



# Proof Of Insurance

OGSO-5

**Directions:**

This form must be received by the OGSO State Secretary no later than **April 1<sup>st</sup>** of the current year. Please fill out completely. Should you have any questions, please contact the OGSO State Secretary as listed to the right.

**Marsha Norton  
OGSO Secretary  
18989 Vermont St.  
Grafton, OH 44044  
440-355-6040  
rfnorton@ix.netcom.com**

Charter Holder: \_\_\_\_\_

This is to certify that all teams registered with the above charter holder are insured according to OGSO State Rules and have provided proof of insurance to the Charter Holder official.

\_\_\_\_\_  
Authorized Charter Official

\_\_\_\_\_  
Date

**OGSO Use Only**

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Received by