



CHARLES JAMES CAYIAS
INSURANCE INC.

Professional Pilot Car Insurance Package Includes

- **COMMERCIAL AUTOMOBILE:** Since personal auto insurance policies exclude business operations, commercial insurance is essential. We offer \$1,000,000 in bodily injury and property damage coverage. Other coverages included are medical payments, personal injury protection(where required), and uninsured motorist. All of these coverages protect you, your passengers and members of the public in case of an accident. We can also include comprehensive and collision 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 do 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. Coverage is available 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 qualifications). **No coverage is offered for Rigging, Steerables, Tillerman or Hot Shot services.**
- **INLAND MARINE:** Will cover your miscellaneous equipment used in your operation such as tools, magnetic vehicle sign-age, flags, cones etc. We offer three limit coverages; \$1,000; \$2,500; \$5,000 depending on your needs.

2725 E Parleys Way Suite 170, Salt Lake City, UT 84109

Office: 801-488-0085 **Fax:** 801-463-6683 **Website:** www.cayias.com

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7. Do you pick up loads in Canada? Yes No If yes, where? _____
8. List all forms of communication devices being used during a trip: _____

**** Please note that no coverage applies to Mexico ****

AUTO QUESTIONS:

1. Are Pre-Trip/Planning Meetings held prior to load movement? Yes No
2. Are you provided copies of permits and routing documents? Yes No
3. Are revised permits obtained should obstructions occur during trips? Yes No
4. Are Pre and Post Trip Evaluations and Checklist forms completed? Yes No
5. Are any vehicles not registered to or owned by the applicant? Yes No If yes, please provide more detail: _____
6. Are you requesting coverage for an employee using their own vehicles? Yes No If yes, a copy of the legal lease agreement with your company is required
7. Are any vehicles leased or rented to others? Yes No
If yes, a copy of the legal lease agreement with your company is required
8. Are any vehicles to be used by non-certified drivers? Yes No
Please list Driver and usage: _____
9. Do you permit non-employee passengers to occupy the vehicle during trips? Yes No

VEHICLE INFORMATION

Vehicle 1:

Registered Owner: _____
Registration State: _____
Garaging Address: _____

VIN: _____ Current Value: _____

Year: _____ Make: _____ Model: _____

% Business use: _____ % Personal use: _____

- Comprehensive: Deductible:** \$500 \$1,000
 Collision: Deductible: \$500 \$1,000 **Liability Only**

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

Name of Lien Holder: _____
Address of Lien Holder: _____ Loan Number: _____

Vehicle 2:

Registered Owner: _____
Registration State: _____
Garaging Address: _____

VIN: _____ Current Value: _____

Year: _____ Make: _____ Model: _____

% Business use: _____ % Personal use: _____

- Comprehensive: Deductible:** \$500 \$1,000
 Collision: Deductible: \$500 \$1,000 **Liability Only**

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

Name of Lien Holder: _____
Address of Lien Holder: _____ Loan Number: _____

DRIVER INFORMATION (All drivers must meet underwriting standards)

Driver 1:

Name: _____ Sex: Male Female DOB: _____

Driver's License Number: _____ State of issuance: _____ Year licensed: _____

of violations/accidents in last 3 years: _____ CDL License: Yes No

Details: _____

Pilot Car Certificate Information

Certification State _____ Certificate # _____ Exp Date: _____

Certification State _____ Certificate # _____ Exp Date: _____

Certification State _____ Certificate # _____ Exp Date: _____

Driver 2:

Name: _____ Sex: Male Female DOB: _____

Driver's License Number: _____ State of issuance: _____ Year licensed: _____

of violations/accidents in last 3 years: _____ CDL License: Yes No

Details: _____

Pilot Car Certificate Information

Certification State _____ Certificate # _____ Exp Date: _____

Certification State _____ Certificate # _____ Exp Date: _____

Certification State _____ Certificate # _____ Exp Date: _____

ADDITIONAL INSURED/CERTIFICATE HOLDER INFORMATION:

Request for Additional Insured's to be added to this Policy (provide a copy of the contract)

Name	Address, City, State Zip	Phone	Interest

Request for Certificate Holder's to be added to this Policy (provide a copy of the contract)

Name	Address, City, State Zip	Phone	Interest

VEHICLE EQUIPMENT SCHEDULES

Permanently Attached Equipment Schedule

Vehicle #	Description	Quantity	Value

Unattached Equipment Schedule

Vehicle #	Description	Serial Number of Items over \$100	Value

FRAUD WARNING

Notice of 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 Regulator 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 event 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, Officer)

Date: _____

THE APPLICANT(S) UNDERSTAND(S) THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.

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.