



Today's Date: _____/_____/_____

Completed by: _____

Affiliate Network Application

Part 1 Company information

Name of Company: _____ Website: _____

Federal I.D. Number: _____

DOT Number: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Billing address (if different): _____

City: _____ State: _____ Zip: _____

Of Years in business: _____ Type of Corporation: _____

Please provide the name, phone number and email address for the following personnel:

Owner/CEO: _____

General Manager: _____

Affiliate Manager: _____

Operations Manager: _____

Dispatch Manager: _____

Reservations Manager: _____

Billing Manager: _____

Main Telephone # : (_____) _____ - _____ Fax: (_____) _____ - _____

Reservation # : (____) _____ - _____ Fax: (____) _____ - _____

Toll free # : (____) _____ - _____ Reservation Email: _____

Business Hours: _____

Membership with Industry Organizations: _____

Part 2 Insurance Coverage

Please provide an appropriate liability insurance forms naming Boston Chauffeur, as the additional Insured.

Liability Insurance (please send certificate)

Name of Carrier: _____

Policy # _____

Types of Coverage (please check the type of coverage that applies)

- Combined Single Limit Coverage _____ Dollar Limits \$ _____
- Per Person\Per Incident Coverage _____ Dollar Limits \$ _____
- Excess Liability _____

Workers' Compensation Insurance (please send certificate)

Part 3 Reservation Information

1. Can reservations be booked through your web site? Yes No

- What software do you use to book reservations? _____

2. Is your company affiliated with any network web site reservation companies?
If so, please list:

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3. Do you accept “Ready Now”, ASAP or live reservations? Yes No
 4. If your company is not 24 hours, how are reservations booked after hours? (i.e. email, special telephone#)_____
 5. What is your billing policy? _____
 6. Do you currently use Fleetbook? _____

Part 4 Chauffeur Information

1. Please indicate the percentage of your chauffeurs that are:
Employees % _____ Independent Contractors % _____
2. Please describe the standard dress code for your chauffeurs (i.e. suit and tie) _____
3. Are your chauffeur’s drug tested? _____ if so, how often? _____
4. Average chauffeur tenure with the company? _____
5. Do you do a background check and driving history on all of your chauffeurs?

Part 6 Chauffeur Communication

1. How do you communicate with the chauffeurs? _____

Part 7 Services and Procedures

1. Please list the local areas that your company primarily services:

-
2. Do you provide National or International service: Yes No
3. How far in advance is a reservation dispatched?
(30-45 min) (1hr) (2-3hrs) (6-10hrs) (24hrs+)

4. Describe your meet and greet procedures for airport pick-ups. _____

5. Describe how you monitor the following:

- Airport Flights/Delays/Cancelations:

Do you check flights through the internet? Yes No

If your company is not 24 hours, how can your company be reached in the event that there is a problem after hours?

6. What is your Holiday Surcharge? Which holidays does this apply on?

Part 8

Accident Procedures

1. What items do you keep in the vehicle in the event of a breakdown and/or accident?
Please list:

Part 9

Vehicle information

1. Do you own all of the vehicles in your fleet?
2. How often do you change the body style of your fleet?
3. Are all of your vehicles 100% non-smoking?
4. What steps are taken to ensure vehicle cleanliness as well outside detailing?
5. Do you outsource your vehicles maintenance or have an in house mechanic?
6. Do you have a fuel surcharge on all vehicles? If so, what is it?

Part 10

Rates

Please send us your rate sheets and describe your policies and charges (if any) for the following:

1. No Shows:
2. Cancellations:
3. Waiting Time:
4. Tolls:
5. Airport Fees and Parking:

6. Baggage\Customs Pick-up:

7. Airport Greeter:

8. Fleet information (vehicles, make, model, year, color)

