



COSSIO INSURANCE AGENCY

PILOT PRO APPLICATION

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

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to one of the agents listed below.

GENERAL INFORMATION

ALL OF THE FOLLOWING MUST BE COMPLETED FOR A QUOTE

Date you need coverage by: _____

Business entity type: Corporation LLC Sole Proprietor

FEIN# _____ Date Business Started: _____

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

Company Name: _____

Contact Name: _____ Title: _____

E-mail address: _____ Cell Phone: _____

Home Phone: _____ Fax: _____

What is the best number and time to contact you? _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Garaging Address (if different from Mailing Address): _____

City: _____ State: _____ Zip Code: _____

Current Auto Insurance Carrier: _____ Expiration Date: _____

Current premium(s) \$ _____

Current General Liability Carrier: _____ Expiration Date: _____

Current premium(s) \$ _____

Estimated Annual Gross Revenues \$: _____ Gross Payroll \$: _____

Any claims in last three years? yes no

If yes, list type of claims(s) and corresponding dates(s): _____

Are you currently a member of PEVOA? yes no

Member ID# _____ Expiration _____

OPERATION INFORMATION

Do you currently adhere to all Industry Best Practices as outlined
by your state certification curriculum? yes no

Types of Services you Provide :(List all that apply and include length of experience for each.) _____

Other than what is listed above, do you perform any additional
business services regardless of type? yes no

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 security fastening devices to hold pole in place and to prevent pole from slipping!

Does your Height Pole meet or exceed the above mentioned guidelines? yes no

If yes, what percentage of your jobs require Height pole work? _____

Specify any training class and when it was taken? _____

Please describe your experience and training doing height pole work: _____

Do you plan routes/perform route survey? yes no

If yes, what Percentage of your jobs requires route surveys? _____

What Percentage of your jobs requires route planning? _____

Specify any training class and when it was taken? _____

Please describe your experience and training doing route surveys: _____

Do you physically drive the route before producing a paper survey? yes no

If no, detail how route survey is performed? _____

Do you perform Flagging? yes no

If yes, what Percentage of your jobs requires flagging _____

Specify any training class and when it was taken _____

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 and General Liability policy? yes no

If yes, are hold harmless agreements in place? yes no

(A) If yes provide copy.

Will you be working out of state? yes no

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

Are you using a Pilot/Escort Vehicle Inspection & Checklist? yes no

Are you doing a post trip evaluation and checklist? yes no

General Information Questions, answer yes or no:

1) Are any vehicles not solely owned by and registered to the applicant? yes no

a. If yes, provide more details. _____



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- 2) Do over 50% of the employees use their autos in the business? yes no
a. If yes, provide more details. _____
- 3) Is there a vehicle maintenance program in operation? yes no
- 4) Do you lease your vehicles to or from others? yes no
a. If yes, do you have a lease agreement in place? yes no (provide copy)
- 5) Is ICC, PUC or other filings required? yes no
(If no there will be a \$25 charge for each filing needed)
a. Describe: _____
- 6) Do operations involve transporting hazardous material? yes no N/A
a. If answer is yes, provide more details. _____
- 7) Do you utilize formal written contracts with every job? yes no
a. If no, how do you obtain work and how are you paid? _____
- 8) Any vehicles to be covered used by family members not listed as a driver on the application? yes no
a. If yes, please identify who and how often they are driving the listed vehicle(%): _____

- 9) Do you have employees? yes no
a. If yes, do you obtain MVR verifications on your employees? yes no
b. If yes, how often? _____

VEHICLE AND DRIVER INFORMATION

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.

How many vehicles do you use for the business? _____

Vehicle 1:

Year: _____ Make: _____ Model: _____ Body Type: _____

Vehicle Identification Number: _____ Gross vehicle weight: _____

Original Cost New or purchase price (will be used for a depreciating rate calculation): _____

Date Purchased: _____ New Used Current value: _____

Radius in miles vehicle will be regularly driven: Local 0-50; Intermediate 51-200; Unlimited

Liability Limits: \$1,000,000 Combined Single Limit (CSL) with UM and UIM to match or per statutory requirement;
PIP or Medical @\$5,000

Physical Damage Coverage: _____ Comprehensive Ded: _____



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Any damage to this vehicle? Yes No

a. If yes, please describe: _____

Vehicle 2:

Year: _____ Make: _____ Model: _____ Body Type: _____

Vehicle Identification Number: _____ Gross vehicle weight: _____

Original Cost New or purchase price (will be used for a depreciating rate calculation): _____

Date Purchased: _____ New Used Current value: _____

Radius in miles vehicle will be regularly driven: Local 0-50; Intermediate 51-200; Unlimited

Liability Limits: \$1,000,000 Combined Single Limit (CSL) with UM and UIM to match or per statutory requirement;
PIP or Medical @\$5,000

Physical Damage Coverage: _____ Comprehensive Ded: _____

Any damage to this vehicle? Yes No

a. If yes, please describe: _____

INFORMATION IS NEEDED FOR EACH DRIVER

Driver 1

Date of employment – Other than owner : _____

Name: _____ Sex: Male Female

Marital Status: Married Single Date of Birth: _____ Years Experience Driving: _____

Driver's License Number: _____ State Licensed: _____ Year you received license: _____

Moving violation in last 36 Months: Yes No Accidents in last 36 months: Yes No

Violation description and date: _____

Do you have a CDL? Yes No If yes, then for how long: _____

Percent this person will be using vehicle and which vehicle will be used and usage type: _____

Certification from what State: _____ Certification number? _____ Expires: _____

TYPES OF SERVICES PROVIDED: (CHECK ALL THAT APPLY AND INCLUDE LENGTH OF EXPERIENCE)

Front Pilot Car Length of Experience _____ Height Pole Length of Experience _____

Rear Pilot Car Length of Experience _____ Night Moves Length of Experience _____

Route Surveys Length of Experience _____ Rolling Stop Length of Experience _____

List any other services provided and experience: _____

Driver 2

Date of employment – Other than owner : _____

Name: _____ Sex: Male Female

Marital Status: Married Single Date of Birth: _____ Years Experience Driving: _____



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TYPES OF SERVICES PROVIDED: (CHECK ALL THAT APPLY AND INCLUDE LENGTH OF EXPERIENCE)

Front Pilot Car Length of Experience _____ Height Pole Length of Experience _____

Rear Pilot Car Length of Experience _____ Night Moves Length of Experience _____

Route Surveys Length of Experience _____ Rolling Stop Length of Experience _____

List any other services provided and experience: _____

ADDITIONAL INSURED AND LEINHOLDER INFORMATION

For each additional insured request please provide a copy of your contract.

Name of Additional Insured: _____

Address of Additional Insured: _____

City: _____ State: _____ Zip: _____

Name of Additional Insured: _____

Address of Additional Insured: _____

City: _____ State: _____ Zip: _____

If there is a loan against any vehicle list the vehicle number and the name and address of Leinholder below

Vehicle #: _____ Name of Leinholder: _____

Address of Leinholder: _____

City: _____ State: _____ Zip: _____

Loan number: _____

Vehicle #: _____ Name of Leinholder: _____

Address of Leinholder: _____

City: _____ State: _____ Zip: _____

Loan number: _____

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VEHICLE EQUIPMENT SCHEDULE

Please list all permanently attached equipment

Vehicle #	Description	Quantity	Value
TOTAL VALUE			\$

Please list all unattached equipment

Vehicle #	Description	Value	Serial No. if item is over \$100 in value
TOTAL VALUE			\$

