

AFFILIATE APPLICATION

SGB LIMOUSINE OF NEW YORK

SGB LIMOUSINES OF NEW YORK | PHONE (516) 223-5555 | FAX (516) 688-3914 | SGBLIMOUSINE.COM



SGB LIMOUSINE
24 HOUR LIMO & TOWNCAR SERVICE

Nationwide - 866 592 0398
Nassau County - 516 223 5555
Suffolk County - 631 886 5555



Your Car is Waiting



AFFILIATE APPLICATION

COMPANY INFORMATION

Name of Company:

Phone Number:

Toll Free Number:

Fax Number:

Mailing Address:

Suite Number:

City:

State:

Zip Code:

Website:

Email Address:

Contact Person:

Years in Business:

TITLE

NAME

PHONE

EMAIL

Owner/President:

General Manager:

Operations Manager:

Dispatch Manager:

Affiliate Manager:

Reservations:

Billing:

QUESTIONNAIRE

Which Airports do you service? (Please include private airports)

| AIRPORT NAME | CODE | INSTRUCTIONS | DISTANCE |
|--------------|------|--------------|----------|
|--------------|------|--------------|----------|

1:

2:

3:

4:

5:

| | | |
|---------------------------------------|-----|----|
| Do you have a meet and greet service? | YES | NO |
|---------------------------------------|-----|----|

| | | |
|-------------------------|-----|----|
| If yes, is there a fee? | YES | NO |
|-------------------------|-----|----|

If fee, how much?

| | | |
|--------------------------------|-----|----|
| Do you track arriving flights? | YES | NO |
|--------------------------------|-----|----|

If yes, how?

Please explain your terms and conditions for no-show, late-cancel, modifications, & wait-time policy.

Be as detailed as possible, and include link to website verbiage if available.



INSURANCE & OPERATIONS

INSURANCE (US ONLY)

| | | | |
|--------------------|-------------------|----|----------|
| General Liability: | YES | NO | Carrier: |
| | Aggregate Amount: | | |
| Vehicle Liability: | YES | NO | Carrier: |
| | Aggregate Amount: | | |
| Excess Liability: | YES | NO | Carrier: |
| | Aggregate Amount: | | |
| Worker's Comp: | YES | NO | Carrier: |
| | Aggregate Amount: | | |

INSURANCE (INTERNATIONAL ONLY)

Please describe insurance coverage for Compulsory/Mandatory Insurance in Compliance with applicable local and regional by laws/regulations.

| | |
|--|-------------------|
| Comprehensive General Liability Coverage: | Aggregate Amount: |
| Vehicle Liability (include hired & non-owned): | Aggregate Amount: |
| Excess Liability Coverage: | Aggregate Amount: |

OPERATIONS

In what cities do you provide service? (list main cities or counties)

| | | |
|--|-----|----|
| Can reservations be made 24 hours a day / 7 days a week? | YES | NO |
|--|-----|----|

If not, what are the hours for reservations?

How are reservations handled outside of state hours?

| | | |
|---|-----|----|
| Are drivers available 24 hours / 7 days a week? | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| Can drivers be booked outside the normal operational hours? | YES | NO |
|---|-----|----|



SGB
LIMOUSINE
24 HOUR LIMO & TOWN CAR SERVICE

EMPLOYEE INFORMATION

How many staff members does your company have in each department?

Reservationists:

Dispatchers:

Accounting:

Marketing:

Maintenance:

Corporate:

Other:

Total number of staff:

How many of the drivers are:

Employees:

Independent Contractors:

Owner Operators:

Total number of drivers:

Describe your driver's attire:

| | | |
|---|-----|----|
| Are drivers drug tested before hiring? | YES | NO |
| Are drivers randomly drug tested during employment? | YES | NO |
| Are driver's abstracts checked before employment? | YES | NO |
| Are driver's abstracts checked yearly? | YES | NO |
| Is a copy of the driver's abstract kept in employee's file? | YES | NO |
| Is a driver's background checked before hiring? | YES | NO |

What are driver abstract requirements?

Please describe your company's initial Driver Training:

| | | | |
|-----------------------------------|-----|----|--------------|
| Defensiver Driver Course? | YES | NO | Course Name? |
| Customer Service Course? | YES | NO | |
| Map Test / Route Course? | YES | NO | |
| On-the-Road Course? | YES | NO | Course Name? |
| Annual Refresher Driver Training? | YES | NO | |

Please describe training:

| | | |
|--|-----|----|
| Are records maintained in Employee's file? | YES | NO |
|--|-----|----|



CUSTOMER INFORMATION

What is your customer base (in percentage of sales)?

Corporate Traveler:
Groups (events):

Leisure Traveler:
Shared Rides:

Accounting:

Is there a trip voucher in the vehicles that the customer is required to sign? YES NO

Is gratuity included in the bill? YES NO

Do your drivers accept gratuities? YES NO

On average, how many rides does your company complete daily?

Airport Transfer:

As Directed:

Other:

CUSTOMER FOLLOW-UP

Does your company track your service quality? YES NO

Please describe major service issues:

SERVICES TO CUSTOMERS:

Are beverages provided in the vehicles?

| | | | | | |
|---------|-----|----|-------------|-----|----|
| Sedans? | YES | NO | Limousines? | YES | NO |
| Vans? | YES | NO | Mini Buses? | YES | NO |
| Other? | YES | NO | | | |

Do you provide newspapers/magazines in the vehicles? YES NO

If yes, what kinds?

Is wi-fi available? YES NO



REFERRALS & REFERENCES

Do you currently refer rides outside of your market? YES NO
In which cities?
In which counties?
With which companies?

Are you currently affiliated with any networks? YES NO
Please list network affiliations:

CUSTOMER REFERENCES

Please provide two references from clients:

Reference #1:

Company Name: Contact Person:
Phone: Email:

Reference #2:

Company Name: Contact Person:
Phone: Email:

CREDIT CARD AUTHORIZATION:

Payment Information

Credit Card Number:

Expiration Date: Security Code:

Name on Card:

Billing Address:

City: State: Zip Code:

Card Holder's Phone Number:

Card Holder's Signature:

AFFILIATE QUALITY STANDARDS REQUIREMENTS

ALL SGB LIMOUSINE AFFILIATES MUST AGREE TO THE FOLLOWING:

- + Affiliate is required to maintain 24/7 dispatch coverage for all reservations.
- + Affiliate must provide SGB Limousines with emergency contact phone numbers that can be contacted, in case SGB Limo Transportation team cannot contact Affiliate in the event of an emergency.
- + Affiliate will train all chauffeurs on the SGB Limousines procedures.
- + Affiliate must provide SGB Limousines with an account manager.
- + Affiliate must comply with rated vehicle capacities.
- + Affiliate must track and update flight arrival times on all SGB Limousines trips
- + Affiliate must notify SGB Limousines in the event of any SGB Limousines customer complaints involving the move.
- + Affiliate must notify SGB Limousines in the event a vehicle is involved in any accident or any other instance that the vehicle requires towing, resulting in delaying the passenger.
- + Affiliate must report to SGB Limousines in the event that the vehicle cannot arrive on location at the arrival time.
- + Affiliate must immediately report any service issues to SGB Limousines that would prevent service to the passenger (including, but not limited to: mechanical failures, road closures, double bookings, etc.)
- + Affiliate must notify SGB Limousines, with an ample amount of notice, of any special event that would limit vehicle availability, and/or change rates during the event period.
- + Affiliate is to get approval from SGB Limousines before releasing a vehicle, if no contact was made with the passenger.
- + Affiliate must contact SGB Limousines for approval if the passenger wishes to change or add an additional service (if requiring additional charges) other than what was scheduled. This includes if waiting time is added.

AFFILIATE REQUIREMENTS CONTINUED

ALL SGB LIMOUSINE AFFILIATES MUST AGREE TO THE FOLLOWING:

- + Affiliate is to ensure that chauffeurs are properly licensed by the appropriate State DMV and local operation authorities.
- + Affiliate is to review chauffeur Motor Vehicle Reports (MVRs) of driver history and driver license status.
- + Affiliate drivers are to represent themselves as an addition of SGB Limousines.
- + Drivers are not to promote themselves or their primary transportation company.
- + Drivers must be clean and well-groomed.
- + Affiliate drivers are to be dressed in a black suit, white dress shirt, ties, and black dress shoes.
- + Drivers will not smoke or eat in the presence of the customer.
- + Affiliates are to make sure drivers carry a cell phone and/or a 2-way radio communication with dispatch.
- + Affiliates are to ensure drivers do not solicit gratuities from customers.
- + Affiliates are to provide SGB Limousines customers with current model, and impeccably clean vehicles requested by our customers.
- + Affiliates are to ensure vehicles are non-smoking for all SGB Limousines trips (unless requested differently by customers).
- + Drivers are to be on pick-location 15 minutes prior to scheduled time.
- + *SGB Limousines appreciates your company for assigning your best driver to provide the ultimate care for our clients! The SGB team promises to do the same for your company.

By signing you agree to the above requirements:

Applicant Signature:

Date:

Printed Name:

Title:

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

| | |
|---|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| 2 Business name/disregarded entity name, if different from above | |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| 6 City, state, and ZIP code | |
| 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | |
|--------------------------------|-------------|
| Social security number | |
| <div></div> | <div></div> |
| or | |
| Employer identification number | |
| <div></div> | <div></div> |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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