First Division, Army of Northern Virginia
Insurance Form
(Please type or print clearly)

1. Battalion (circle one)

1 2 3 4 5 6 7 8 9 10 11 Art Cav. Div.Staff

2. Company Name_____

3. Submitter's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

4. Co. Commander's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

ANV Liability/Accident: Every person over the age of 13, and any person who takes the field in any capacity allowed by the ANV SOP's/SOG's, MUST be covered by liability insurance. The fees are as follows: 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 pay a premium of $3.00 for Accident insurance plus $4.00 dues for a total of $7.00. Example:

Soldier-18 and older	**Combatant - pays $12.00 premium**
Soldier - 16 years old & up to 18	**Minor Combatant - pays $12.00 premium (must have parent/guardian present)**
Soldier - 14 years old and above	**Musician/flag/ice - pays $12.00 premium (must have parent/guardian present)**
Civilian-18 and older	**Civilian - pays $12.00 premium**
Civilian - 13 years old & up to 18	**Minor Civilian - pays $12.00 premium**
Civilian - 12 or under	**Minor Civilian Child - pays $7.00 premium**

****At this time, a unit may purchase their own liability coverage but must pay dues to ANV of $4.00 per person and have the insurance company provide a Certificate of Liability to the Insurance Coordinator. ** Artilley and Cavalry present special circumstances that would increase liability and risk of exposure. It is suggested that Cavalry and Artillery carry additional liability insurance to cover themselves when participating at any event.**

*****All checks must be made out to First Division, Army of Northern Virginia Inc.. List all paying members on page 2 of this form. The Division is requesting that each Battalion mail the payment to the following address:**

Jennifer Haines
25 Ruskin Ct
Inwood WV. 25428

Total Amount Submitted: _____

(Please type or print clearly) **List Ages for Minor Dependents under the Age of 18**

Last	First	Military or Civilian	Adult or Minor	Amount paid
TOTAL				