



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.

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 although, photos do not usually fax well.

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 <https://SGC.Safelite.com> and open the Help Center tab at the top. As you scroll down you will come to Guides and Forms. The form you need to fill out and return is - Add your new company to our National Glass Shop Database.

Thank you,  
Safelite Solutions Network



Revised.2020

### 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 \_\_\_\_\_
- Repair Only \_\_\_\_\_ Replacement Only \_\_\_\_\_ Full Service \_\_\_\_\_ (Repair & Replace)
- If you offer Mobile service what is your Mobile Radius in miles? \_\_\_\_\_ Miles
- Do you offer ADAS Recalibrations? \_\_\_\_\_ (Yes / No)
- If ADAS Yes is it - In-House \_\_\_\_\_ Static \_\_\_\_\_ Dynamic \_\_\_\_\_ Both \_\_\_\_\_ or Sublet \_\_\_\_\_
- 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 # _____

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**:::ADDITIONAL REQUIREMENTS AND TERMS:::**

Please read the details below to ensure you fulfill these requirements. **Be sure to include the 4 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, 3<sup>rd</sup> FLOOR**  
**COLUMBUS, OHIO 43218-2277**  
**EMAIL: [SGCNETWORKAGREEMENT@SAFELITE.COM](mailto:SGCNETWORKAGREEMENT@SAFELITE.COM)**  
**FAX: 614-210-9841**