to the issuance of the Permit?

☐ Yes

☐ No

Are you requesting coverage for Route Surveys? ☐ Yes

☐ No

If yes to the above question, please request and complete the Route Survey Questionnaire page for EVERY driver that will perform Route Surveys.

Do you physically drive the route before producing a paper survey?

☐ Yes ☐ No

Do you perform Flagging? ☐ Yes ☐ No

If yes, what percentage of jobs require flagging? _____%

Specify any training class and when it was taken: _____

Subcontracted/Brokered Work

A. Do you sub-contract your work with other drivers if you need help?

☐ Yes ☐ No

If yes, do they provide you a copy of their Commercial Auto Policy with \$1,000,000 CSL and General Liability (GL) policy with matching limits of \$1,000,000 Per Occurrence/\$2,000,000 Aggregate limit?

☐ Yes ☐ No

(PLEASE NOTE: Do NOT submit application if subs do not carry coverage with matching limits.)

B. If yes, is there a hold harmless agreement in place? ☐ Yes ☐ No **(If yes, please provide a copy.)**

C. Are you added as a Certificate Holder or an Additional Insured on the Subcontractors Insurance?

☐ Yes ☐ No

If no, how do you know their policies are current and active? _____

D. What protection is put in place to insure policies remain active policies? _____

E. What are the estimated gross annual revenues for subcontracted/brokered work? \$_____

Will you be working out of state? ☐ Yes ☐ No

Will you be traveling outside the US? ☐ Yes ☐ No **If yes, please note that no coverage applies in Mexico.**

If traveling to Canada, how frequently? _____

If traveling to Canada, how far do you travel into Canada? _____

If traveling to Canada, will you pick up loads while in Canada?

☐ Yes ☐ No

Please list all forms of communication devices being used during a trip: _____

Is there a Pre-Trip Coordination and Planning Meeting held prior to load movement?

☐ Yes ☐ No

Are you provided with copies of permit and routing documents at this Pre-Trip Meeting? ☐ Yes ☐ No

Do you always get a revised permit in order for movement to continue when any of the following occur?

Road Detour: ☐ Yes ☐ No

Bridge too low for load to pass under safely? ☐ Yes ☐ No
Permit is Incorrect: ☐ Yes ☐ No Weight of load exceeds bridge capacity? ☐ Yes ☐ No
Are you using a Post Trip Evaluation and Checklist form? ☐ Yes ☐ No

Additional General Information Questions:

1. Are any vehicles not solely owned by and registered to the applicant? ☐ Yes ☐ No
If yes, please provide more detail: _____
2. Are you requesting coverage for an employee using their own vehicle? ☐ Yes ☐ No
If yes, provide more details: _____
(Include a copy of the LEGAL lease agreement with your company.)
3. Are any vehicles leased or rented to others? ☐ Yes ☐ No
If yes, do you have a lease agreement in place? ☐ Yes ☐ No
(If yes, provide a copy of the legal lease agreement)
4. Do you escort any loads involved in transporting hazardous materials? ☐ Yes ☐ No
If yes, please provide more detail: _____
5. Do you have any signed contracts with companies that you provide services for? ☐ Yes ☐ No
If yes, please provide a copy of contract(s)!
6. Do you have employees? ☐ Yes ☐ No
If yes, do you obtain MVR verifications on your employees? ☐ Yes ☐ No
If yes, how often are they obtained? _____
7. Are any drivers covered by workers' compensation including business owner? ☐ Yes ☐ No
8. Any vehicles to be covered used by family members not listed as a driver on this application under Driver Information? ☐ Yes ☐ No
If yes, identify who, how often, usage, vehicle number and percentage _____. (We will need complete driver information completed for any drivers.)
9. Has a driver had his or her certification revoked or suspended? ☐ Yes ☐ No
If yes, please list driver(s): _____
10. Is a voice activated recorder used at all times during the entire trip to record all dialog between all parties involved with the movement of the load? ☐ Yes ☐ No
If yes, are tapes kept for a minimum of two (2) years? ☐ Yes ☐ No
If no, will you keep tapes for a minimum of two years in the future? ☐ Yes ☐ No
11. Have you ever deviated from the permit without prior approval of the Permit Office of the State?
☐ Yes ☐ No
12. What is the radius of your three longest jobs? _____ Miles _____ Miles _____ Miles
13. What is the frequency of your pilot car service jobs?
☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____
14. Do you permit non-employee passengers to occupy the vehicle during trips? ☐ Yes ☐ No

Do you want Equipment Coverage? ☐ Yes ☐ No

Inland Marine Coverage – Equipment Coverage (Requires General Liability Coverage)

Inland Maine Coverage (Select One): ☐ \$1,000 Limit ☐ \$2,500 Limit ☐ \$5,000 Limit

Complete the Vehicle Equipment Schedule Page: (For all attached and unattached equipment and also include the vehicle number that the equipment is in.)

Additional Comments or Information:

Vehicle Information:

List each vehicle that you will be using for your business.

If you need to list more vehicles, please request and fill out "Additional Vehicle" page.

Vehicle #1:

Registered Owner: _____
Address: _____ City: _____ State: _____
State Registered in: _____ County: _____
Year: _____ Make: _____ Model: _____ Body Type: _____
VIN: _____ Gross Vehicle Weight Rating: _____ lbs.
Purchase Price: \$ _____ Current Value: \$ _____
Date of Purchase: _____ Vehicle Purchased: ☐ New ☐ Used
Percentage of Trips Made: _____ 0 to 50 Miles _____ 51 to 500 Miles _____ 501 and Over
Liability Limits: \$1,000,000 Combined Single Limit (CSL); PIP or Medical at \$5,000
Types of Coverage Requested: ☐ Comprehensive ☐ Collision ☐ Liability Only
Comprehensive Deductible: ☐ \$250 ☐ \$500 ☐ \$1,000
Collision Deductible: ☐ \$250 ☐ \$500 ☐ \$1,000
Is there any damage to this vehicle: ☐ Yes ☐ No
If yes, please describe: _____
Will this vehicle be used for personal use? ☐ Yes ☐ No

If there is a loan against the vehicle, complete the section below:

Name of Lien Holder: _____
Address of Lien Holder: _____
City: _____ State: _____ Zip Code: _____
Loan Number: _____

Vehicle #2:

Registered Owner: _____
Address: _____ City: _____ State: _____
State Registered in: _____ County: _____
Year: _____ Make: _____ Model: _____ Body Type: _____
VIN: _____ Gross Vehicle Weight Rating: _____ lbs.
Purchase Price: \$ _____ Current Value: \$ _____
Date of Purchase: _____ Vehicle Purchased: ☐ New ☐ Used
Percentage of Trips Made: _____ 0 to 50 Miles _____ 51 to 500 Miles _____ 501 and Over
Liability Limits: \$1,000,000 Combined Single Limit (CSL); PIP or Medical at \$5,000
Types of Coverage Requested: ☐ Comprehensive ☐ Collision ☐ Liability Only
Comprehensive Deductible: ☐ \$250 ☐ \$500 ☐ \$1,000
Collision Deductible: ☐ \$250 ☐ \$500 ☐ \$1,000
Is there any damage to this vehicle: ☐ Yes ☐ No
If yes, please describe: _____
Will this vehicle be used for personal use? ☐ Yes ☐ No

If there is a loan against the vehicle, complete the section below:

Name of Lien Holder: _____
Address of Lien Holder: _____
City: _____ State: _____ Zip Code: _____
Loan Number: _____

Driver Information:

This information MUST be completed on every driver.

If you need to list more drivers, please request and fill out "Additional Drivers" page.

All drivers must meet underwriting guidelines.

Driver #1:

Name: _____ Sex: ☐ Male ☐ Female DOB: _____

Marital Status: ☐ Married ☐ Single SS#: _____ Yr originally received license: _____

Driver's License Number: _____ State of Issuance: _____

Moving violations in last 36 months: _____ Accidents in last 36 months: _____

Violation description and date: _____

Do you have a CDL? ☐ Yes ☐ No How Long: _____ % this person will be using vehicle _____

Vehicle being driven: _____ ☐ Business ☐ Personal

Types of Services Provided: (Check all that apply and include length of experience for each.)

☐ Front Pilot Car: Length of Experience _____ ☐ Rear Pilot Car: Length of Experience _____

☐ Tilling: Length of Experience _____ ☐ Rigging: Length of Experience _____

☐ Steerables: Length of Experience _____ ☐ Hot Shot: Length of Experience _____

☐ Route Surveys: Length of Experience _____ ☐ Height Pole: Length of Experience _____

☐ Traffic Control: Length of Experience _____ ☐ Brokerage: Length of Experience _____

Other Types of Services Provided: (Give Detailed Description, Including Length of Experience)

Pilot/Escort Driver Certification(s): (Include a legible copy of all your Certification cards.)

Certification from what State _____ Certification Number _____ Expires _____

Certification from what State _____ Certification Number _____ Expires _____

Certification from what State _____ Certification Number _____ Expires _____

Driver #2:

Name: _____ Sex: ☐ Male ☐ Female DOB: _____

Marital Status: ☐ Married ☐ Single SS#: _____ Yr originally received license: _____

Driver's License Number: _____ State of Issuance: _____

Moving violations in last 36 months: _____ Accidents in last 36 months: _____

Violation description and date: _____

Do you have a CDL? ☐ Yes ☐ No How Long: _____ % this person will be using vehicle _____

Vehicle being driven: _____ ☐ Business ☐ Personal

Types of Services Provided: (Check all that apply and include length of experience for each.)

☐ Front Pilot Car: Length of Experience _____ ☐ Rear Pilot Car: Length of Experience _____

☐ Tilling: Length of Experience _____ ☐ Rigging: Length of Experience _____

☐ Steerables: Length of Experience _____ ☐ Hot Shot: Length of Experience _____

☐ Route Surveys: Length of Experience _____ ☐ Height Pole: Length of Experience _____

☐ Traffic Control: Length of Experience _____ ☐ Brokerage: Length of Experience _____

Other Types of Services Provided: (Give Detailed Description, Including Length of Experience)

Pilot/Escort Driver Certification(s): (Include a legible copy of all your Certification cards.)

Certification from what State _____ Certification Number _____ Expires _____

Certification from what State _____ Certification Number _____ Expires _____

Certification from what State _____ Certification Number _____ Expires _____

Request for Additional Insured's and Certificate Holders to be added to this Policy

If you are requesting an additional insured, it would be helpful to provide a copy of your contract so they can be added as specified. (There may be an additional charge for adding specific endorsements.)

1. Name of Additional Insured: _____
Address of Additional Insured: _____
City: _____ State: _____ Zip: _____ PH: _____
Interest of Additional Insured: _____ Fax: _____

2. Name of Additional Insured: _____
Address of Additional Insured: _____
City: _____ State: _____ Zip: _____ PH: _____
Interest of Additional Insured: _____ Fax: _____

3. Name of Additional Insured: _____
Address of Additional Insured: _____
City: _____ State: _____ Zip: _____ PH: _____
Interest of Additional Insured: _____ Fax: _____

4. Name of Additional Insured: _____
Address of Additional Insured: _____
City: _____ State: _____ Zip: _____ PH: _____
Interest of Additional Insured: _____ Fax: _____

5. Name of Additional Insured: _____
Address of Additional Insured: _____
City: _____ State: _____ Zip: _____ PH: _____
Interest of Additional Insured: _____ Fax: _____

If you are requesting a certificate holder, it would be helpful to provide a copy of your contract so they can be added as specified. (There may be an additional charge for adding specific endorsements.)

1. Name of Certificate Holder: _____
Address of Certificate Holder: _____
City: _____ State: _____ Zip: _____ PH: _____
Interest of Certificate Holder: _____ Fax: _____

2. Name of Certificate Holder: _____
Address of Certificate Holder: _____
City: _____ State: _____ Zip: _____ PH: _____
Interest of Certificate Holder: _____ Fax: _____

3. Name of Certificate Holder: _____
Address of Certificate Holder: _____
City: _____ State: _____ Zip: _____ PH: _____
Interest of Certificate Holder: _____ Fax: _____

Vehicle Equipment Schedule

Please list all permanently attached equipment

If more equipment needs to be listed, please request additional equipment page.

Vehicle #	Description	Quantity	Value

Please list all unattached equipment

Vehicle #	Description	Serial Number if item is over \$100 in Value	Value

FRAUD WARNING

Notice to Applicants of all states except Colorado, New York, and Pennsylvania

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to Colorado Applicants:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to Colorado division of insurance within the department of regulatory agencies.

Notice to New York Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature: _____ Title: _____
(Owner, Partner, or Officer)
Date: _____

**THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS
COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.**

Cancellation Notice:

A Minimum Earned Premium of 25% PLUS all fees and taxes are charged on all Cancellations of General Liability and Professional Liability Policies.

Financing Notice:

A Minimum Down Payment of 25% is required on all Premiums Financed.

MVR Notice:

Please provide a copy of the MVR. IF a copy is not available, it will be an additional charge for each MVR ordered through our office.