

Schedule D
Insurance Requirements
Commercial Services Providers

Service Agreement # _____
ISC # _____
ISC Name _____

A certificate of insurance naming Eagle Tele-Services as an additional insured along with a list of any equipment covered by the policy must be mailed or faxed directly by the insurance company or agent.

1. COMPREHENSIVE GENERAL LIABILITY, OCCURRENCE FORM

Each occurrence	\$1,000,000
Premises – Operations Products/Completed Operations	\$1,000,000
Personal Injury	\$1,000,000
General Aggregate	\$1,000,000

2. GARAGE LIABILITY Including a Broad Form Liability Endorsement.
\$1,000,000 combined single limit.

3. AUTOMOBILE LIABILITY
\$1,000,000 combined single limit.

4. GARAGE KEEPERS LEGAL LIABILITY OR ON-HOOK COVERAGE
(For Towing & Recovery Service Providers only)
\$100,000 combined single limit.
Deductibles no higher than \$1,000 per vehicle/\$5,000 per event

5. WORKERS COMPENSATION
Coverage A As required by state statute.
Coverage B \$100,000, \$500,000, \$100,000.

6. CANCELLATION NOTICE
A 30-day cancellation notice, or material/policy change notice is required. A 10-day notice will be accepted for non-payment of premium cancellations.

7. It must be stated on the certificate that ISC's coverage is primary and that Eagle Tele-Services must be named as an additional insured on all policies except Worker's Compensation. Eagle Tele-Services must be named as a certificate holder in the following form:

Eagle Tele-Services, Inc
PO Box 5634
Glen Allen VA. 23058.

8. All certificates should be mailed to the address in #7, Attn: SPN.