

S&G LIMOUSINES OF NEW YORK | OFFICE (516) 223-5555 | FAX (516) 688-3914 | WEBSITE www.SANDGLIMO.com



S&G LIMOUSINE

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





## AFFILIATE APPLICATION

### **COMPANY INFORMATION**

Name of Company: Toll Free Number:			Phone Number:
			Fax Number:
Mailing Address:			Suite Number:
City:		State:	Zip Code:
Mahaita.			
Website:			
Email Address:			
Contact Person:			Years in Business:
TITLE	NAME	PHONE	EMAIL
Owner/President:			
General Manager:			
Operations Manage	er:		
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 me	eet and greet servi	ce? YES	NO
	If yes, is there a fe If fee, how much?	ee? YES	NO
Do you track arriv	ving flights? If yes, how?	YES	NO

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**

<b>INSURANCE (I</b>	US ONLY)
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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



Please describe training:

Are records maintained in Employee's file?

## **EMPLOYEE INFORMATION**

YES

NO

low many staff members does your company have in each department?								
Reservationists: Marketing:	Dispatchers: Maintenance Total numbe	Accounting: Corporate:						
Other:	iotat numbe	r oi stai	1:					
How many of the drivers are:								
Employees:	Independent							
Owner Operators:	Total numbe	r of driv	vers:					
Describe your driver's attire:								
And define the standard back in here	3			VEC	NO			
Are drivers drug tested before hirir	ng?			YES	NO			
Are drivers randomly drug tested d	luring employ	ment?		YES	NO			
Are driver's abstracts checked befo		YES	NO					
Are driver's abstracts checked year		YES	NO					
Is a copy of the driver's abstract ke	)	YES	NO					
Is a driver's background checked before hiring?				YES	NO			
What are driver abstract requireme	ents?							
Please describe your company's ini	itial Driver Tra	ining:						
Defensiver Driver Course? YES NO Course				?				
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						



## **CUSTOMER INFORMATION**

What is your customer	base (in per	centage of sa	ales)?					
Corporate Traveler: Groups (events):		Leisure Traveler: Shared Rides:			Accou	ınting:		
Is there a trip voucher	in the vehicl	es that the c	ustomer is requ	uired 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 y	our company	complete dail	y?				
Airport Transfer:		As Directed:		Other	:			
CUSTOMER FOLLOW	W-UP							
Does your company tra	ack your serv	ice quality?		YES		NO		
Please describe major	service issue	es:						
SERVICES TO CUST	OMERS:							
Are beverages provide	d in the vehi	cles?						
Sedans?	YES	NO	Limousines?		YES		NO	
Vans?	YES	NO	Mini Buses?		YES		NO	
Other?	YES	NO						
Do you provide newsp	apers/magaz	ines in the v	ehicles?		YES		NO	
If yes, what kind	ds?							
ls wi fi available?	VEC	NO						



Card Holder's Signature:

## **REFERRALS & REFERENCES**

Do you currently refer rides outside of your market? In which cities? In which counties? With which companies?		YES	NO
Are you currently affiliated with any networks? Please list network affiliations:		YES	NO
CUSTOMER REFERENCES			
Please provide two references from	n clients:		
Reference #1:			
Company Name:	Contact Pers	on:	
Phone:	Email:		
Reference #2:	Contact Pers	on:	
Company Name: Phone:	Email:	OII.	
PHONE.	Elliait.		
CREDIT CARD AUTHORIZATIO	N:		
Payment Information			
Credit Card Number:			
Experation Date:	Security Code:		
Name on Card:			
Billing Address:			
City:	State:	Zip Code:	
Card Holder's Phone Number:			

# AFFILIATE QUALITY STANDARDS REQUIREMENTS

### ALL S&G LIMOUSINE AFFILIATES MUST AGREE TO THE FOLLOWING:

- Affiliate is required to maintain 24/7 dispatch coverage for all reservations.
- → Affiliate must provide S&G Limousines with emergency contact phone numbers that can be contacted, in case S&G Limo Transportation team cannot contact Affiliate in the event of an emergency.
- ♣ Affiliate will train all chauffeurs on the S&G Limousines procedures.
- ♣ Affiliate must provide S&G Limousines with an account manager.
- Affiliate must comply with rated vehicle capacities.
- Affiliate must track and update flight arrival times on all S&G Limousines trips
- → Affiliate must notify S&G Limousines in the event of any S&G Limousines customer complaints involving the move.
- → Affiliate must notify S&G 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 S&G Limousines in the event that the vehicle cannot arrive on location at the arrival time.
- ♣ Affiliate must immediately report any service issues to S&G Limousines that would prevent service to the passenger (including, but not limited to: mechanical failures, road closures, double bookings, etc.)
- Affiliate must notify S&G 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 S&G Limousines before releasing a vehicle, if no contact was made with the passenger.
- → Affiliate must contact S&G 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 S&G 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 S&G 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 S&G Limousines customers with current model, and impeccably clean vehicles requested by our customers.
- ♣ Affiliates are to ensure vehicles are non-smoking for all S&G Limousines trips (unless requested differently by customers).
- Drivers are to be on pick-location 15 minutes prior to scheduled time.
- \*S&G Limousines appreciates your company for assigning your best driver to provide the ultimate care for our clients! The S&G team promises to do the same for your company.

By signing you agree to the above requirements:

Applicant Signature:	
Date:	
Printed Name:	Title

(Rev. December 2014) Department of the Treasury Internal Revenue Service

### **Request for Taxpayer Identification Number and Certification**

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

Gon	oral Instructions • Form	n 1098 (home mortgage	interes	st). 10	)98-E (s	tuden	t loan	inter	est).	1098	3-T	
Sign Here	Signature of U.S. person ▶	Date <b>▶</b>										
becaus interes genera instruc	cation instructions. You must cross out item 2 above if you have been notified so you have failed to report all interest and dividends on your tax return. For rest paid, acquisition or abandonment of secured property, cancellation of debt, ally, payments other than interest and dividends, you are not required to sign the strong on page 3.	eal estate transaction contributions to an ir	s, iter idivid	n 2 d ual re	loes no etireme	t app ent ar	oly. For	or m emer	ortg nt (IF	age RA),	and	g
	FATCA code(s) entered on this form (if any) indicating that I am exempt from F	. •										
3. I an	n a U.S. citizen or other U.S. person (defined below); and											
Ser	n not subject to backup withholding because: (a) I am exempt from backup wivice (IRS) that I am subject to backup withholding as a result of a failure to replonger subject to backup withholding; and											
1. The	number shown on this form is my correct taxpayer identification number (or I	am waiting for a nun	nber t	o be	issuec	to m	ne); aı	nd				
Under	penalties of perjury, I certify that:											
Part	II Certification		•			•						
guidelines on whose number to enter.					-							
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page			F 1 11 125 11 1									
backup withholding. For individuals, this is generally your social security number (SSN). However, for resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get TIN</i> on page 3.			or			-		-				
	our TIN in the appropriate box. The TIN provided must match the name given		So	cial s	ecurity	num	ber					
Part	Taxpayer Identification Number (TIN)											
	7 List account number(s) here (optional)	,										
See S	6 City, state, and ZIP code											
pecif	5 Address (number, street, and apt. or suite no.)	Requ	ester's	name	e and a	ddres	s (opti	onal)				
Pri In	Other (see instructions) ▶	1-				(Applies to accounts maintained outside the U.S.)						
Print or type c Instruction	<b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the a the tax classification of the single-member owner.	ppropriate box in the lir	e abo	ve for		Exemption from FATCA reporting code (if any)						
type	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation)	ation, P=partnership) ▶				Exempt payee code (if any)						
Print or type Specific Instructions on page			rust/e	state	cert	ain en	tions ( itities, ns on	not i	ndivi			
ge 2.	2 Business name/disregarded entity name, if different from above											
	1 Name (as shown on your income tax return). Name is required on this line; do not leave	e this line blank.					•					

#### General instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

### **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
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- (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? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.



## **S&G** LIMOUSINE

24 HOUR LIMO &TOWN CAR SERVICE

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





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"Your Car is Waiting"