

# First Division, Army of Northern Virginia

## Insurance Form

(Please type or print clearly)

### 1. Battalion (circle one)

1    2    3    4(1<sup>st</sup> NC)    5    6    7    8    9    10    11    Art    Cav.    Div.Staff

2. Unit \_\_\_\_\_

3. Submitter's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Unit Commander's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ANV Liability/Accident: Every person who is a member of the ANV **MUST** be covered by liability insurance ANV also provides accident insurance. The fees are as follows: ANV Liability is \$5.00-Accident is \$3.00 for a total of \$8.00 plus dues of \$4.00 for a total of \$12.00. (Each person aged 12 and under must have accident coverage at a cost of \$3.00 plus \$4.00 dues for a total of \$7.00.) Example:**

<b>John Soldier</b>	<b>Combatant</b>	<b>pays \$12.00 premium</b>
<b>Mary Civilian</b>	<b>Civilian and stays in camp</b>	<b>pays \$12.00 premium</b>
<b>Billy Soldier</b>	<b>14 years old and above-carries a weapon</b>	<b>pays \$12.00 premium</b>
<b>Sally Civilian</b>	<b>13 years old and above-stays in camp</b>	<b>pays \$12.00 premium</b>
<b>Johnnie Soldier</b>	<b>12 years old and above-carries a flag/ice/musician</b>	<b>pays \$12.00 premium</b>
<b>Little Janie/Johnnie</b>	<b>Civilian 12 or under and stays in camp</b>	<b>pays \$7.00 premium</b>

**\*\*A unit who elects to purchase their own liability coverage must pay dues to ANV of \$4.00 per person and have the insurance company provide a Certificate of Liability to the Insurance Coordinator.\*\* It is suggested that Cavalry and Artillery carry additional liability insurance to cover themselves when not participating in an ANV event.**

All checks must be made out to **First Division, Army of Northern Virginia**. The Division is requesting that each Company submit their insurance application and check to the Adjutant of their Regiment/Insurance coordinator to be verified and forwarded to the Division Insurance Coordinator. **MUST INCLUDE A LIST OF EVENTS,** All insurance premiums and questions should be sent to:

Jennifer Haines

1046 Coachman Way  
Sanford NC 27332

(540)664-5984 email: [haines.jl48@gmail.com](mailto:haines.jl48@gmail.com)

Total Amount Submitted: \_\_\_\_\_

