



Carrier/Hauler Registration

COMPLETE LEGAL NAME: _____

DATE: _____ CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

FAX: _____

EMAIL: _____

Type of Entity:

___ Single Proprietorships ___ Partnership ___ Corporation ___ Other

EIN or SSN #: _____ US DOT#: _____

Insurance Requirements

Automobile Liability

Combined Single Limit \$1,000,000

**Worker's Compensation

Employee Liability	\$500,000
Each Accident	\$500,000
Disease - Policy Limit	\$500,000
Disease - Each Employee	\$500,000

**If exempt, please submit a copy of the State certificate.

Certificate of Insurance must name E.R. Jahna Industries, Inc., ETAL; PO Box 840, Lake Wales, FL 33859-0840 as additional insured on the commercial automobile liability. If scheduled autos a list of vehicles needs to be attached.

This form along with the certificate of insurance should be faxed to Kuelinda Hulett at (863) 676-5137 or email to haulerinsurance@jahna.com . If you have any questions call (863) 676-9431.