



Dear Shop Owner,

We always appreciate independent auto glass facilities that are interested in participating in the Safelite Solutions Network. If you have been in business and active in the Safelite Solutions National Shop Database for one year, you may complete and submit the following application for immediate consideration. We will review your application and let you know the outcome within 14 business days.

Please be sure to read the Additional Requirements and Terms on page two of the application and attach all of the documents requested. Certain details and requests are very specific. We are unable to review incomplete applications. You can email or fax your application packet to us.

If you are a new business or not an active shop in our database, and would like to be added to the Safelite Solutions National Shop Database for customer preference billing, you may go to www.SGCNetwork.com under the Join Network tab and click on the link titled My Shop Is New. There you will find a form to fill out and return to have your business added to the Safelite Solutions Database.

Thank you,
Safelite Solutions Network



Revised.2017

SAFELITE SOLUTIONS NETWORK APPLICATION

Please complete the following details. Be sure to read the additional requirements and terms on page two. PLEASE NOTE: You must be in business and active in the Safelite Solutions National Shop Database for one year before your application to be a Network Participant will be considered.

Company Name: _____

Federal Tax ID: _____ or SS#: _____

Physical Address: _____

City / State: _____ Zip: _____

E-mail Address: _____ Fax #: _____

Phone #: _____ Alternate Phone #: _____

MAILING ADDRESS (if different from above):

Shop Name - _____

Address - _____

City / State - _____ Zip _____

::: HOW LONG HAS YOUR SHOP BEEN DOING BUSINESS WITH SAFELITE SOLUTIONS? _____ years

::: HOW MANY ACTUAL STOREFRONT LOCATIONS DO YOU HAVE? _____

::: WHAT PRIMARY CITIES DO YOU SERVICE? _____

::: DO YOU PERFORM BACKGROUND CHECKS ON YOUR EMPLOYEES? _____ (Yes / No)

::: DO YOU HAVE OTHER AUTO GLASS BUSINESSES UNDER ANY OTHER NAMES _____ (Yes /No)

If you have multiple shops, please attach a page listing the name, addresses, phone/fax numbers.

- Hours of Operation:
 - Weekdays _____ am to _____ pm // Sat _____ am to _____ pm // Sun _____ am _____ pm
- In-Shop Only _____ Mobile Only _____ Both _____ Mobile Radius _____ Miles*
 - Repair Only _____ Replacement Only _____ Full Service _____ (Repair & Replace)
- Do you offer glass service for Motor Homes? _____ (Yes / No)
- Is the glasswork performed by self and/or your employees? _____ (Yes / No)
- What training and certifications do your technicians have? _____
- Please provide your State Registration/License if your business resides in AK, CA, CT, FL, MA, NY, OH, or RI. (required)
 - License Number: _____ State: _____ Expiration Date: _____

(Office Use)
Shop # _____
Parent # _____

:::ADDITIONAL REQUIREMENTS AND TERMS:::

Please read the details below to ensure you fulfill these requirements. **Be sure to include the four items listed below, with your completed application.**

**[1] PLEASE SUPPLY PHOTOGRAPHS OF THE FOLLOWING ALONG WITH YOUR APPLICATION:
MOBILE ONLY SHOPS:**

- a photograph of your business vehicle, showing the company name or logo.

IN-SHOP & MOBILE:

- a photograph of your business vehicle, showing the company name or logo.
- a photograph of your storefront, clearly and legibly showing the company name.

To preserve the quality of your photos, you may need to email or mail your application packet.

[2] NETWORK MEMBERS ARE REQUIRED TO MAINTAIN COMMERCIAL LIABILITY INSURANCE.

- Potential network members must carry at least \$500,000 in general commercial liability coverage. Please attach a copy of your current certificate of insurance, verifying your coverage amounts and policy expiration date. This is non-negotiable. This standard applies to all shops regardless of size, number of personnel, or service capabilities.

[3] ALSO SEND EVIDENCE OF ONGOING TRAINING AND/OR TRAINING CERTIFICATE(S).

- You can usually obtain a training certificate, after attending a class provided by your urethane supplier. You may go to <http://www.agrss.org/training/> for more information.

[4] IF YOUR BUSINESS RESIDES IN THE STATES OF AK, CA, CT, FL, MA, NY, OH, RI, YOU MUST PROVIDE A STATE REGISTRATION/LICENSE.

YOU MUST BE IN BUSINESS AND ACTIVE IN THE SAFELITE SOLUTIONS DATABASE FOR ONE YEAR.

This form is not the contractual agreement, only an application. An actual contract offer will be sent to you upon acceptance of your application.

Completed by: _____ Title: _____

Printed Name: _____ Date: _____

PLEASE RETURN TO: **SAFELITE SOLUTIONS NETWORK
ATTENTION – NETWORK OPERATIONS
PO BOX 182277, 5th FLOOR
COLUMBUS, OHIO 43218-2277
EMAIL: SGCNETWORKAGREEMENT@SAFELITE.COM
FAX: 614-210-9841**