

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 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: _____

Every member of First Division, Army of Northern Virginia is required to have liability coverage. A unit who elects to purchase their own liability coverage must pay dues to ANV of \$2.00 per person and provide a Certificate of Liability Insurance to the Insurance Coordinator. Accident insurance is obtained through the division. Here is a breakdown of the premiums for ANV coverage:

ANV Liability: Every person who takes the field in a capacity allowed by the ANV By-Laws, or is considered a "head of household". A wife or dependant, who does not take the field, will be covered under the head of household. Couples that live together are not considered a household and each individual, in this case, is required to purchase his or her own liability insurance. A single soldier/civilian is considered a head of household.

+++++ **FOR 2010-2011 ONLY-members in 2009-2010 Pay \$2.00 per person** +++++

Example: FOR NEW MEMBERS NOT REGISTERED IN 2009-2010

John Doe (father)	head of household	pays the \$4.00 premium
Mary Doe (mother)	stays in camp	covered under the head of household
Billy Doe (son)	17 years old and carries a weapon	pays the \$4.00 premium
Sally Doe (daughter)	16 years old and stays in camp	covered under the head of household

Accident: Each person REGARDLESS OF AGE must pay a premium of \$6.00 for accident insurance.

The total cost for the example given will be:

John - \$4.00 liability & \$6.00 accident	\$10.00
Mary - \$6.00 accident	6.00
Billy - \$4.00 liability & \$6.00 accident	10.00
Sally - \$6.00 accident	6.00
TOTAL	\$32.00

All checks must be made out to the **First Division, Army of Northern Virginia**. Checks made out to any other person will be returned to the sender to be resubmitted. The Division is requesting that each Company submit their insurance application and check to the Adjutant of their Regiment to be verified and forwarded to the Insurance Coordinator.

All insurance premiums and questions should be sent to:

Jennifer Haines

PO Box 2430 PMB 2893

Pensacola FL 32513

(540)664-5984 rebels49th@yahoo.com

Total Amount Submitted: _____

