



**OHSBL INSURANCE PROGRAM ACKNOWLEDGEMENT FORM
2019**

Charter Holders

Subject: Ohio Hot Stove Baseball League Inc. Insurance Program Acknowledgement

If your Charter would like to participate in this program, I must know what your intentions are **as soon as possible**. This year rates will be about the same as last year (2018). I will email a form with the rates as soon as the insurance rates are confirmed.

Our insurance commences on **February 13 of the current year** and ends **February 12 of the next year**.

If your Charter would like to purchase the Ohio Hot Stove Baseball League Inc. insurance, please acknowledge by providing the following information.

Charter Name _____
Date _____
Charter Official Signature _____

Return acknowledgment with the other forms that are due as soon as possible. This will confirm your intent to be in our insurance Program. Money is due at the same time as the rosters are turned in.

Pat Anderson, Executive Secretary

Please submit by the first practices or with the date for turning in your rosters.