



Dear Owner/Manager,

Alliance Claims Solutions has identified you as a valued provider of glass services and we want to take this opportunity to invite you into our glass program. We are proud to introduce our latest innovation to make doing business with some of our insurance partners more beneficial than ever. Becoming a member of Alliance Claims Solutions will enable you to take full advantage of all of the opportunities offered to participating shops.

By joining Alliance Claims Solutions now, you will:

- Be able to bill some insurance companies directly at prices established by the insurers
- Enjoy priority status for insurance work when a policyholder has no preference.

We are also pleased to announce our web site, www.allianceclaimssolutions.com that can allow you to support claims and to communicate with us via e-mail. With more developments planned, you will soon be able to use this web site for virtually all of your glass invoicing interactions with Alliance Claims Solutions.

Please review the enclosed information to learn more about some of our exciting new offers, including Electronic Data Interchange (EDI). With EDI, you'll be able to instantly submit your invoices. This dramatically reduces errors and processing time, resulting in faster payment.

We look forward to continuing to assist you in proudly serving the automotive glass industry. For EDI questions, please contact Kristy Mooney. For questions about the new agreement, you can reach me at 1-800-997-7709 X 1102.

Sincerely,

Kristy Mooney
Alliance Claims Solutions
Vendor Relations Manager



Membership Agreement

Please sign the following agreement and return, keeping a copy for your records.

By this agreement, _____ (“the Service Center”) agrees to become a member of the Alliance Claims Solutions, and shall comply with all of the terms and conditions of this Agreement. In consideration thereof, Alliance Claims Solutions shall, when appropriate, refer auto glass repair and/or replacement work to the Service Center, and the Service Center shall perform such repair or replacement work in accordance with this Agreement, and such other terms and conditions as may be or become applicable to members of the Alliance Claims Solutions.

This agreement, and the terms and conditions on which the Service Center shall perform auto glass repair and replacement work, may be modified by Alliance Claims Solutions as the circumstances may warrant. If the Service Center fails to perform any work as required, or otherwise fails to comply with any terms or conditions applicable to members of the Alliance Claims Solutions, the Service Center’s membership may be terminated by Alliance Claims Solutions.

Our service center agrees to the billing and warranty procedures on the attached pages. We also agree to use urethane or butyl sealant as recommended by OEVM (Original Equipment Vehicle Manufacturer) and to meet FMVSS212, FMVSS216, and FMVSS208 Rollover and Crash Standards.

Your Full Name (please print) _____ Title _____ Effective Date _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Hours of Operation: _____

Do you offer mobile service? _____ If yes, how far will you travel? _____

Pickup and delivery service? _____ If yes, how far will you travel? _____

Signed: _____
Authorized Alliance Claims Solutions Representative

Signed: _____
Authorized Service Center Representative



Member Billing Procedure – State of California

- The customer must be provided a written estimate for the work to be done prior to the installation, and the customer must sign that estimate. The estimate must contain the VIN, license plate number, and the odometer reading before getting the customers' signature.
- The customer must receive a copy of the invoice that is to go to the insurance company. Your invoice to Alliance Claims Solutions will be the same as the invoice sent to the insurance company. Please refer to the authorization fax for the pricing breakdown, and remember to charge sales tax. The invoice must show the billable party as:

Insurance Company Name c/o Alliance Claims Solutions

Invoice Requirements

To be in accordance with the BAR guidelines, your invoices must contain the following:

- A description of the work performed at your service center
- State that all new parts have been used in the repair process
- A sub-total of the parts replaced
- Your Bureau of Automotive Repair license number on the estimate and invoice
- Customer name and address
- Year, make and model of the vehicle
- Mileage, license number, complete VIN
- 8-digit authorization number shown on the AGN confirmation FAX
- Date of job completion
- Customer Signature
- An indication that the deductible (if any) has been collected



Pricing Information

The following pricing shall apply to repair and/or replacement work performed pursuant to this Agreement for an insured of the following named insurance companies:

Fees are allocated to Alliance Claims Solutions for claims processing. ACS will deduct a 10% administrative fee from each invoice, for the customers listed below.

Customer Name	W/S Temperd Discount Domestic	W/S Temperd Discount Foreign	Labor Per NAGS Hour	Per Kit Per NAGS	HM Kit Per NAGS	1ST Repair	2nd Repair
EMPLOYERS MUTUAL INSURANCE	-15%	-15%	\$40.00	\$18.00	\$65.00	\$59.95	\$15.00
GUIDEONE	-15%	-15%	\$40.00	\$18.00	\$65.00	\$59.95	\$15.00
GRINNELL MUTUAL INSURANCE	-7%	-7%	\$40.00	\$18.00	\$65.00	\$59.95	\$15.00
MIDWEST FAMILY MUTUAL	0%(List)	0%(List)	\$40.00	\$20.00	\$65.00	\$59.95	\$15.00
OPAC / FIDELITY	-10%	-10%	\$40.00	\$18.00	\$65.00	\$59.95	\$15.00
NORTH STAR INSURANCE	-15%	-15%	\$40.00	\$18.00	\$65.00	\$59.95	\$15.00
PEKIN INSURANCE	-10%	-10%	\$40.00	\$27.50 FLAT	\$52.50	\$59.95	\$15.00
DONEGAL	- 20%	- 20%	\$40.00	\$18.00	\$65.00	\$59.95	\$15.00
FARM BUREAU (AZ) TIER A	-17%	-17%	\$35.00	\$20.00 FLAT	\$65.00	\$59.95	\$15.00
TIER B	0% (List)	0% (List)					
TIER C	+28%	+28%					
SUBLIMITY INSURANCE COMPANY	- 5%	- 5%	\$45.00	\$18.00	\$65.00	\$59.95	\$15.00
UNIGARD INSURANCE	- 20%	- 20%	\$40.00	\$18.00	\$65.00	\$59.95	\$15.00
OREGON MUTUAL INSURANCE	-10%	-10%	\$40.00	\$18.00	\$65.00	\$59.95	\$15.00

Must be signed by Alliance Claims Solutions and member.

Date: _____

Date: _____

Alliance Claims Solutions

Member: _____

Signed: _____

Signed: _____

Its Authorized Alliance Representative

Its Authorized Member Representative

Federal Tax ID Number: _____



Please list below, or attach a directory of the locations to which this contract will apply.

Store Name:	Store Manager:
Physical Address:	
City, State, Zip:	
Telephone:	FAX:
Mailing Address:	
Remit Address:	
Fed. Tax ID (if different):	Mobile Miles:
Store Name:	Store Manager:
Physical Address:	
City, State, Zip:	
Telephone:	FAX:
Mailing Address:	
Remit Address:	
Fed. Tax ID (if different):	Mobile Miles:
Store Name:	Store Manager:
Physical Address:	
City, State, Zip:	
Telephone:	FAX:
Mailing Address:	
Remit Address:	
Fed. Tax ID (if different):	Mobile Miles:
Store Name:	Store Manager:
Physical Address:	
City, State, Zip:	
Telephone:	FAX:
Mailing Address:	
Remit Address:	
Fed. Tax ID (if different):	Mobile Miles:
Store Name:	Store Manager:
Physical Address:	
City, State, Zip:	
Telephone:	FAX:
Mailing Address:	
Remit Address:	
Fed. Tax ID (if different):	Mobile Miles:



STATEMENT OF WARRANTY PROCEDURES

Revised March 2005

WORKMANSHIP

- All auto glass installations must meet **federal** and **state regulations** for safety and crash standards.
- All auto glass installations must be installed with **urethane** when required by **NAGS** or manufacturer.
- All auto glass installations requiring corrective work will be done to the satisfaction of the customer.
- Any corrective action will be completed at the installing company's expense.

WARRANTIES

ALL WARRANTIES APPLY ONLY TO THE PRESENT OWNER OF VEHICLE

- All auto glass installations will be warranted for workmanship.
- All auto glass installations will be warranted for 30 days due to unexplainable breakage. *These include but are not limited to the following: stress break, slippage off setting blocks, manufacturing defects, etc.*
- All rock chip repairs will be guaranteed for as long as the customer owns the vehicle. If for any reason the customer is not satisfied with the repair, the cost of the repair will be credited back to Alliance Claims Solutions. Alliance Claims Solutions will reimburse the Insurance Company.

AUTHORIZATION FOR EXTRA ITEMS

- Authorization from Alliance for any charges that deviate from the basic NAGS pricing structure is required before we receive your invoice. *These additional items may include but are not limited to: net priced items, extra labor, moldings, gaskets, dealer only items, special order parts, tinting, sun visor or topper removal, freight, etc.*
- A copy of the supplier invoice or packing slip is required for all dealer or OE parts.



CUSTOMER SERVICE REQUIREMENTS

- Provide same day or next day service where applicable.
- Call Alliance if the job cannot be completed in 24 hours with an explanation.
- A minimum of **one million dollars of liability coverage** with Alliance Claims Solutions named as an additional insured.

BILLING INFORMATION

- Any order received from Alliance is to be billed to (*Insurance Company*) c/o Alliance Claims Solutions. All invoices must be faxed to us at 1-800-373-3707 or sent to the following address:

Insurance Company c/o Alliance Claims Solutions
PO Box 2108
Cedar Rapids IA 52406-2106

- Direct billing the insurance company or agency unless specified by Alliance will result in a **\$75.00** penalty payable to Alliance Claims Solutions.
- If you have any questions on billing or payment, please call 1-800-997-7709 option 4. Payment of invoices will be approximately 30 days from the date received.

SPECIAL PROCEDURES

- Any use of the Alliance Claims Solutions name in advertising must have prior written approval from Alliance Claims Solutions.
- If you are calling a job into Alliance Claims Solutions, please have the following information ready: *name, address, phone number, year, make and model of vehicle, complete VIN, damaged part(s), insurance company and agency if applicable, date of loss, cause of loss, state of loss, policy / claim number, deductible amount.*
- If a customer's deductible is greater than the cost to Alliance, call Alliance and one of their customer service representatives will provide instructions. If Alliance is billed, collect the invoice amount and send us an invoice with a zero balance. The Vendor must honor warranties and correct problems within 24 hours.



Before You Return the Contract

Please make sure you are including the items below:

- Membership Agreement, with signature
- Certificate of General Liability Insurance
- An updated W-9 form, if necessary
- Store list or a directory of all your stores
- Federal Tax Identification Number
- Zip codes of the areas you cover, if possible.
(If you don't have this information, go ahead and return the membership agreement.)

As soon as we have all of the items above we will enter your information into our database and you may immediately start receiving referrals. Please feel free to contact the Vendor Relations Department at (800) 997-7709, extension 1102, if you have any questions about the membership agreement.