

5298

John Wisniewski

Please kill HB 5298

Unlike the Auto Body industry, Glass companies
have no direct contact with most insurance
companies

Running sales promotions is a way to
provide customers and agents with a
choice in an otherwise closed market.

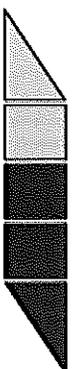
Because of the Networks strict control
over the pricing, promotional items have
no economic bearing on the cost of the
insurance claims

Sales Promotions enhances choice to the consumer

Wikipedia Definition:

*In economics, a **monopoly** (from Greek monos / μονος (alone or single) + polein / πωλεῖν (to sell)) exists when a specific individual or an enterprise has sufficient control over a particular product or service to determine significantly the terms on which other individuals shall have access to it*

One glass Company has monopolized complete access to the following insurance companies



BELRON®



Safelite®
AutoGlass

See AGRR article: [The Events that Rocked the Industry](#)

Independent glass companies are forced to call there competitor to get a claim number

- GEICO
- Progressive
- Nationwide
- The Hartford
- MetLife
- Liberty Mutual
- Hanover
- Safeco
- USAA
- GE Financial
- Chubb
- Windsor Group
- Peerless
- Kemper
- One Beacon
- Safety/ Patrons

- National Grange
- Encompass
- Fireman's Fund
- PHH
- Atlantic
- Zurich
- Blue Ribbon
- Response
- Unitrin
- Western United

In the glass industry our customers must speak to our competition before we can do the work.

AGRRR Magazine January/ February 2010

“The networks also have come to control a large part of the business.” “and the lack of business caused by possible steering issues among others”

**The cost of a gift card or
prize DOES NOT get pushed
through to the insurance
company**



**Tightly controls all access of the
claim including pricing.**

See Safelight job dispatches

Kill

HB 5298

Please consider voting against HB 5298 in it current state. Without addressing the issue of the insurance networks and the power they hold over the auto glass industry. It is my opinion that customer choice will be virtually eliminated when it comes to insurance work. Passing bill HB 5298 will have an adverse impact on all insurance work going forward for PayLess Auto Glass.

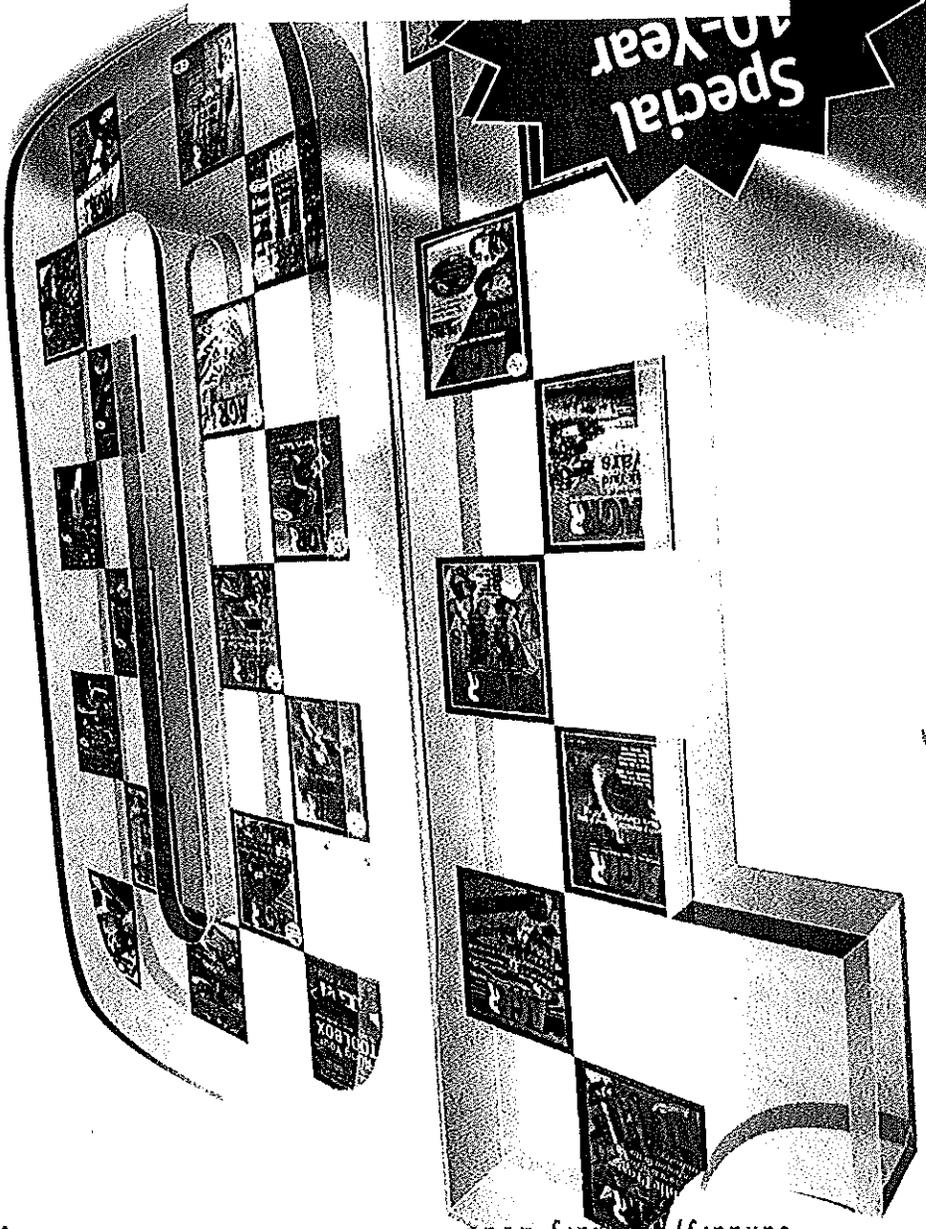
John Wisniewski President

PayLess
★
AUTO GLASS

#BXNCKG *****AUTO**5-DIGIT 06114
#ARR0052700 6# 910 1 0317
STEVE DILLERMAN 777-01
MGR
PAYLESS AUTO GLASS
521 WETHERSFIELD AVE
HARTFORD CT 06114-1909



Special
10-Year



An In-Depth
Look at the
Industry's Last
Ten Years

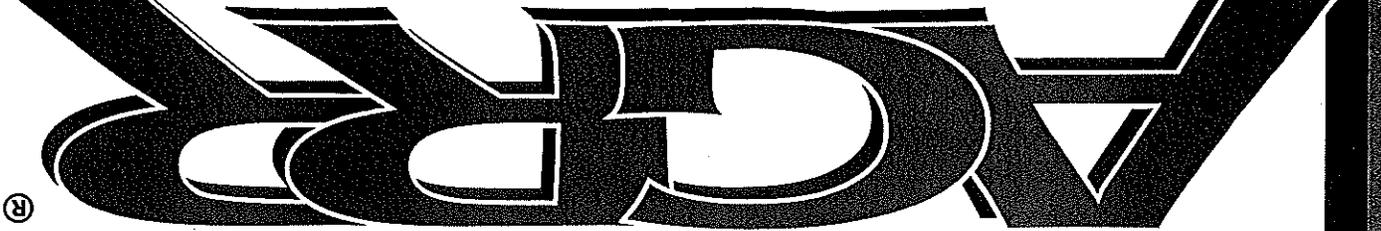
The Big 10

Free
Subscription
Form on Page 51

Volume 12 • Issue 1

January/February 2010

The Only Magazine Devoted Exclusively to the Auto Glass Industry

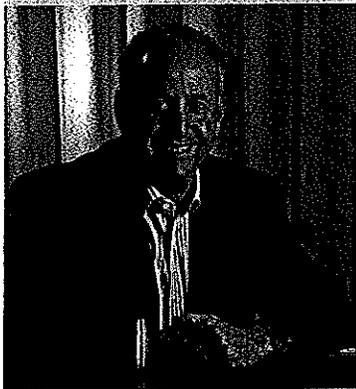


The group soon added a self-audit facet to the program, requiring AGRSS-Registered shops to submit certain materials and deliverables showing that they were following the Standard. And, this past year, the group embarked on one of its—and the industry’s—largest milestones, the creation of an independent third-party validation program in September 2009.

“Our ultimate goal is to provide those who use AGRSS-registered companies for their auto glass replacement needs with a level of confidence that their auto glass is being replaced properly. We are excited that so many companies are part of this initial program,” says Jean Pero, incoming chair of the AGRSS credentialing committee.

“It’s an amazingly innovative program,” adds Pero. “These companies allow truly independent, third-party auditors to come in and validate that they are doing the job right. It’s an amazing advancement for safety.”

3. Belron the Behemoth



Belron CEO Gary Lubner (above) has led the re-entry of the company into the United States over the last 10 years.

It’s no secret that Belron has had a long history with both the international and U.S. auto glass markets. The Belgium-based company and international auto glass giant had several U.S. distribution operations in the 1980s, including Windshields America in the 1990s, and eventually merged that company with the Globe Glass/U.S. Auto Glass Network in 1995, to form Vistar. Then, in 1997, Belron negotiated a deal by which it would own a 40-percent interest in Safelite Auto Glass. Vistar was purchased by Safelite as part of that agreement, but Belron management had many differences of opinion with Safelite, and quickly exited the deal three years later. For the next five years, Belron had no major U.S. holdings—but in 2005, that all began to change when the company announced it had signed an agreement to purchase Elite Auto Glass in Denver. From there, a firestorm began. Belron purchased Southern California-based Windshield Pros and Madison, Wis.-based Auto Glass Specialists later that year. Then, in early 2006, the company acquired Phoenix-based Maverick Glass. The buying frenzy slowed down slightly until February 2007, when Belron announced the acquisition of Safelite Auto Glass. Though Belron has acquired several other U.S. chains since then, including Cindy Rowe Auto Glass, Diamond Glass and the retail and network operations of Iowa Glass Industries, the Safelite deal is the one that gave it a super-sized presence.

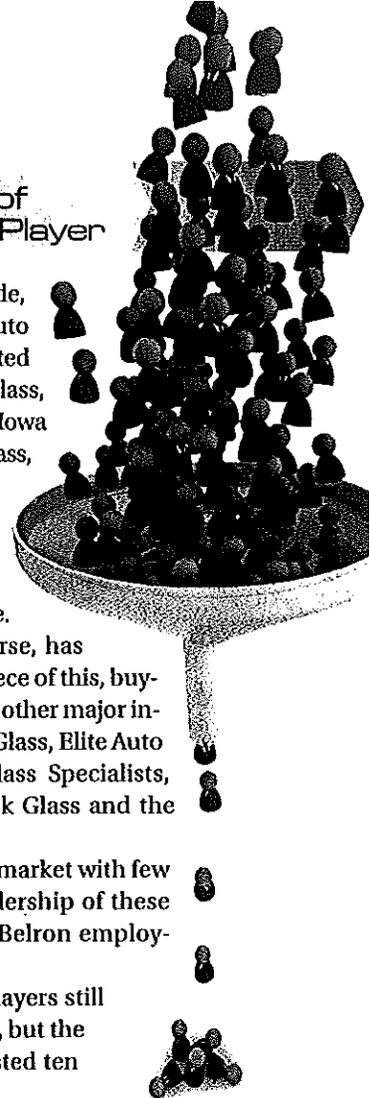
4. The Demise of the Regional Player

In the earlier part of the decade, several national and regional auto glass chains existed within the United States, including Safelite Auto Glass, Glass America, Auto Glass Service, Iowa Glass, Diamond Glass, Elite Auto Glass, Windshield Pros, Auto Glass Specialists, JN Phillips Auto Glass, Globe Amerada Glass, Cindy Rowe Auto Glass, Maverick Glass and more. Today most of these are gone.

Belgium-based Belron, of course, has been responsible for the largest piece of this, buying up not only Safelite but several other major industry players, such as Diamond Glass, Elite Auto Glass, Windshield Pros, Auto Glass Specialists, Cindy Rowe Auto Glass, Maverick Glass and the auto glass assets of Iowa Glass.

This has created a fragmented market with few regional chains left, and the leadership of these companies have either become Belron employees or retired.

Today, a few strong regional players still exist that don’t wear Belron colors, but the numbers are far smaller than existed ten years ago.



5. Repair on the Rise



A decade ago, HSG (formerly Harmon Solutions Group) probably had a repair rate of somewhere in the high teens or low twenties, according to the company. Now, the Eau Claire, Wis.-based network, the third largest in the total solutions provider realm, says its repairs constitute almost half of its business—46 to 48 percent to be accurate. “I definitely think that repair is coming into its own element

continued on page 20

The News of the DECADE

Continued from page 19

The Crystal Ball Approach
What major events do you expect to occur over the next ten years? Please e-mail pslacey@glass.com.

or has fully matured," says Paul Gross, president and chief executive officer of HSG. "There's been a substantial movement from that standpoint in terms of repair at the insurance carrier level."

Others in the industry are also seeing this trend. "We're starting to see more and more people doing windshield repair," says Dan Mock, vice president of operations for Glass Doctor, a replacement and repair provider based in Waco, Texas.

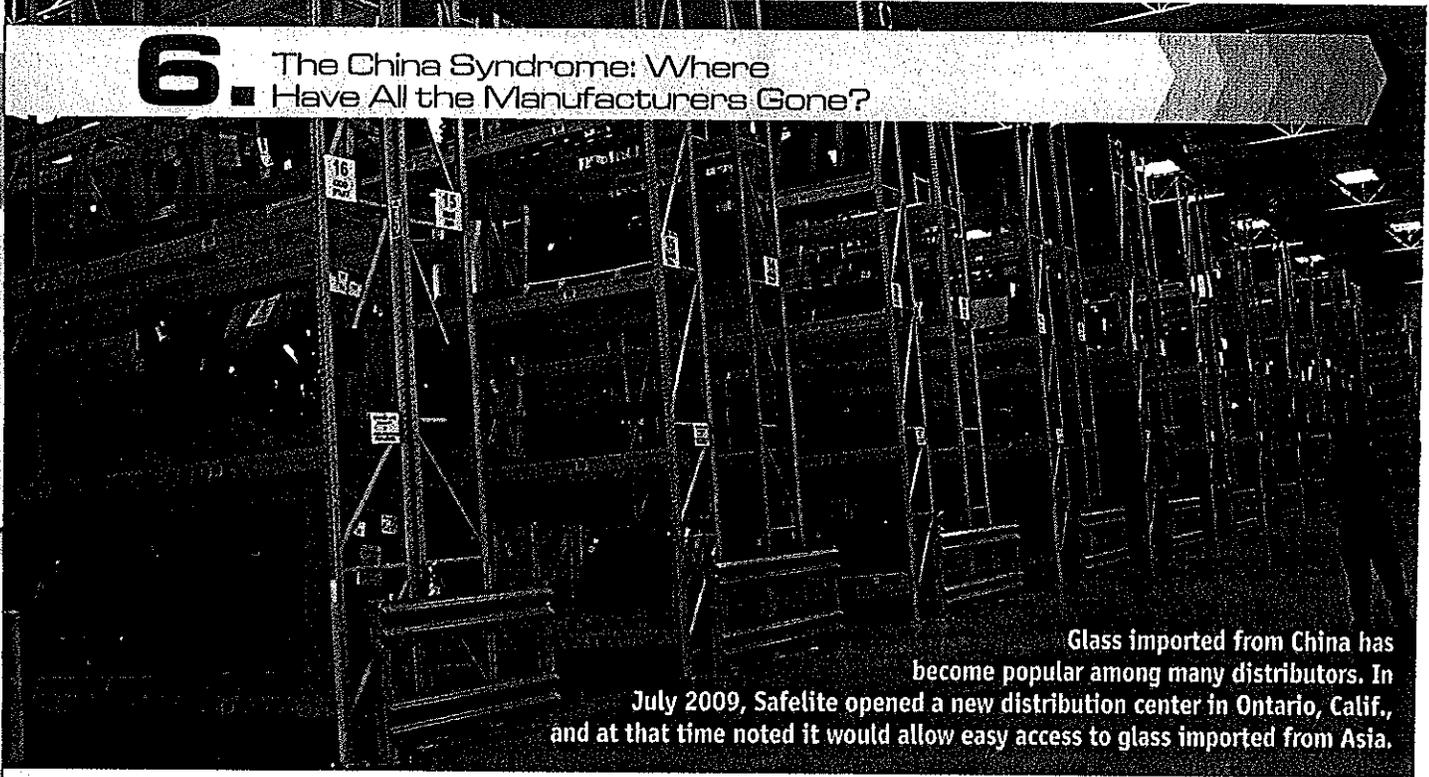
While the sentiment expressed by Mock and Gross isn't universal, there's definitely a feeling that the repair has some headwind behind it. There's the environmental movement, the cost savings in repair, and the ability to maintain the in-

tegrity of the windshield's original seal pushing the business.

"We're saving them deductibles and time. People are starting to see the environmental aspect of windshield repair," Mock says. "I think there are a lot of things at play. It's not just one single thing that's making a big difference. I think there are several different things coming together at once—kind of a perfect storm."

In just this past year, an ad campaign by the industry's largest player has helped as well. The Safelite campaign echoes Belron's worldwide push for repairs—and even those outside the company have benefitted from the growing awareness about this service.

6 The China Syndrome: Where Have All the Manufacturers Gone?



Glass imported from China has become popular among many distributors. In July 2009, Safelite opened a new distribution center in Ontario, Calif., and at that time noted it would allow easy access to glass imported from Asia.

Many industries have seen a move toward China in the last several years. And it's been no different for auto glass. Not only have several Chinese manufacturers launched their own businesses and have begun importing to the United States, but some American manufacturers, including Pittsburgh Glass Works, have begun producing glass overseas as well. China began aggressively courting OE manufacturing early in the decade and succeeded in making great inroads a few years ago, both in OE contracts and reverse-engineered aftermarket products. Much of auto glass manufacturing has followed.

A 2009 study showed that glass production in China had increased by 67 percent (more than \$567 million) since 2003, according to the Economic Policy Institute.

And the Chinese government's provision of subsidies for

the industry have also bolstered this. The 2009 report cited statistics from the National Bureau of Statistics, China, that showed that China's glass industry received \$1 million in government subsidies in 2004, compared with \$15.7 million in 2008, illustrating a gradual increase over this period.

At press time, discussion of glass tariffs was just beginning to gain traction. Supporters say such tariffs will help the glass industry, which, like the tire and steel industry, has been losing business to Chinese companies that are, in turn, subsidized by the government. Opponents say that in a truly free market economy, each company will manufacture what it does best and most cheaply and may have to lose some industries all together.

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The News of the DECADE

Continued from page 20

7. It's the Stupid Economy, Stupid

Many have called it the worst economic downturn since the Great Depression, and, even now, no one's quite sure where the bottom is, though in early 2010, many predicted it was near the end. Whatever is in the future, though, the recent economic period has had many effects—both positive and negative—on the industry. It's also had drastic effects on the automotive industry.

And those who do buy new cars are seeing newer, more innovative, expansive uses of glass—and often the glass is now playing an even larger role than before in the car's structural integrity.

The automotive market also is being influenced by a move to cities and urban areas—decreasing the demand for vehicles. And, of course, as the number of cars on the roads decreases, so does the chance of glass breakage.

8. Lists of List (Prices)

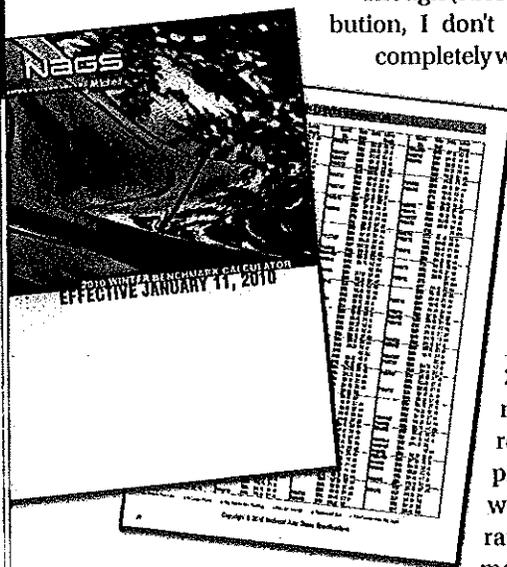
Though NAGS still remains the industry's only nationwide benchmark price list, in the past several years other pricing lists have begun to be utilized. A semi-covert Chicago Auto Glass Group was formed in the early part of the decade to develop a new benchmark system, but it seems to have lost some traction and stopped much of its work. (Many of its leaders, such as Wes Topping of Elite Auto Glass, have sold their companies to Belron.) As such, more and more distributors and manufacturers have developed their own price lists.

The NAGS numbering system, though, still remains crucial.

"Though [NAGS is] conscious of distribution, I don't think they understand completely what we go through," said

Paul Anaya, national accounts and marketing manager for Mygrant Glass, during an interview conducted in early 2008.

And, though NAGS attempted to fix many of its users issues with a 2007 re-balancing, many still note that the reduction in the glass prices listed (when labor was broken out separately) has been detrimental to business.



9. Auto Glass Replacement in the Crosshairs

It was just a few months after the launch of AGRR magazine that the now-infamous 20/20 exposé about unsafe auto glass installations first ran on network television. Since the 12-minute segment introduced by Barbara Walters first ran on February 25, 2000, the feature has not only been show repeatedly at industry events as a call to the industry for safe auto glass installations—but also has been the most major call to consumers the industry has had yet to show them the importance of a proper auto glass installation.



The segment, which was narrated by Arnold Diaz, began with a bang by profiling cases where faulty installations led to windshield ejections that ended the life of a 25-year-old woman and paralyzed a mother in California. The stories of these tragic cases highlighted the importance of the windshield in both the structural integrity of the car and occupant retention.

Though many felt the piece portrayed the industry in a bad light, even Patrick McKernan, the owner of the only company identified in the piece, American Mobile Glass in Newfoundland, N.J., said he felt the exposure would make his company better in the long run.

"This will make us stronger," he told AGRR magazine shortly after the incident. "It will make our guys more aware of doing it the proper way. I will also have stricter guidelines to make sure it is done the proper way."

The other two companies featured were Safelite and Diamond Auto Glass (which is now a part of Safelite).

There's no doubt, though, that this segment brought safety to the forefront of the industry's collective mind, and played an important role in the rise of the Auto Glass Replacement Safety Standard (AGRSS) and the efforts of the group behind it. (See No. 2 for more on this.)

10. Today's Professional Tech

Today's techs aren't just technicians—to the customer, they're the face of the company. This increasing customer interaction, along with a demand for quality customer service from the general public, has led to something more—an increased emphasis on professionalism, training and knowledge. Today, technicians are seen as experts in their fields and they are the ones on

continued on page 24



Phone 614-602-2121
Fax 614-210-950

Bobcat
F7

SAFELITE SOLUTIONS

Date: 02/24/10
Time: 15:08:43

To: PAYLESS AUTO GLASS-C
521 WETHERSFIELD AVE
HARTFORD CT 06114

Shop#: 014999
Fax: 860-296-8258
Tel: 860 296 0297

Referral#
775785

Customer: [REDACTED]
1 [REDACTED]
NEWINGTON CT 06111

Home: [REDACTED]
Bus: [REDACTED]

Date of loss:
02/22/2010

Vehicle: 2009 TOYOT CAMRY/SE/LE/XLE
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00

W/S LIST: -46.0% LABR: \$40.50 PER HOUR
C/T LIST: -46.0% LABR: \$40.50 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

- If the cost of claim is over \$2000, please call or email Pricing Approval.

Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: HARTFORD

ID#: 09095 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: [REDACTED]
Bill To: HARTFORD
Address: PO BOX 182277
COLUMBUS, OH 43218-2277

Please Show On Your Invoice

- 1) Referral#: 775785
- 2) Full Vehicle Vin Number
- 3) Valid NAGS Part Numbers
- 4) Customer's Signature

or, Invoice Online at SGCNetwork.com

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- HARTFORD INSURANCE will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature Richard [Signature] Date _____

Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____

Bobcat
F7

SAFELITE SOLUTIONS

Date: 02/25/10
Time: 12:21:43To: PAYLESS AUTO GLASS-C
25 TAPLEY ST
SPRINGFIELD MA 01104Shop#: 022099
Fax: 413-736-3181
Tel: 413 781 6343Referral#
784090

Customer:

[REDACTED]
SPRINGFIELD MA 01109Home: 4 [REDACTED]
Bus: 413 [REDACTED]Date of loss:
02/24/2010

413.335.7841

Vehicle: 2000 MERCURY MYSTIQUE
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.002:30
Thursday

W/S LIST: -42.0% LABR: \$35.00 PER HOUR

C/T LIST: -42.0% LABR: \$35.00 PER HOUR

Molding Discounts: Precision: 15.0%

KIT: \$19.00 2KIT: \$19.00 H/M KIT: \$20.00 H/M 2KIT: \$20.00

LOF 1:30
RUC

- If the cost of claim is over \$2000, please call or email Pricing Approval.

Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: METLIFE AUTO & HOME

ID#: 09003

EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: GARNER, BRENDA

Please Show On Your Invoice

Bill To: METLIFE AUTO & HOME

1) Referral#: 784090

Address: PO BOX 182277

2) Full Vehicle Vin Number

COLUMBUS, OH 43218-2277

3) Valid NAGS Part Numbers

or, Invoice Online at SGCNetwork.com

4) Customer's Signature

- You must include sales tax on your invoice if applicable.

- Payment will be rendered upon receipt of funds from the client.

- Invoices should be submitted within 10 days of installation.

- METLIFE will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____

Date _____

Please return your invoice signed by the customer, along with this signed fax

Shop Owner/Mgr Signature _____

Date _____



Phone 614-602-2120
Fax 614-210-9502

Bobcat
F7

S A F E L I T E S O L U T I O N S

Date: 02/18/10
Time: 11:30:36

To:	PAYLESS AUTO GLASS-C 1090 DIXWELL AVE HAMDEN CT 06514	Shop#: 014258 Fax: 203-498-2470 Tel: 203 498 8255	Referral# 699486
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Customer:	[REDACTED] HAMDEN CT 06518	Home: 2 [REDACTED] Bus: [REDACTED]	Date of loss: 02/11/2010
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Vehicle: 2000 FORD EXPLORER 4 DOOR UTI
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00

W/S LIST: -47.0% LABR: \$40.00 PER HOUR
C/T LIST: -47.0% LABR: \$40.00 PER HOUR
Molding Discounts: Precision: 20.0%
KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

----- Notice: -----

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

----- INSHOP SERVICE -----

COMPANY: GEICO ID#: 09043 EDI MAILBOX: SAFL SAFL107

----- Billing Instructions -----

Sold To: CHAMPAGNE, DEBRA	Please Show On Your Invoice
Bill To: GEICO	1) Referral#: 699486
Address: PO BOX 182277	2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277	3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com	4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- GEICO will not reimburse for deductibles not collected.

----- Authorization To Pay: -----

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____
 Please return your invoice signed by the customer, along with this signed fax
 Shop Owner/Mgr Signature _____ Date _____



Phone 614-602-2120
Fax 614-210-9502

Bobcat F7 | SAFELITE SOLUTIONS | Date: 02/15/10
Time: 14:27:54

To: PAYLESS AUTO GLASS-C Shop#: 014999
521 WETHERSFIELD AVE Fax: 860-296-8258 Referral#
HARTFORD CT 06114 Tel: 860 296 0297 655289

Customer: [REDACTED] Home: [REDACTED]
4 [REDACTED] Bus: 00 [REDACTED] Date of loss:
WILLIMANTIC CT 06226 02/15/2010

Vehicle: 1996 MERCURY SABLE 4 DOOR SED
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00

W/S LIST: -46.0% LABR: \$40.00 PER HOUR
C/T LIST: -46.0% LABR: \$40.00 PER HOUR
KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

Notice:-----

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: PROGRESSIVE ID#: 09034 EDI MAILBOX: SAFL SAFL107

Billing Instructions -----

Sold To: GUZMAN, CARLOS Please Show On Your Invoice
Bill To: PROGRESSIVE 1) Referral#: 655289
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- PROGRESSIVE GROUP will not reimburse for deductibles not collected.

Authorization To Pay: -----

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature [Signature] Date _____
Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____



Phone 614-602-2120
Fax 614-210-9502

Bobcat F7 | SAFELITE SOLUTIONS | Date: 02/18/10
Time: 12:01:24

To: PAYLESS AUTO GLASS-C Shop#: 014258
1090 DIXWELL AVE Fax: 203-498-2470 Referral#
HAMDEN CT 06514 Tel: 203 498 8255 700177

Customer: G [REDACTED] FRUIT A Home: [REDACTED]
48 [REDACTED] AVENUE Bus: 0- 0- 0 Date of loss:
NORTH HAVEN CT 06473 02/18/2010

Vehicle: 1996 CHEV G3500
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00

W/S LIST: -42.0% LABR: \$40.00 PER HOUR
C/T LIST: -42.0% LABR: \$40.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

- If the cost of claim is over \$2000, please call or email Pricing Approval.
----- Notice:-----

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: ONE BEACON ID#: 09035 EDI MAILBOX: SAFL SAFL107

----- Billing Instructions -----

Sold To: G AND A WHOLESALE FRUIT A Please Show On Your Invoice
Bill To: ONE BEACON 1) Referral#: 700177
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- ONEBEACON will not reimburse for deductibles not collected.

----- Authorization To Pay: -----

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____
Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____

Bobcat
F7

S A F E L I T E S O L U T I O N S

Date: 02/25/10
Time: 14:56:15

To: PAYLESS AUTO GLASS-C Shop#: 014999
521 WETHERSFIELD AVE Fax: 860-296-8258 Referral#
HARTFORD CT 06114 Tel: 860 296 0297 788870

Customer: [REDACTED] Home: [REDACTED] Date of loss:
[REDACTED] Bus: [REDACTED] 02/24/2010
HARTFORD CT 06106

Vehicle: 2000 GMC YUKON XL
Type of Loss: REPLACE WINDSHIELD PAS REAR DR
Deductible: \$.00

W/S LIST: -43.0% LABR: \$40.00 PER HOUR
C/T LIST: -43.0% LABR: \$40.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

- If the cost exceeds \$750, you must call Safelite for Authorization
BEFORE doing the work.

Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: BLUE RIBBON GLASS SERVICE ID#: 09001 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: RODRIGUEZ, JESUS Please Show On Your Invoice
Bill To: BLUE RIBBON GLASS SERVICE 1) Referral#: 788870
Address: P.O. BOX 182647 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2647 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- NATIONWIDE INSURANCE will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____

Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____



Phone 614-602-2120
Fax 614-210-9502

Bobcat F7 | SAFELITE SOLUTIONS |

Date: 02/12/10
Time: 16:36:13

To: PAYLESS AUTO GLASS-C Shop#: 014999
521 WETHERSFIELD AVE Fax: 860-296-8258
HARTFORD CT 06114 Tel: 860 296 0297

Referral#
632030

Customer: BECIRVIC, SEMSO Home: [Redacted]
[Redacted] Bus: [Redacted]
HARTFORD CT 06114

Date of loss:
02/12/2010

Vehicle: 1998 VOLKSWAGEN NEW BEETLE 2 DOOR
Type of Loss: REPLACE DRV QTR GLS
Deductible: \$.00

W/S LIST: -42.0% LABR: \$40.00 PER HOUR
C/T LIST: -42.0% LABR: \$40.00 PER HOUR
Molding Discounts: Precision: 10.0%
KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: ENCOMPASS INSURANCE ID#: 09011 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: BECIRVIC, SEMSO Please Show On Your Invoice
Bill To: ENCOMPASS INSURANCE 1) Referral#: 632030
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

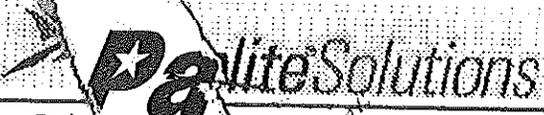
- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- ENCOMPASS INSURANCE will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature [Signature] Date _____

Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____



Bobo
F7 SAFELITE SOLUTIONS

Date: 02/05/10
Time: 12:24:56

To: PAYLESS AUTO GLASS-C Shop#: 031812
12 NEW LONDON TPKE Fax: 860-889-7109
NORWICH CT 06360 Tel: 860 887 0416

Referral#
XXXXXX

Customer: [REDACTED] Home: [REDACTED]
[REDACTED] Bus: [REDACTED]
NORWICH CT 06360

Date of loss:
02/02/2010

Vehicle: 2001 CHEVROLET SUBURBAN 4 DOOR UT
Type of Loss: REPLACE WINDSHIELD
Coverage not yet verified.

W/S LIST: -37.0% LABR: \$41.00 PER HOUR
C/T LIST: -37.0% LABR: \$41.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$25.00 H/M 2KIT: \$45.00

- If the cost of claim is over \$2500, please call or email Pricing Approval.
Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: KEMPER ID#: 09022 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: CARRIGAN, GARY
Bill To: KEMPER
Address: PO BOX 182277
COLUMBUS, OH 43218-2277

Please Show On Your Invoice

- 1) Referral#: XXXXXX
- 2) Full Vehicle Vin Number
- 3) Valid NAGS Part Numbers
- 4) Customer's Signature

or, Invoice Online at SGCNetwork.com

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- If multiple glass parts, and vehicle over 6 years old, call for approval.
- Invoices should be submitted within 10 days of installation.
- KEMPER will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____

Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____

Bobcat |-----| Date: 01/19/10
F7 | SAFELITE SOLUTIONS | Time: 09:54:01To: PAYLESS AUTO GLASS-C Shop#: 022099
25 TAPLEY ST Fax: 413-736-3181 Referral#
SPRINGFIELD MA 01104 Tel: 413 781 6343 363311Customer: [REDACTED] Home: [REDACTED]
[REDACTED] Bus: 0- 0- 0 Date of loss:
SPRINGFIELD MA 01108 01/19/2010Vehicle: 1997 HOND CIVIC E
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00W/S LIST: -38.0% LABR: \$35.00 PER HOUR
C/T LIST: -38.0% LABR: \$35.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

- If the cost of claim is over \$2000, please call or email Pricing Approval.

Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

GLASS DED = 0 IN MASS

COMPANY: HANOVER INSURANCE

ID#: 09010 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: RIVERA, CARMELO

Please Show On Your Invoice

Bill To: HANOVER INSURANCE

1) Referral#: 363311

Address: PO BOX 182277

2) Full Vehicle Vin Number

COLUMBUS, OH 43218-2277

3) Valid NAGS Part Numbers

or, Invoice Online at SGCNetwork.com

4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- HANOVER INSURANCE will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____
Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____



Phone 614-602-2120
Fax 614-210-9502

Beatqg +-----+
F1 | SAFELITE SOLUTIONS |

Date: 02/17/10
Time: 13:39:56

To: PAYLESS AUTO GLASS-C Shop#: 014258
1090 DIXWELL AVE Fax: 203-498-2470
HAMDEN CT 06514 Tel: 203 498 8255

Referral/
Authorization#
686789

Customer: [REDACTED] Home: [REDACTED]
9 FAIRVIEW ST Bus: [REDACTED]
ANSONIA CT 06401

Date of loss:
02/17/2010

Vehicle: 2002 KIA SPORTAGE
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00
W/S LIST: -43.0% LABR: \$40.00 PER HOUR
C/T LIST: -43.0% LABR: \$40.00 PER HOUR
KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00
W/S RPR: \$65.00 ADDL RPR: \$0.00

INSHOP SERVICE

COMPANY: SAFECO INSURANCE ID#: 09006 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: CZOMBOS, ROBIN & B Please Show On Your Invoice
Bill To: SAFECO INSURANCE 1) Referral#: 686789
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- If the cost of claim is over \$2500, please call or email Pricing Approval.
- Invoices should be submitted within 10 days of installation.
- Any additional parts, labor or a change in the work to be performed must be authorized before doing work. Call 1-614-602-2120 for approval or questions.
- SAFECO INSURANCE will not reimburse for deductibles not collected.

Notice: Pricing Authorization

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____

Please return your invoice signed by the customer, along with this signed fax



Phone 614-602-2120
Fax 614-210-9502

Bobcat U6 | SAFELITE SOLUTIONS |

Date: 02/08/10
Time: 11:44:20

To: PAYLESS AUTO GLASS-C Shop#: 031812
12 NEW LONDON TPKE Fax: 860-889-7109
NORWICH CT 06360 Tel: 860 887 0416

Referral/
Authorization#
570433

Customer: COLBURN, WARREN E Home: 860-889-8052
Mystic CT 06355 Bus: 860-889-8052

Date of loss:
12/27/2009

Vehicle: 1999 TOYOTA LAND CRU AWD
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00

W/S LIST: -40.0% LABR: \$40.00 PER HOUR
C/T LIST: -40.0% LABR: \$40.00 PER HOUR
KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$25.00 H/M 2KIT: \$50.00

INSHOP SERVICE

COMPANY: USAA ID#: 09005 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: COLBURN, WARREN E
Bill To: USAA
Address: PO BOX 182277
COLUMBUS, OH 43218-2277

Please Show On Your Invoice
1) Full Vehicle Vin Number
2) Valid NAGS Part Numbers
3) Customer's Signature

or, Invoice Online at SGCNetwork.com

- You must include sales tax on your invoice if applicable. Invoices should be submitted within 10 days of installation. Payment will be rendered upon receipt of funds from the client. For payment inquiries please contact Safelite Solutions at 1-614-602-2120.

- USAA will not reimburse for deductibles not collected.

Notice: Pricing Authorization

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____

Please return your invoice signed by the customer, along with this signed fax.

Shop Owner/Mgr Signature _____ Installer Signature _____

Bobcat |-----| Date: 02/04/10
F7 | SAFELITE SOLUTIONS | Time: 15:58:23

To: PAYLESS AUTO GLASS-C Shop#: 022099
25 TAPLEY ST Fax: 413-736-3181 Referral#
SPRINGFIELD MA 01104 Tel: 413 781 6343 448750

Customer: [REDACTED] Home: [REDACTED]
PO [REDACTED] Bus: 0- 0- 0 Date of loss:
WHITINGHAM VT 05361 01/25/2010

Vehicle: 2005 SUBA LEGACY
Type of Loss: REPLACE WINDSHIELD
Deductible: \$100.00

W/S LIST: -43.0% LABR: \$40.00 PER HOUR
C/T LIST: -43.0% LABR: \$40.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

----- Notice: -----
Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: PEERLESS INS-SPECIAL ID#: 09024 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: DWIGHT SOUTHWICK Please Show On Your Invoice
Bill To: LIBERTY REGIONAL AGENCY MARKE 1) Referral#: 448750
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- LMAM will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____
Please return your invoice signed by the customer, along with this signed fax.
Shop Owner/Mgr Signature _____ Date _____

Bobcat
F7

SAFELITE SOLUTIONS

Date: 02/16/10
Time: 10:05:35

To: PAYLESS AUTO GLASS-C
521 WETHERSFIELD AVE
HARTFORD CT 06114

Shop#: 014999
Fax: 860-296-8258
Tel: 860 296 0297

Referral#
XXXXXX

Customer: 
GLASTONBURY CT 06033

Home: 
Bus: 

Date of loss:
02/15/2010

Vehicle: 2010 SUBARU OUTBACK 4 DOOR STA
Type of Loss: REPLACE BACKGLASS
Coverage not yet verified.

W/S LIST: -38.0% LABR: \$40.00 FLAT PLUS \$30.00 PER HOUR
C/T LIST: -38.0% LABR: \$40.00 FLAT PLUS \$30.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

- If the cost of claim is over \$2500, please call or email Pricing Approval.
----- Notice:-----

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

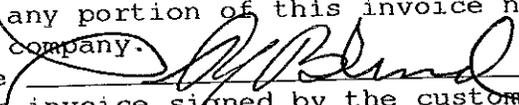
COMPANY: NATIONAL GRANGE ID#: 09059 EDI MAILBOX: SAFL SAFL107
----- Billing Instructions -----

Sold To: BOUCHARD, ROGER Please Show On Your Invoice
Bill To: NATIONAL GRANGE 1) Referral#: XXXXXX
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- NATIONAL GRANGE will not reimburse for deductibles not collected.

----- Authorization To Pay: -----

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature  Date 2/16/2010
Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____

Bobcat
F7

S A F E L I T E S O L U T I O N S

Date: 02/08/10

Time: 13:44:48

To: PAYLESS AUTO GLASS-C Shop#: 014999
521 WETHERSFIELD AVE Fax: 860-296-8258 Referral#
HARTFORD CT 06114 Tel: 860 296 0297 574019

Customer: Home: 860-296-0297
860-296-0297 Bus: 860-296-0297 Date of loss:
HARTFORD CT 06102 02/02/2010

Vehicle: 2003 HYUNDAI ELANTRA 4 DOOR SED
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00

W/S LIST: -27.0% LABR: \$40.00 FLAT PLUS \$30.00 PER HOUR
C/T LIST: -27.0% LABR: \$40.00 FLAT PLUS \$30.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: CHUBB INSURANCE GROUP ID#: 09017 EDI MAILBOX: SAFL SAFL107

Billing Instructions

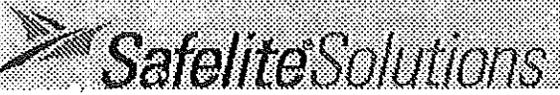
Sold To: HARTFORD HEALTH CARE Please Show On Your Invoice
Bill To: CHUBB INSURANCE GROUP 1) Referral#: 574019
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- CHUBB GROUP will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____
Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____



Phone 614-602-2120
Fax 614-210-9502

Bobcat
F7

S A F E L I T E S O L U T I O N S

Date: 01/15/10
Time: 09:53:39

To: PAYLESS AUTO GLASS-C Shop#: 014999
521 WETHERSFIELD AVE Fax: 860-296-8258 Referral#
HARTFORD CT 06114 Tel: 860 296 0297 330838

Customer: TORRES, JOSE Home: 860-296-0124
3 [REDACTED] Bus: [REDACTED] Date of loss:
LOWELL MA 01852 01/11/2010

Vehicle: 2001 CHEVROLET EXPRESS VAN
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00

W/S LIST: -34.0% LABR: \$40.00 PER HOUR
C/T LIST: -34.0% LABR: \$40.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: FIREMANS FUND INSURANCE ID#: 09232 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: TORRES, JOSE Please Show On Your Invoice
Bill To: FIREMANS FUND INSURANCE 1) Referral#: 330838
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- FIREMANS FUND INSURANCE will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____

Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____



Phone 614-602-2120

Fax 614-210-9502

Bobcat
F7

S A F E L I T E S O L U T I O N S

Date: 01/02/10
Time: 11:14:17

To: PAYLESS AUTO GLASS-C
521 WETHERSFIELD AVE
HARTFORD CT 06114

Shop#: 014999
Fax: 860-296-8258
Tel: 860 296 0297

Referral#
187830

Customer: [REDACTED]
[REDACTED]
SOUTH WINDSOR CT 06074

Home: [REDACTED]
Bus: [REDACTED]

Date of loss:
01/01/2010

Vehicle: 2006 HONDA CR-V 4 DOOR UTI
Type of Loss: REPLACE PASS DR
Deductible: \$.00

W/S LIST: -44.0% LABR: \$41.00 PER HOUR
C/T LIST: -44.0% LABR: \$41.00 PER HOUR

KIT: \$25.00 2KIT: \$25.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: WESTERN UNITED INSURANCE ID#: 09032 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: BOREK, SYLWESTER Please Show On Your Invoice
Bill To: WESTERN UNITED INSURANCE 1) Referral#: 187830
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- WESTERN UNITED INSURANCE will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____
Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____

Bcatqg +-----+
F1 | SAFELITE SOLUTIONS |Date: 02/19/10
Time: 16:34:22To: PAYLESS AUTO GLASS-C Shop#: 031812
12 NEW LONDON TPKE Fax: 860-889-7109
NORWICH CT 06360 Tel: 860 887 0416Referral/
Authorization#
722479Customer: [REDACTED] Home: [REDACTED]
[REDACTED] Bus: [REDACTED] 43
STORRS MANSFIEL CT 06268Date of loss:
02/16/2009Vehicle: 1998 HONDA ACCORD EX
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00
W/S LIST: -37.0% LABR: \$41.00 PER HOUR
C/T LIST: -37.0% LABR: \$41.00 PER HOUR
KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$25.00 H/M 2KIT: \$45.00
W/S RPR: \$72.00 ADDL RPR: \$0.00

INSHOP SERVICE

COMPANY: UNITRIN DIRECT INSURANCE ID#: 09109 EDI MAILBOX: SAFL SAFL107
Billing InstructionsSold To: KLEINMAN, PATRICIA Please Show On Your Invoice
Bill To: UNITRIN DIRECT INSURANCE 1) Referral#: 722479
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- Any additional parts, labor or a change in the work to be performed must be authorized before doing work. Call 1-614-602-2120 for approval or questions.
- UNITRIN DIRECT INSURANCE will not reimburse for deductibles not collected.

Notice: Pricing Authorization

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____

Please return your invoice signed by the customer, along with this signed fax

Bobcat F7 | SAFELITE SOLUTIONS

Date: 01/27/10
Time: 16:05:50

To:	PAYLESS AUTO GLASS-C 521 WETHERSFIELD AVE HARTFORD CT 06114	Shop#:	014999	Fax:	860-296-8258	Referral#	455271
		Tel:	860 296 0297				

Customer:	[REDACTED]	Home:	[REDACTED]	Date of loss:	01/24/2010
	16 [REDACTED] RD HARTFORD CT 06106	Bus:	[REDACTED]		

Vehicle: 2003 ACURA TL 4 DOOR SED
 Type of Loss: REPLACE WINDSHIELD BACKGLASS
 Deductible: \$.00

W/S LIST: -43.0% LABR: \$110.00 FLAT
 C/T LIST: -43.0% LABR: \$110.00 FLAT

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$35.00 H/M 2KIT: \$65.00

Notice:

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: OMNI INSURANCE GROUP ID#: 09095 EDI MAILBOX: SAFL SAFL107

Billing Instructions

Sold To: KUMMER, NICOLE	Please Show On Your Invoice
Bill To: OMNI INSURANCE GROUP	1) Referral#: 455271
Address: PO BOX 182277	2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277	3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com	4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- OMNI INSURANCE GROUP will not reimburse for deductibles not collected.

Authorization To Pay:

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company

Customer Signature [Signature] Date _____
 Please return your invoice signed by the customer, along with this signed fax
 Shop Owner/Mgr Signature _____ Date _____

Bobcat F7 | SAFELITE SOLUTIONS | Date: 01/22/10
Time: 17:16:10To: PAYLESS AUTO GLASS-C Shop#: 022099
25 TAPLEY ST Fax: 413-736-3181 Referral#
SPRINGFIELD MA 01104 Tel: 413 781 6343 408121Customer: AUTO EMPORIUM INC Home: [REDACTED]
GREENFIELD MA 01301 Bus: [REDACTED] Date of loss:
01/19/2010Vehicle: 2002 GMC SAVANA G15
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00W/S LIST: -43.0% LABR: \$40.00 FLAT PLUS \$30.00 PER HOUR
C/T LIST: -43.0% LABR: \$40.00 FLAT PLUS \$30.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

----- Notice: -----

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to KV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

----- INSHOP SERVICE -----

COMPANY: SELECTIVE INSURANCE CO ID#: 09007 EDI MAILBOX: SAEL SAF1107

----- Billing Instructions -----

Sold To: AUTO EMPORIUM INC Please Show On Your Invoice
Bill To: SELECTIVE INSURANCE CO 1) Referral#: 408121
Address: PO BOX 182277 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2277 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- SELECTIVE INS CO will not reimburse for deductibles not collected.

----- Authorization To Pay -----

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____
Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____

Bobcat
F7

S A F E L I T E S O L U T I O N S

Date: 02/22/10
Time: 12:58:18

To: PAYLESS AUTO GLASS-C
12 NEW LONDON TPKE
NORWICH CT 06360

Shop#: 031812
Fax: 860-889-7109
Tel: 860 887 0416

Referral#
741345

Customer: WILLIAMS, CARL
8 [REDACTED]
NORWICH CT 06360

Home: [REDACTED]
Bus: [REDACTED]

Date of loss:
01/27/2010

Vehicle: 2003 DODG DAKOTA PIC S
Type of Loss: REPLACE WINDSHIELD
Deductible: \$.00

W/S LIST: -29.0% LABR: \$40.00 FLAT PLUS \$30.00 PER HOUR
C/T LIST: -29.0% LABR: \$40.00 FLAT PLUS \$30.00 PER HOUR

KIT: \$15.00 2KIT: \$30.00 H/M KIT: \$20.00 H/M 2KIT: \$40.00

----- Notice: -----

Please contact Safelite at 1-614-602-2120 prior to beginning the work for any part not priced by NAGS, including but not limited to RV, sunroofs, OEM, dealer, net priced, premium, other charges and any molding parts. Performance of services constitutes acceptance of the communicated price and billing instructions.

INSHOP SERVICE

COMPANY: HARLEYSVILLE INSURANCE ID#: 09023 EDI MAILBOX: SAFL SAFL107

----- Billing Instructions -----

Sold To: WILLIAMS, CARL Please Show On Your Invoice
Bill To: HARLEYSVILLE INSURANCE 1) Referral#: 741345
Address: P. O. BOX 182647 2) Full Vehicle Vin Number
COLUMBUS, OH 43218-2647 3) Valid NAGS Part Numbers
or, Invoice Online at SGCNetwork.com 4) Customer's Signature

- You must include sales tax on your invoice if applicable.
- Payment will be rendered upon receipt of funds from the client.
- Invoices should be submitted within 10 days of installation.
- HARLEYSVILLE INSURANCE will not reimburse for deductibles not collected.

----- Authorization To Pay: -----

I acknowledge receipt of goods and services requested and that all services were performed in a professional manner to my complete satisfaction. I authorize my insurance, fleet, or leasing company to pay PAYLESS AUTO GLASS-C directly for this claim. I understand I am personally responsible for payment of all or any portion of this invoice not covered by my insurance, fleet, or leasing company.

Customer Signature _____ Date _____
Please return your invoice signed by the customer, along with this signed fax
Shop Owner/Mgr Signature _____ Date _____