



PILOT CAR APPLICATION

Submission #

PO Box 188
Simpsonville, SC 29681
Phone: (864) 688-0121
Fax: (864) 688-0138
www.cossioinsurance.com

DIRECTIONS FOR COMPLETING THIS PDF FILE:

- 1) Look at the submissions checklist and click the checkboxes once you have the documents needed in order to process this application.
- 2) On the second page click on first line and fill in the correct information by typing with your keyboard.
- 3) Use the tab button on your keyboard to move to the next question on the application.
- 4) Use the spacebar or enter key to put a check on the boxes.
- 5) If you need to make changes, simply click on the portion of the application you want to change and delete the previous information filled in. For check boxes, just click on the check box to make a change.
- 6) Once you have completed the application click the save button on the last page and save the application in your documents file folder.
- 7) Attach the saved pdf document in the e-mail and send it to apps@cossioinsurance.com

PILOT CAR QUOTE REQUEST SUBMISSION CHECKLIST

The following documents must be submitted along with your application.
Failure to submit the following documents may delay the processing of your application.

Please check:

- Declaration pages of your current Auto policy (First 5 pages)
- Copies of your current vehicle registration
- Copies of all drivers' licenses
- Copies of certification
- Copies of agreement/contract with trucking company (optional)



COSSIO INSURANCE AGENCY

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Proposed Effective Date: Quote Date:
New Renewal Prior policy number (if renewal):

APPLICANT INFORMATION

Named Insured: DBA:
Website: Email: Phone: Fax:
Mailing Address:
Physical Address:
Are you working from: Home Office
Type of Entity: Corporation Individual Partnership Joint Venture LLC Other:
FEIN/Social Security Number:

LIMITS

Please select one limit for General Liability and one limit for Professional Liability Coverage. You must select limits that meet the State Pilot Car Insurance Requirements for the States that you are traveling in. Your Professional Liability Limits must be equal to the Automobile Liability Limits that you have selected. By choosing the maximum General Liability and Professional Liability limits available you meet the minimum Pilot Car Operators State Insurance Requirements for all States.

Please Select Your Desired General Liability Limit:

\$100K/\$100K \$250K/\$250K \$500K/\$500K \$750K/\$750K \$1M/\$1M

Please Select A Professional Liability Limit:

\$250K/\$250K \$500K/\$500K \$750K/\$750K \$1M/\$1M

K = Thousands M = Millions

OPERATIONS INFORMATION

Do you do any team driving? YES NO

Name of Certification Program:

Date Completed: Please submit a copy.

Has any driver had his or her certification revoked or suspended? YES NO

If YES, list driver(s):

Do you sign contracts with the trucking company? YES NO If YES, submit a copy.

Do you sign contracts with a hold harmless or waiver of subrogation statement? YES NO

Do you perform services without a pre-trip planning and coordinating meeting? YES NO

Do you use a hand-held two-way radio or other similar form of communication at all times during a trip? YES NO

Is a voice activated recorder used at all time during the entire trip to record all dialog between all parties? YES NO

If YES, are tapes kept for a minimum of two years? YES NO

If NO, will you keep tapes for a minimum of two years in the future? YES NO

Have you ever deviated from the permit without prior approval of the Permit Office of the state? YES NO

What were the revenues for pilot car services for the prior three years?

Table with 2 columns: Year, Revenue. Rows for years 1, 2, and 3.

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
- Weight of load exceeds bridge capacity? YES NO
- Permit is incorrect? YES NO

Do you require height pole coverage? YES NO There is an additional premium charge for this insurance.

If **YES**, how long have you been operating as a pilot car driver? (Please supply proof) _____

If **YES**, when you are not in the act of escorting an over-dimensional move, or pre-running a route to determine height acceptance, is the height pole removed or tied down? YES NO

Is the height pole flexible and non-conductive and non-destructive? YES NO

In what states do you most often perform escort services? _____

What is the radius of your three longest jobs? _____ Miles _____ Miles _____ Miles

What is the frequency of your pilot car service jobs? Daily Weekly Monthly Other: _____

Do any escort services originate in U.S. and end in Canada or Mexico? YES NO **If YES, please note that no coverage applies in Mexico**

Do you have personal automobile insurance on the vehicle? YES NO **If YES, please provide certificate of insurance.**

Please list names and ages of all members of your household (provide MVR on each):

Name	Age

Exclusions Section

Do you perform shunting if necessary? YES NO **If YES, note that no coverage will be provided for shunting.**

Do you perform tillering? YES NO **If YES, note that no coverage will be provided for tillering.**

Do you perform route surveys? YES NO **If YES, note that no coverage will be provided for route surveying.**

Have you ever had a tillering, shunting, route survey, height pole or other professional liability claim made against you or an occurrence that might give rise to a claim? YES NO

If **YES**, provide details and any amounts paid and reserved.

Do you permit passengers, either human or animal, other than a certified individual in training or necessary flag person? YES NO
If YES, note that no coverage will be provided for such exposure.

Do you carry a load or tow a trailer? YES NO **If YES, note that no coverage will be provided for such exposure.**

Do you load or position the cargo and/or place chains or straps? YES NO
If YES, note that no coverage will be provided for such exposure.

Do you always complete a Post Trip Evaluation and Checklist after every transport? YES NO
If NO, note that no coverage will be provided for such exposure.



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STATEMENT FROM APPLICANT

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

Receipt and review of this application does not bind the Insurer to provide this insurance.

It is agreed by the applicant and the Insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the Insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the applicant and the prospective Insureds. It is further agreed by the applicant and the prospective Insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective Insureds, the undersigned authorized officer of the applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct.

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Signing of this application does not bind the applicant or the Insurer.

Inspections and Surveys: We have the right to make inspections and surveys at any time; give you reports on the conditions we find; and recommend changes. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. We do not warrant that conditions are safe or healthful; or comply with laws, regulations, codes or standards.

The above applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

This condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations of boilers, pressure vessels or elevators.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Applicant Signature: _____ Title: _____

Agent/Broker Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Date: _____



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FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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 the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading statement is guilty of a felony of the third degree.

KANSAS: A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer or purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of or the rating of, an insurance policy for commercial or personal insurance, or a claim of payment or other benefit pursuant to an insurance policy for personal or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: 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 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA: 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 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 subjects such person to criminal and civil penalties.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

REMINDER

SEND COMPLETED FORM TO:

Producer/Agent Name: _____

Address: PO Box 188 _____

City: Simpsonville _____ State: SC _____ Zip: 29681 _____

Telephone number: (864) 688 - 0121 _____ Fax Number: (864) 688 - 0138 _____

Agent's License Number: _____



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Note: List each vehicle that you will be using for your business: If you want us to cover your business autos, complete "Coverage requested" area also. If insuring more than four vehicles, please send information about the additional vehicles and coverage requested in a separate sheet of paper.

Vehicle 1:
Year: Make: Model: Body Type:
Vehicle Identification Number:
Curb weight Cost New:
Radius in miles vehicle will be driven:

Coverage requested:

Liability Limits:

300,000 500,000 1,000,000 2,000,000 5,000,000

Medical:

500 1,000 2,500 5,000 10,000

Uninsured Motorist Limits:

15,000 30,000 50,000 100,000 250,000

Underinsured UM: yes no
Collison Ded: 500 1000
Comprehensive Ded: 500 1000

Additional Add on Equipment Value:

Vehicle 2:
Year: Make: Model: Body Type:
Vehicle Identification Number:
Curb weight Cost New:
Radius in miles vehicle will be driven:

Coverage requested:

Liability Limits:

300,000 500,000 1,000,000 2,000,000 5,000,000

Medical:

500 1,000 2,500 5,000 10,000

Uninsured Motorist Limits:

15,000 30,000 50,000 100,000 250,000

Underinsured UM: yes no
Collison Ded: 500 1000
Comprehensive Ded: 500 1000

Additional Add on Equipment Value:



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If you want us to cover your business autos, complete "Coverage requested" area also.

Vehicle 3:
Year: Make: Model: Body Type:
Vehicle Identification Number:
Curb weight Cost New:
Radius in miles vehicle will be driven:

Coverage requested:

Liability Limits:
300,000 500,000 1,000,000 2,000,000 5,000,000
Medical:
500 1,000 2,500 5,000 10,000
Uninsured Motorist Limits:
15,000 30,000 50,000 100,000 250,000
Underinsured UM: yes no
Collision Ded: 500 1000
Comprehensive Ded: 500 1000
Additional Add on Equipment Value:

Vehicle 4:
Year: Make: Model: Body Type:
Vehicle Identification Number:
Curb weight Cost New:
Radius in miles vehicle will be driven:

Coverage requested:

Liability Limits:
300,000 500,000 1,000,000 2,000,000 5,000,000
Medical:
500 1,000 2,500 5,000 10,000
Uninsured Motorist Limits:
15,000 30,000 50,000 100,000 250,000
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For each Driver we will need the following:

Driver 1

Name:
Sex: [] male [] female Martial Status: [] married [] single [] divorced
Date of Birth: Social Security Number:
Years Experience Driving: Year you received licensed:
Driver's license Number: State Licensed:
Moving violation in the last 36 months: Accidents in the last 36 months
Violation description and date:
Percent(%) this person will be using vehicle:

Driver 2

Name:
Sex: [] male [] female Martial Status: [] married [] single [] divorced
Date of Birth: Social Security Number:
Years Experience Driving: Year you received licensed:
Driver's license Number: State Licensed:
Moving violation in the last 36 months: Accidents in the last 36 months
Violation description and date:
Percent(%) this person will be using vehicle:

Driver 3

Name:
Sex: [] male [] female Martial Status: [] married [] single [] divorced
Date of Birth: Social Security Number:
Years Experience Driving: Year you received licensed:
Driver's license Number: State Licensed:
Moving violation in the last 36 months: Accidents in the last 36 months
Violation description and date:
Percent(%) this person will be using vehicle:

Driver 4

Name:
Sex: [] male [] female Martial Status: [] married [] single [] divorced
Date of Birth: Social Security Number:
Years Experience Driving: Year you received licensed:
Driver's license Number: State Licensed:
Moving violation in the last 36 months: Accidents in the last 36 months
Violation description and date:
Percent(%) this person will be using vehicle:



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Also do you need any additional insured's added to this policy? []yes []no

Name of Additional Insured: _____
Address of Additional Insured: _____
City: _____ State: _____ Zip: _____

Name of Additional Insured: _____
Address of Additional Insured: _____
City: _____ State: _____ Zip: _____

Name of Additional Insured: _____
Address of Additional Insured: _____
City: _____ State: _____ Zip: _____

Applicant Signature: _____ Date: _____

Question? Please call us at (864) 688-0121 or send us a fax at (864) 688-0138

We will process your application as soon as we receive all your documentation
so please complete this form fully

NOTE: Click the Save button and save this document in your documents file folder.
Make sure that all the information you have entered is correct and then
e-mail this application to apps@cossioinsurance.com.



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