

# Affiliate Application

If you would *like* to be considered as an affiliate to Kevin Smith Transportation Group (KSTG), we ask that you fill out the following agreement and attach the following documents:

1. Your hourly rates
2. Your standard transfer rate for local airport transportation

## Contact Information

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

24/7 Operation?    Yes \_\_\_ No \_\_\_

(if No, what are your hours of Operation) \_\_\_\_\_

Affiliate Manager \_\_\_\_\_ Phone \_\_\_\_\_

After Hours Phone & Contact Name ('s) \_\_\_\_\_

Reservation/Confirmation Email \_\_\_\_\_

## Representation

Affiliate Chauffeurs are required to use a Kevin Smith Transportation Group (KSTG) sign or blank sign for all pick-ups and all business cards distributed shall be KSTG's, not of the Affiliate.

Affiliate will represent KSTG while transporting our clients in your vehicles. The KSTG logo for signage will be sent to Affiliate via email in a pdf file.

We will either ask you to connect directly with our client or facilitate communication through our office. At all times, we expect you to represent KSTG.

## Chauffeur Procedures

- Chauffeurs shall not use a cell phone while operating a vehicle except for GPS purposes
- Chauffeurs shall be on-site 15 minutes prior to every scheduled pickup
- If no contact or visual of the passenger, call KSTG main line 10 minutes after scheduled pickup time
- Never discuss payment terms with our clients

## Farm Out Terms

Under no circumstances shall a run farmed out to an affiliate be farmed out to another affiliate. The contracted agent is expected to handle the business themselves.

## Insurance Requirements

Mandatory \$1.5 million combined single limit for vehicles up to 15 passengers, \$5 million combined single limit for vehicles more than 15 passengers.

Upon receipt of first KSTG run, we ask to be added as additionally insured on your insurance policy. Our address is:

Kevin Smith Group, Inc.  
565 Hollow Road, Suite B  
Phoenixville, PA 19460

We also require proof of workers compensation coverage (required at time of receipt of first KSTG run)

## Authorization

If you agree to the terms presented herein, please sign and date this form and send it to Adam Sitsis at [asitsis@kevin-smithgroup.com](mailto:asitsis@kevin-smithgroup.com).

The AGREEMENT is made on this date \_\_\_\_\_, \_\_\_\_\_ between Kevin Smith Group, Inc. and \_\_\_\_\_ (referred to as "Affiliate")

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_