

Car Service Request for Proposal

Part I: Company Information		
Company Name:		
Corporate Address:		
City:	State:	Zip Code:
Contact Name:		Title:
Phone:	Fax:	E-Mail:
Additional Contacts:		

Section B: Company Information
1. In two or three sentences describe the background and history of Company:
2. The Company's objective of this RFP :

Part II: Supplier Information		
Company Name:		
Corporate Address:		
City:	State:	Zip Code:
Contact Name:		Title:
Phone:	Fax:	E-Mail:
Additional Contacts:		

Section A: Supplier Financials		
1. Please submit a statement of financial condition:		
2. How long has your company been in business? Select		
3. Has your company been involved with any bankruptcy proceedings within the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. If "Yes" please explain:		
5. Is your company current on the payment of taxes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Has your company been audited in the last two years? a. If Yes, Please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section B: Supplier Structure
1. Provide a description of your corporate/ownership including full disclosure of your relationship with other organizations (e.g., subsidiary, percentage ownership, joint marketing agreement, major subcontractor, franchising, etc.). A description of the company should include: a. Corporate ownership structure b. Organization Chart i. Officers/Principals ii. National Accounts Manager

Section C: MWBE		
1. Is your organization certified as a Diversity bidder (i.e., MWBE, Disabled, Veterans, or Disadvantaged Small Business)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does your organization subcontract work to, or purchase goods or services from certified diversity businesses (i.e., MWBE, Disabled, Veterans, or Disadvantaged Small Business), or to business enterprises you believe		

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qualify for similar certification? a. Please provide the appropriate certification for these purchased goods or services:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Section D: Supplier Locations

1. Provide a summary of your corporate owned offices, service centers, and distribution centers (local, regional, corporate, etc.). Please provide this detail in the following format: City, State, Country, and Type of Location

Proceed to Part III

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Part III: Operations

1. Indicate in which market(s) you have operating authority:
- Intrastate
 - Interstate
 - Municipal

Section A: Insurance

<p>1. Itemize full list of insurance coverage including: (submit evidence)</p> <ul style="list-style-type: none"> a. Automobile (including coverage for owned, non-owned, and hired vehicles): b. Commercial general liability: c. Statutory worker's compensation: d. Umbrella liability: 		
<p>2. What is the amount of insurance coverage per vehicle?</p> <ul style="list-style-type: none"> a. Have your insurance provider forward copies of insurance certification b. Can your company be named as an additional insured? 	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>3. Explain how independent contractors are covered:</p> <ul style="list-style-type: none"> a. How is insurance handled: b. How do you verify they have the applicable insurance? 		

Proceed to Part III, Section B.

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Section B: Fleet Information					
1. Please complete the table detailing the number of vehicles in each category:					
	Company Owned	Sub-Contracted	Owner Operated	Franchised	Affiliated
SEDANS					
Make/Model					
Average Age					
Turnover (yrs)					
LIMOUSINES					
Make/Model					
Average Age					
Turnover (yrs)					
STATION WAGONS					
Make/Model					
Average Age					
Turnover (yrs)					
VANS					
Make/Model					
Average Age					
Turnover (yrs)					
MINI-BUSES					
Make/Model					
Average Age					
Turnover (yrs)					
MOTOR COACHES					
Make/Model					
Average Age					
Turnover (yrs)					
2. Are all cars equipped with cellular phones?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Cost per minute:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Billed to Trip?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Billed to credit card?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are the cars equipped with two-way radios?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

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4. Do the drivers carry pagers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Describe any other fleet technology: V		
6. Describe fleet control and dispatch capabilities. Be sure to include how you manage the dispatching of information to cars:		
7. Describe fleet maintenance procedures and schedules: a. Is maintenance performed in-house or is it outsourced?	In-House <input type="checkbox"/>	Outsourced <input type="checkbox"/>

Proceed to Part III, Section C

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Section C: Services and Procedures		
1. Does your company provide 24-hour employee – operated dispatch assistance? (this would help a passenger locate the car/driver)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does your company provide a toll free number for customer convenience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does your company provide a 24-hour reservation service for bookings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Does your company provide daily newspapers in your vehicles? a. If yes, which ones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. How does your company track flight delays, changes, and cancellations?		
6. Please describe any other services available to passengers (i.e., messages to web enabled devices):		
7. How far in advance of a scheduled pick-up time do chauffeurs arrive where permitted?		
8. Describe meet and greet procedures for airport pick-ups (include how airport pick-up instructions are communicated to the passenger):		
9. In the event of a vehicle breakdown/accident, describe contingency plans that your company has in place:		
10. Does your company Provide usage reports? a. If Yes, at what frequency? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually b. If Yes, please attach samples (preferably in an ASCII file) and explain how the reports are provided: c. Can reports be customized? d. Is there a cost for this service? e. Can they be accessed via the web?	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
11. Does your company provide shared ride services? a. If yes, is it with employees of the same company or of different companies?	Yes <input type="checkbox"/> Same <input type="checkbox"/>	No <input type="checkbox"/> Different <input type="checkbox"/>
12. Does your company provide services primarily in a local area? a. If yes, specify the markets:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Does your company provide services on a national or international basis? a. If yes, specify the markets:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Does your company confirm rides prior to pick-up? a. If yes, explain how:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Are there umbrellas in your company vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. What, if any, specific services do you provide relating to ground transportation for meetings and events:		

Proceed to Part III, Section D

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Section D: Chauffeurs		
1. Relationship with chauffeurs/drivers a. What % of your company's chauffeurs are employees: b. What % are other relationships? i. Owner Operators: ii. Franchisee: iii. Licensee: iv. Affiliate:		
2. What type of background check does your company perform prior to hiring chauffeurs?		
3. What percentage of your chauffeurs have been with your company longer than 2 years?		
4. Training a. Describe the training and periodic reviews your company provides to drivers/employees and all other relationships: b. What topics are taught – provide supporting documentation: c. What is the nature of the training? <input type="checkbox"/> Classroom <input type="checkbox"/> Printed materials <input type="checkbox"/> Video <input type="checkbox"/> On the road <input type="checkbox"/> Other, please describe: d. Are the drivers delivering service before and/or during the training period? e. How long is the training period? f. Is there a formal documented test at the end of the period? g. What happens in the event a driver fails the test?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does your company provide any type of defensive driver training? a. If yes, Please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. What standards or methods do you use to manage or enforce training with: a. Owner operators: b. Franchisees: c. Licensees: d. Affiliates:		
7. Does your company have a dress code and grooming policy? a. If Yes, please describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Can your company provide chauffeurs with knowledge of a second language? a. If yes, which languages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Describe to what extent your drivers are bonded?		
10. Are armed driver services available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Proceed to Part III, Section E

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Section E: Reservations and Billing		
1. What capabilities do you provide to book reservations through the CRS/GDS: a. Explain how reservations are handled when the travel agency makes the reservation? b. Explain how reservations are handled when the traveler makes the reservation?		
2. Does your company provide a central billing account feature?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does your company accept credit cards for billing? a. Is your company P-Card enabled? b. If yes, do you provide level 3 data reporting? c. Is the credit card processed while the passenger is in the car?	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
4. In the event of a billing dispute, describe the resolution process:		
5. Can reservations be booked via the Internet? a. If yes, explain – be sure to tell whether it is real time, and how fast the passenger receives a confirmation as well as whether or not it is through a third party.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are reservations centralized?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are reservations accepted 24/7?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Does your company store passenger profiles? a. If yes, what information is maintained in that profile? b. How are profiles accessed? c. What security does your company have around passenger profiles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. What are the methods by which a passenger may retain a receipt?		

Proceed to Part III, Section F

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Section F: Rates		
1. Attach applicable rate schedules for the cities and rides provides in Exhibit A. Ensure the rates are inclusive of all fees, broken out. Include flat/point to point rates as well as hourly.		
2. Do you offer discounts? a. If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you offer volume incentives in the form of a rebate? a. If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Attach terms and conditions:		
5. Describe your policy and charges (if any) for the following: a. Cancellations: b. No Shows: c. Wait Times: d. Tolls: e. Airport Fees and Parking: f. Gratuities: g. Fuel Surcharge: h. Credit Card Charges: i. Hourly Minimum: j. Stop Charges: k. Meet and Greet: l. Is time charged from leaving the garage and return to the garage? i. If yes, please explain: m. Any additional charges:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Rates must be guaranteed for the term specified in the instructions upon acceptance of this proposal.</i>		

Proceed to Part III, Section G

Section G: Disaster Recovery Plan and Security
1. What is your company's disaster recovery plan?
2.
3.
4.
5. How is your company's web site secured?
6. How is your company's reservation system secured?

Proceed to Part III, Section H

Section H: Network
Describe procedures used to qualify and select affiliates, franchisees, or licensees:
Describe on-going quality procedures with affiliates, franchisees, or licensees:
Describe operational/technical capabilities and procedures that support the network:

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Section I: Quality/Customer Care
1. How does your company monitor/track your company's overall performance?
2. How can customers provide feedback?
3. How are customer complaints/issues handled?
4. What is the time frame for resolution of customer complaints?
5. What quality monitoring practices are in effect?

Proceed to Part III, Section J

Section J: General Aviation/Charter/Private Jet (Optional)
1. Please describe what services your company offers as it relates to providing ground transportation to those arriving and departing at airports that service charters and private jets. Be sure to include items such as rules and policies on the flight line for vehicles, procedures for arrivals at FBO's:

Proceed to Part III, Section K

Section K: References						
1. Please include a list of three (3) current and three (3) former corporate references. Be sure to include the following:						
	Company Name	Reference Name	Title	Address	Phone #	Years Serviced
1.				Street: City: State: Zip:		
2.				Street: City: State: Zip:		
3.				Street: City: State: Zip:		
4.				Street: City: State: Zip:		
5.				Street: City: State: Zip:		
6.				Street: City: State: Zip:		