

# First Division, Army of Northern Virginia

## Insurance Form-2020

(Please type or print clearly)

### 1. Battalion (circle one)

1      2      3      4(1<sup>st</sup> NC)      5      6      7      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 Insurance and dues: Every person over the age of 11 **MUST** be covered by liability insurance. The fee is broken down as follows: Liability/\$5.00-Accident/\$3.00-dues/\$4.00 for a total of \$12.00. Each person aged 11 and under must pay a premium of \$3.00 for Accident insurance 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>16 years old and above-carries a weapon</b>	<b>pays \$12.00 premium</b>
<b>Sally Civilian</b>	<b>12 years old and above-stays in camp</b>	<b>pays \$12.00 premium</b>
<b>Johnnie Soldier</b>	<b>13 years old and above-carries a flag/ice/musician</b>	<b>pays \$12.00 premium</b>
<b>Little Janie/Johnnie</b>	<b>Civilian 11 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.

All insurance premiums and questions should be sent to:

**Jennifer Haines**

**221 Lakeland Port**

**Sanford NC 27332**

**(540)664-5984 email: [cos@1stdivisionanv.org](mailto:cos@1stdivisionanv.org)**

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

<b>Last</b>	<b>First</b>	<b>Military or Civilian</b>	<b>Adult or Minor</b>	<b>Amount paid</b>
<b>Total</b>				