



# Savannah Sand Company

P.O. Box 840 Lake Wales, FL 33859-0840  
863-676-9431

## 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 Savannah Sand Company, Inc; 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](mailto:haulerinsurance@jahna.com) . If you have any questions call (863) 676-9431.*