

First Division, Army of Northern Virginia

Insurance Form

(Please type or print clearly)

1. Battalion (circle one)

1 2 3 4(1st 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 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

Soldier - 16 years old & up to 18

Soldier - 14 years old and above

Civilian-18 and older

Civilian - 13 years old & up to 18

Civilian - 12 or under

Combatant - pays \$12.00 premium

Minor Combatant - pays \$12.00 premium (must have parent/guardian present)

Musician/flag/ice - pays \$12.00 premium (must have parent/guardian present)

Civilian - pays \$12.00 premium

Minor Civilian - pays \$12.00 premium

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. ** Artillery 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. The Division is requesting that each Battalion create and maintain their own roster. Yearly roster & updates are to be electronically sent to the Chief of Staff. Each company will submit payment to the Insurance coordinator/Adjutant of their Regiment who will submit payment to the Treasurer of the ANV. Battalion command will be notified of the mailing address for ANV Treasurer.**

Total Amount Submitted: _____

