

# Schedule A

## Commercial Towing & Recovery

### Service and Rates

Service Agreement # \_\_\_\_\_  
 Provider I.D.# \_\_\_\_\_  
 ISC Name \_\_\_\_\_

This endorsement, pursuant to paragraph 17, of the above numbered Eagle Tele-Services, Inc. service agreement shall establish the rate of payment for the Independent Service Contractor for Towing & Recovery and is made part of said Service Agreement.

**Part 1. Types of Equipment:** Capable of servicing Class 8 vehicles and trailers with gross weight above 26,000 pounds.

Heavy Duty Yes  Trailer or Yes  Maximum Feet? \_\_\_\_\_  
 Under Reach? No  Flatbed? No  Flatbed Length? \_\_\_\_\_ Meters? \_\_\_\_\_  
 Winching/Recovery \_\_\_\_\_ Yes  Airbags to upright Yes   
 Equipment No  overturned trailers? No

**Part 2. Rates:**

Portal-Portal Charge (Hourly) \$ \_\_\_\_\_ Recovery- Winching Charge \$ \_\_\_\_\_  
 GOA Charge \$ \_\_\_\_\_ Recovery- Crane Charge \$ \_\_\_\_\_  
 Other Charges (Please explain below) \$ \_\_\_\_\_ Recovery- Airbags Charge \$ \_\_\_\_\_  
 Do you have a Yes \_\_\_\_\_  
 secured storage yard? No \_\_\_\_\_ Daily Storage Rate \$ \_\_\_\_\_  
 Can you perform Yes \_\_\_\_\_ Load Swap hourly rate  
 load swaps? No \_\_\_\_\_ (per person) \$ \_\_\_\_\_

**Part 3. List of Equipment:** Please use attachment if necessary.

Year	Make	Model	Maximum Towing Capacity (lbs)

**Part 4. Hours of Operation:**

Do you provide towing and/or recovery services 24 hours by 7 days?										Yes		No	
If not, Please indicate hours of operation.	Mon-Fri		to		Sat		to		Sun		to		

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**Part 5. Area of Coverage.** Choose a method to define your area of coverage.

Do you define your coverage area as \_\_\_\_\_ Yes \_\_\_\_\_ Miles \_\_\_\_\_  
a distance from your terminal: \_\_\_\_\_ No \_\_\_\_\_ Distance Covered? \_\_\_\_\_ Kilometers \_\_\_\_\_

ISC agrees to maintain equipment and trained employees to meet all state and federal regulations and guidelines pertaining to towing and recovery of heavy duty vehicles and equipment. Heavy duty is defined as vehicles with a Gross Weight exceeding 26,000 pounds.

Approved: Eagle Tele-Services Inc.

Approved: Independent Service Contractor

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
(Type or Print Name and Title)

\_\_\_\_\_  
(Type or Print Name and Title)