

**2018-2019 LIVING HISTORY ASSOCIATION SUSTAINING MEMBERSHIP &  
REQUEST FOR CERTIFICATE OF INSURANCE**

UNIT NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TITLE IF ANY \_\_\_\_\_

TIME PERIOD REPRESENTED (circle one)

Medieval      17th Century      French & Indian War      Rev. War      War of 1812  
Civil War      Indian Wars      WWI      WWII      Other \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: Day \_\_\_\_\_ Night \_\_\_\_\_

FAX \_\_\_\_\_

*Include any special instructions on use of the fax number, such as the best time to use it, should we call ahead first, etc.*

E-MAIL ADDRESS \_\_\_\_\_

UNIT/EVENT WEBSITE \_\_\_\_\_

**REQUIREMENTS FOR THIS POLICY ARE:**

Unit must purchase a Sustaining membership in the LHA each year (\$50) and enclose a payment amount as per the choices described in the Shoff Darby insurance application. Also, 50% of your unit members must join the LHA at either the \$15 Associate (non-voting), \$20 Individual, or \$30 Family level. Be advised that those unit members who join the LHA at these levels will automatically be covered by reenactment injury insurance, but those who don't join will only be covered under the liability policy. They will not have personal injury coverage nor will they be considered as LHA members. A membership & injury policy form is enclosed in this packet for your members who wish to join the LHA to fill your unit's 50% requirement. All unit members must pay the per head fee or base fee as it pertains to the liability insurance.

**INSURANCE REQUIREMENTS CHECKLIST:**

- \_\_\_\_ 1. Our Liability Insurance payment is enclosed per our choice from the Shoff Darby offerings and with their completed application form and check made payable to Shoff Darby Companies. (A second check of \$50 to LHA; for the unit contact person's membership is also to be enclosed.)
- \_\_\_\_ 2. Our 50% of membership at either \$15 Associate (non-voting), \$20 individual or \$30 family membership is either enclosed (or if they are paying on their own) is noted so the LHA can verify the 50% numbers in their records as required. Remember please include their addresses (please print clearly).
- \_\_\_\_ 3. A list of the names and addresses of your entire membership is enclosed.

FORM OF PAYMENT:    Check \_\_\_\_\_    Money Order \_\_\_\_\_    \*Visa/MasterCard \_\_\_\_\_

American Express \_\_\_\_\_    Expiration Date \_\_\_\_\_

Account # \_\_\_\_\_

Signature \_\_\_\_\_

Return one copy of this form to: **LHA, PO BOX 1389, WILMINGTON, VT 05363**

OFFICE USE ONLY:    Application Arrival Date \_\_\_\_\_    Processing Date \_\_\_\_\_

