

Our insurance requirements and sample wording for your COI I need are below:

Details of Certificate of Insurance

Certificate Holder shall read:

System Services Broadband, Inc.

[1830 West Willow St](#)

[Scott, LA 70583](#)

Both certificate holder and customer (and Cequal Communications, LLC dba: Suddenlink Communications/or Cox Communications Inc & Direct/Indirect subsidiaries). must be **named as additional insured** on all lines of coverage **except worker's comp.**

Both certificate holder and customer (and Cequal Communications, LLC dba: Suddenlink Communications/or Cox Communications Inc & Direct/Indirect subsidiaries) must also be granted a **waiver of subrogation** on all lines of coverage.

A **30 day notice of cancellation** must be included under the cancellation section of all certificates.

Coverage requirements:

General Liability: X

- \$1,000,000 per occurrence.
- \$2,000,000 general aggregate.

Automobile Liability: X

- \$1,000,000 combined single limit.

Umbrella Liability: X

- \$1,000,000 combined single limit.

Worker's Comp: X

- \$1,000,000 each accident/each employee/policy limit.

Must provide coverage for all workers (residents and non-residents) for the state or states in which work will be performed.

Sample Description Wording:

System Services Broadband, Inc., Farmers COOP, Cequal Communications, LLC dba Suddenlink Communications, Cox Communications Inc, and/or AT&T, affiliates, parent companies and utility pole providers shall be named as additional insured on all lines of coverage except worker's comp. All policy lines of coverage also include waiver of subrogation in favor of System Services Broadband Inc. and Cequal Communications, LLC dba Suddenlink Communications and/or Cox Communications Inc, affiliates, parent companies and utility pole providers. Proprietors, partners' executive officers and members of insured are included in worker's compensation coverage.