

Dear Owner/Manager:

Thank you for your interest in joining our network of “REPAIR ONLY” service centers. As a provider of full-service claims management and auto glass repair and replacement services to our customers, we want to work with the best companies in the country to ensure that we deliver total customer satisfaction in every facet of our operation.

Please take a few moments to review the information in this packet. If you meet the Affiliate Participation Criteria listed below and agree to the expectations as outlined, complete the enclosed forms and return the following items to us.

- ✓ Price Agreement
- ✓ Additional Service Center Locations (if applicable)
- ✓ Form W9
- ✓ Certificate of Insurance

If you have any questions, please call Denise Henry at 715-830-6197.

<p>Please return this agreement to: Denise Henry Fax 715-858-3949 OR hsg.affiliates@hsgcodeblue.com</p>	<p>HSG Affiliate Services Department PO Box 207 Eau Claire WI 54702 715-830-6060</p>
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“REPAIR ONLY” AFFILIATE PARTICIPATION CRITERIA

- ✓ Provide mobile service at no additional charge within your stated service area
- ✓ Provide a lifetime windshield repair warranty
- ✓ Report all canceled or incomplete jobs, regardless of reason
- ✓ Submit invoices to Harmon for all completed Service Orders referred to you
- ✓ Meet minimum insurance requirements listed below

MINIMUM INSURANCE REQUIREMENTS

The minimum insurance requirements are listed below. Please obtain a copy of your Certificate of Insurance from your agent to submit with your paperwork. Strategic **must** be named as an additional insured or certificate holder. We also require that you send us an update whenever your policy is revised or renewed.

General Liability	Limits
Commercial General Liability	\$500,000
Garage Keepers Liability (Not Applicable for Mobile Only Shops)	\$500,000
Automobile	
Any Auto-Combined Single Unit	\$500,000
Worker’s Compensation / Employer’s Liability	
Worker’s Compensation	Statutory
Employer’s Liability	\$500,000

“REPAIR ONLY” SERVICE CENTER EXPECTATIONS

As an affiliate partner, we know you will provide quality workmanship and outstanding customer service. Since we offer a nationwide guarantee on all work performed, you must provide the following warranties to all customers we refer to you. Please carefully review the following expectations we have for the members of our network.

Contact the customer within thirty minutes of receiving the order during normal business hours.

Provide mobile service at no additional charge within your stated service area.

Provide a lifetime windshield repair warranty, as long as the insured owns the vehicle. You must credit us the cost of the repair if either of the following has occurred:

- Customer was displeased with the cosmetic look of the repair
- Windshield had to be replaced due to an unsuccessful or failed repair

Contact us and advise us on the status of any order not completed within fifteen (15) days.

We pre-qualify every windshield loss for possible repair. Pre-qualified windshield repairs will be called or faxed into your service center with **repair authorization only**. **Repair Only shops are not authorized to perform windshield replacements.**

If the windshield is not repairable, or the attempted repair is unsatisfactory, you must call us back at 800-268-2009.

INVOICING REQUIREMENTS

All invoices for work referred to you must be sent to us. Failure to submit invoices will result in removal from the network.

For faster processing please submit your invoices via your EDI provider or by Strategic-HSG online invoicing. Please note that any paper invoices (or EDI invoices that have rejected 3 times), will incur a processing fee. The fee for repair invoices is \$4.50 and will be debited from your payment. If necessary, you can mail your invoices to: Strategic Claim Services | PO Box 207 | Eau Claire, WI 54702

Your invoice should include the following information:

- √ Reference/PO Number
- √ Customer Name, Address & Phone number
- √ Vehicle Year, Make & Model
- √ Date of Service
- √ Complete VIN
- √ Customer's Signature

Signature _____ Date _____

Submitting Invoices Online

You now have the option to submit your invoices online using Strategic's user-friendly website. Online invoicing can save you time and money and you will receive payment more quickly. You will avoid **paper processing fees, postage, fax and EDI costs** when invoicing online. You can also use it to bill invoices that are not able to go through EDI.

You will be able to access the service center order number (SCO) on the website the following day after the order is assigned to your shop. Once you become familiar with the website, it will take only one to two minutes to submit an invoice.

Register to submit invoices online by going to Strategic-HSG's website at:

<https://onlineinvoicing.hsgcodeblue.com/> **Your shop/vendor number: XXXXX/XXXXX**

Choose the Online invoicing line under Auto Solutions HSG on the upper left side of the home page to register. Hit the Click to Login button. Then click on "new registration" on the bottom of the Welcome page. Once you submit your registration, you will receive an email to inform you when the registration is complete.

- **Minimum browser compatibility IE 6.0/7.0, Mozilla Firefox 2.0**
- **Apple users download Firefox 2.0**

Please email the address below if you have questions regarding registering online.

hsgoiregistration@hsgcodeblue.com

Strategic-HSG has made every effort to make online invoicing a positive experience. If you have suggestions or feedback, please do not hesitate to contact us at the email address above.

“Repair Only” Price Agreement

Please complete the following price agreement and W-9, sign original copies and return the agreement, W-9 and proof of insurance to Strategic-HSG, Affiliate Services Dept., PO Box 207, Eau Claire WI 54702 or fax copies of the agreement, W-9 and proof of insurance to our office at 715-858-3949. Please make sure that you retain a copy for your files.

Please direct any questions or comments to Affiliates Department
Phone: (715) 830-6060

\$ 50 First Windshield Repair-Flat

\$ 10 Each Additional Repair

Maximum of **3** repairs total for each service order.

By my signature below, our service center agrees to perform repairs only and the Repair Expectations are expressly incorporated in this agreement and I/we agree to comply with the Affiliate Repair Expectations. I understand that we do not, under any circumstance, have authorization to perform windshield replacements.

Service Center Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ Title: _____

Remittance Address (if different than above): _____

Email Address: _____

Mobile Service: Yes No Is this a mobile only location? Yes No

Radius of Service area from shop address (in miles) _____

Business Hours: Mon-Fri (-) Sat (-) Sun (-)

Date: _____ Print Full Name _____

Title: _____ Signature: _____

Tax ID: _____

ADDITIONAL SERVICE CENTER LOCATIONS

Service Center Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ Title: _____

Remittance Address (if different than above): _____

Email Address _____

Mobile Service: Yes No Is this a mobile only location? ___ Yes ___ No

Radius of Service area from shop address (in miles) _____

Business Hours: Mon-Fri (-) Sat (-) Sun (-)

Date: _____ Print Full Name _____

Title: _____ Signature: _____

Service Center Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ Title: _____

Remittance Address (if different than above): _____

Email Address _____

Mobile Service: Yes No Is this a mobile only location? ___ Yes ___ No

Radius of Service area from shop address (in miles) _____

Business Hours: Mon-Fri (-) Sat (-) Sun (-)

Date: _____ Print Full Name _____

Title: _____ Signature: _____

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This site will also provide more details on this payment method.**

I want EFT pay!

VENDOR #:

Bank ABA Routing Number: _____

Account Number: _____ Type: ___ Checking ___ Savings

Bank Name: _____

Bank Address: _____

Bank City: _____

Bank State: _____ ZIP: _____

Email Address: _____

(This is required for your EFT remittance emails)

Name (Printed): _____ Position/Title: _____

Signature: _____ Company: _____

Date: _____ FIN/SSN: _____