

EXCESS LIABILITY INSURANCE APPLICATION

Name _____
Address _____
City _____ State _____
Zip Code _____ County _____

Membership Status (please circle one)

#1. Single

#2. Family

#3. At Large

#4. Lifetime

County Affiliation _____

- ◆ For members who have paid the current year dues
- ◆ All Coverage requests must first be verified that they are members.
- ◆ Youth (under the age of 18) must register as a family.
- ◆

Please check one: Single Membership \$20.00 _____

Family Membership \$40.00 _____

Make checks payable to OHC

Mail checks to Jakie Romaker

9101 McCuthenville Rd.

Wayne, Ohio, 43466

- ◆ Once your application has been accepted, you will receive a policy for OHC
- ◆ Memberships received before the 25th of the month will be processed by the end of that month.
- ◆ Memberships received after the 25th of the month will not be processed until after the 1st of the following month.

Signature _____ Date _____