

Nov. 2019-Dec. 31, 2021 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 _____ On card back: 3 digit CCV #code _____

Account # _____

Signature _____

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

OFFICE USE ONLY: Application Arrival Date _____ Processing Date _____

