

Pilot Car Insurance Program Application

PO Box 458, Winchester, TN 37398
phone: (931) 313-5519
fax: (931) 967-1128

www.pilotcarinsurance.org
pilotcar@pilotcarinsurance.org

Application must be completed accurately and completely. Incomplete applications will be returned to the applicant. The Pilot Car Program is available in most states.

General Information

Today's Date: _____ Requested Effective Date: _____
Company Name / or DBA: _____ FEIN and SSN: _____
Physical Address: _____
City: _____ State: _____ Zip: _____ County: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Company Owner's Name: _____ DOB: _____
Telephone: _____ Fax: _____ Email: _____
Type of Business: Sole Proprietor Partnership LLC/INC
Business Start Date: _____ Total Piloting Experience: _____ New Venture: Yes No
DOT# (If Applicable): _____

Coverage Requested:

Commercial Auto General Liability Professional Liability* Equipment Coverage

Limits of Liability:

Commercial Auto Liability Limit	<input type="checkbox"/> \$1,000,000 <i>*Lower limits available upon request</i>
Uninsured/Underinsured Motorist B.I./P.D.	<input type="checkbox"/> \$1,000,000 <i>*Lower limits available upon request</i>
Medical Payments/PIP <i>*Where applicable</i>	<input type="checkbox"/> \$5,000 <i>*Higher limits may be available</i>
General Liability	<input type="checkbox"/> \$1,000,000/\$2,000,000
<i>*Professional Liability is on a Claims Made form</i>	
Professional Liability	<input type="checkbox"/> \$1,000,000 <i>*Lower limits available upon request</i>
Bodily Injury/Property Damage Sublimit	<input type="checkbox"/> \$100,000 (included) <i>*Lower limits available upon request</i>
Equipment Coverage	<input type="checkbox"/> \$5,000 <i>*Higher limits available upon request</i>

Current Insurance: _____ Expiration Date: _____

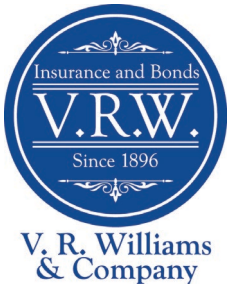
Current Limit: _____ Current Premium: _____

Number of Consecutive Years of Insurance Coverage _____

List years of total Gross Annual Revenue:

	Last 12 Months	Next 12 Months (Estimate)
\$	_____	\$ _____

Do you have a contract for your services? Yes No **Please attach a copy*



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Vehicle Schedule

1. Year: _____ Make, Model, Body Type: _____

VIN: _____ Garaging Zip Code: _____

Name as it appears on vehicle registration? _____

Registered state? _____

**Policies quoted on Actual Cash Value basis*

Do you have a Lien Holder? Yes No

Lien Holder Name/Address _____

Comprehensive (ACV) \$500 \$1,000 \$2,500

Collision (ACV) \$500 \$1,000 \$2,500 **Check Desired Deductible*

2. Year: _____ Make, Model, Body Type: _____

VIN: _____ Garaging Zip Code: _____

Name as it appears on vehicle registration? _____

Registered state? _____

**Policies quoted on Actual Cash Value basis*

Do you have a Lien Holder? Yes No

Lien Holder Name/Address _____

Comprehensive (ACV) \$500 \$1,000 \$2,500

Collision (ACV) \$500 \$1,000 \$2,500 **Check Desired Deductible*

3. Year: _____ Make, Model, Body Type: _____

VIN: _____ Garaging Zip Code: _____

Name as it appears on vehicle registration? _____

Registered state? _____

**Policies quoted on Actual Cash Value basis*

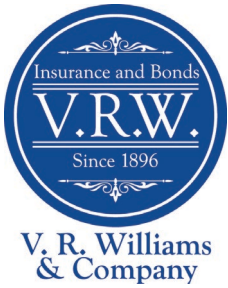
Do you have a Lien Holder? Yes No

Lien Holder Name/Address _____

Comprehensive (ACV) \$500 \$1,000 \$2,500

Collision (ACV) \$500 \$1,000 \$2,500 **Check Desired Deductible*

There are no radius or mileage restrictions with this program.



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Drivers

1. Name: _____ DOB: _____ Gender: _____
 Marital Status: _____ DL Number: _____ State: _____

CDL: Yes No Year CDL Obtained _____
 Yes No Front Pilot Car Yes No Rear Steering/Tillering
 Yes No Rear Pilot Car Yes No Rigging
 Yes No Flagging/Traffic Control Yes No Brokering/Subcontractors
 Yes No Height Pole Yes No Hot Shot
 Yes No Route Surveys

Length of experience for each service above: _____

Have you completed a defensive driving course that was not required due to a traffic violation? _____

**Please provide copy*

Violations, Accidents or Claims Last 7 Years

Check Here if None

	Date	Description of Occurrence/Claim	Amount Paid	Claim Status
1				<input type="radio"/> Open <input type="radio"/> Closed
2				<input type="radio"/> Open <input type="radio"/> Closed

**Loss runs MUST be provided for the last 3 years before any processing of the application can occur.*

**Include details on any auto, general liability, or professional liability claims in last 3 years.*

2. Name: _____ DOB: _____ Gender: _____
 Marital Status: _____ DL Number: _____ State: _____

CDL: Yes No Year CDL Obtained _____
 Yes No Front Pilot Car Yes No Rear Steering/Tillering
 Yes No Rear Pilot Car Yes No Rigging
 Yes No Flagging/Traffic Control Yes No Brokering/Subcontractors
 Yes No Height Pole Yes No Hot Shot
 Yes No Route Surveys

Length of experience for each service above: _____

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**Please provide copy*

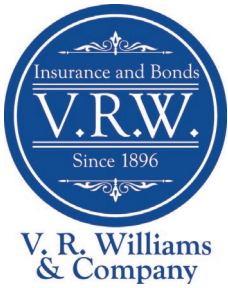
Violations, Accidents or Claims Last 7 Years

Check Here if None

	Date	Description of Occurrence/Claim	Amount Paid	Claim Status
1				<input type="radio"/> Open <input type="radio"/> Closed
2				<input type="radio"/> Open <input type="radio"/> Closed

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3. Name: _____ DOB: _____ Gender: _____
 Marital Status: _____ DL Number: _____ State: _____
 CDL: Yes No Year CDL Obtained _____
 Yes No Front Pilot Car Yes No Rear Steering/Tillering
 Yes No Rear Pilot Car Yes No Rigging
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 Yes No Height Pole Yes No Hot Shot
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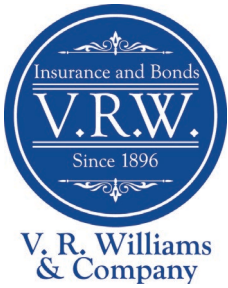
Additional Information

- Yes No Any vehicles not solely owned and registered to applicant?
If yes, please explain _____
- Yes No Are you requesting coverage for an employee using their own vehicle?
- Yes No Any vehicles leased or rented to others?
If yes, provide copy of lease.
- Yes No Do you escort any loads transporting hazardous materials?
- Yes No Are any vehicles to be covered used only by family members?
If yes, include driver information for each.
- Yes No Are any drivers covered by workers' compensation?
- Yes No Do you permit non-employee passengers during trips?
- Yes No Do you participate in any ride-sharing services such as Uber or Lyft? **(Note: Policy excludes coverage for these services.)**
- Yes No Does the applicant provide professional services to business entities in which it retains an ownership interest?

List primary operating states: _____

List all certifications: _____

List any added safety devices (voice recorders, camera, GPS): _____



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Basic Operations

<i>Services Provided</i>	<i>% of Total Operations</i>
<input type="radio"/> Yes <input type="radio"/> No Front Pilot Car	_____
<input type="radio"/> Yes <input type="radio"/> No Rear Pilot Car	_____
<input type="radio"/> Yes <input type="radio"/> No Flagging/Traffic Control	_____
<input type="radio"/> Yes <input type="radio"/> No Height Pole	_____
<input type="radio"/> Yes <input type="radio"/> No Route Surveys	_____

Additional Operations (Subject to Availability)

<i>Services Provided</i>	<i>% of Total Operations</i>
<input type="radio"/> Yes <input type="radio"/> No Rear Steering/Tillering	_____
<input type="radio"/> Yes <input type="radio"/> No Rigging/Secure Cargo	_____
<input type="radio"/> Yes <input type="radio"/> No Brokering/Subcontractors	_____
<input type="radio"/> Yes <input type="radio"/> No Hot Shot	_____

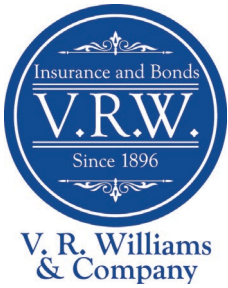
Height Pole N/A

Yes No Do you perform height pole work?
 If yes, please explain _____
 Is height pole/fastening equipment homemade or manufactured? _____

Height Pole Guidelines: Pole must be non-conductive, flexible, non-destructive, and must have secure fastening device in place to prevent slipping.

Yes No Does your height pole use any compression fittings?
 Please describe all training, experience, and safeguards used to prevent claims resulting from height pole work: _____

*** PROVIDE PHOTO OF ALL HEIGHT POLE EQUIPMENT FOR EACH VEHICLE. (REQUIRED)**



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Route Surveys

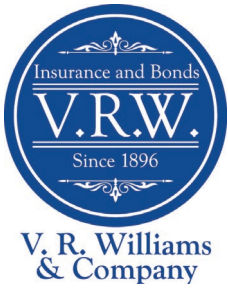
N/A

- Yes No Are you contracted to perform route surveys?
- Yes No Do you physically drive the route before producing a survey?
- Yes No Do you charge a fee to perform route surveys?
- Yes No Have you received any route survey education/training?
If yes, please explain _____
- Yes No Do you maintain files on how a survey was completed?
If yes, how long do you maintain the route survey files? _____
- Yes No Do you provide a written guarantee for completed surveys?
If yes, please explain _____
- Yes No Does anyone else in your company perform route surveys?
If yes, please explain _____
How many years route survey experience? _____
- Yes No Is there a pre-trip coordination and planning meeting?
- Yes No Are permit/routing documents provided at these meetings?

Brokering/Subcontractors

N/A

- Yes No Do you subcontract work with other drivers/companies?
- Yes No Do they provide you with a copy of their current policy showing matching limits of Auto Liability, General Liability, and Professional Liability?
- Yes No Are you a certificate holder or additional insured on the subcontractor's insurance?
- \$ _____ Annual revenue for subcontract or brokered work.
- Yes No Are you paid a percentage of each brokered load?
If yes, what percentage? _____



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Applicant Signature and Fraud Statement

Notice to Applicants of All States Except Colorado and Pennsylvania

Any person who knowingly, 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 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 claim(s) made against you during the current term of your policy or failure to report any facts, circumstances or events that could give rise to a claim against you to your current insurance company PRIOR TO expiration of your current policy term may result in 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.

By my signature below, I authorize V. R. Williams & Company and/or Central Mutual Insurance Company to obtain my motor vehicle report and other consumer reports necessary to evaluate my insurability.

Applicant's Signature: _____ Date: _____

Name and Title (please print): _____