

# LIVING HISTORY ASSOCIATION EVENT INSURANCE FORM

The Living History Association, Inc. (LHA) is a federally registered educational and historical organization incorporated in the State of Vermont, but having a membership base in all or most of the contiguous 48 states. The National Headquarters is located at LHA-HQ, P.O. Box 1389, Wilmington, Vermont 05363 and conducts events in New England and eastern New York State utilizing a series of safety manuals for each time period available at [www.livinghistoryassn.org](http://www.livinghistoryassn.org), as well as a 1 million dollar organizational liability policy and 500,000 dollar personal liability policy to protect its membership and the general public. This form is to be used in requesting proof of insurance from the LHA and/or additional event insurance from the LHA. IF THE SITE, CLUB, PARK, MUNICIPALITY, OTHER ENTITY OR LAND OWNER, WHERE THE EVENT IS TO BE HELD IS REQUESTING TO BE NAMED ON THE LHA'S INSURANCE POLICY AS AN ADDITIONAL INSURED, THEN BE SURE TO MAKE A COPY OF THIS FORM FOR EACH LAND OWNER, AND SO ON WHICH IS TO BE NAMED. *There is a charge for additional insured entities of \$25.00 a day.*

***A CONDITION OF THIS EVENT INSURANCE COVERAGE IS THAT THE Living History Association MUST BE NAMED IN A PROMINENT LOCATION OR LOCATIONS ON ALL EVENT PROGRAMS, SCHEDULES, POSTERS AND PRESS RELEASES AS A SPONSOR, CO-SPONSOR, HOST OR CO-HOST.***

1. The name of this event is

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2. Location of this event is

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3. The Type of Event this is

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4. Give the Date (s) of event \_\_\_\_\_

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5. The club, park, or municipality might not want to be ***additionally insured*** but rather only requests that proof be given that the LHA has liability insurance for hosting events. Therefore we will send proof of insurance coverage for the LHA and its membership. There is ***no charge*** to any site for informing them that the LHA is the most insured reenactment organization in the United States. Below give us the name and address of those you wish us to inform that the LHA and its membership have insurance.

Contact Name: \_\_\_\_\_

Group, Park, or municipality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. To have the above ***additionally insured*** fill out the information requested in number three and check the line at the end of this sentence for them to be sent an ***additionally insured certificate*** (listed on the LHA's insurance policy). CHECK HERE \_\_\_\_\_

What are the date(s) the above listed contact person or entity needs to be *additionally insured* for?

\_\_\_\_\_ Please include with this application the amount of **\$25.00 for each** of these listed days.

7. List all other property owners that also want to be *additionally insured*.

A. Contact Name: \_\_\_\_\_

Group, Park, or municipality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

B. Contact Name: \_\_\_\_\_

Group, Park, or municipality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Contact Name: \_\_\_\_\_

Group, Park, or municipality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Contact Name: \_\_\_\_\_

Group, Park, or municipality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E. Contact Name: \_\_\_\_\_

Group, Park, or municipality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

F. Contact Name: \_\_\_\_\_

Group, Park, or municipality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

G. Contact Name: \_\_\_\_\_

Group, Park, or municipality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

H. Contact Name: \_\_\_\_\_

Group, Park, or municipality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All other property owners should be sent to the LHA on a separate piece of paper or in an email using the same format as above.

8. What is the estimated reenactor/participant numbers for this event for each event day? DAY 1. \_\_\_\_\_

DAY 2 \_\_\_\_\_ DAY 3 \_\_\_\_\_ DAY 4 \_\_\_\_\_ DAY 5 \_\_\_\_\_ DAY 6 \_\_\_\_\_ DAY 7 \_\_\_\_\_

9. What is the estimated attendance from the general public for each event day? DAY 1 \_\_\_\_\_

DAY 2 \_\_\_\_\_ DAY 3 \_\_\_\_\_ DAY 4 \_\_\_\_\_ DAY 5 \_\_\_\_\_ DAY 6 \_\_\_\_\_ DAY 7 \_\_\_\_\_

10 If the above listed entity, sites, parks, municipality, and so on, or some other group from outside of the LHA organization has issued invitations to this event and has taken the primary responsibility in organizing the event, then they are the official sponsors and the LHA organization bears no further liability than what has so far been requested on this form. But if the event is sponsored by the LHA-HQ National Headquarters, Historical Interpretations, or any other Interpretive Department or Committee of the LHA, where in the aforesaid headquarters or subdivisions of the LHA, have extended invitations to other groups as part of an officially planned and organized LHA event **then: the cost for that event is sixty dollars per day excluding the set up day (Friday) during a three day event.**

11 If this event is an officially organized LHA event through the LHA-HQ, or any of its various subdivisions (Departments, Committees, or Member Units) the Officers and/or Directors acting in an official capacity in the organization and execution of this event will be covered "personally" for \$500,000 in liability insurance as a privilege of LHA Membership. Please list the main LHA contact and dues paid member's name and address here:

Name \_\_\_\_\_

LHA Dept. or Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ e-mail \_\_\_\_\_

Please list all other Officers and / or Directors acting in an official capacity in the organization and execution of this event and who are current dues paid LHA Members. If they are not listed here they will not be covered by the personal liability policy of \$500,000 to which they are entitled.

A. Name \_\_\_\_\_

LHA Dept. or Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ e-mail \_\_\_\_\_

B. Name \_\_\_\_\_

LHA Dept. or Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ e-mail \_\_\_\_\_

C. Name \_\_\_\_\_

LHA Dept. or Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ e-mail \_\_\_\_\_

D. Name \_\_\_\_\_

LHA Dept. or Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ e-mail \_\_\_\_\_

E. Name \_\_\_\_\_

LHA Dept. or Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ e-mail \_\_\_\_\_

F. Name \_\_\_\_\_

LHA Dept. or Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ e-mail \_\_\_\_\_

G. Name \_\_\_\_\_

LHA Dept. or Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ e-mail \_\_\_\_\_

H. Name \_\_\_\_\_

LHA Dept. or Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ e-mail \_\_\_\_\_

**Any others involved in organizing this event should be listed on another piece of paper or sent to us in an email using the same format as above. Anyone not listed will not be covered by personal liability insurance.**

Please include **\$60.00 per day** for each event day where activities are to be held per rule # 10 above if it applies to this event. Apply the fee of **\$25.00 per day**, per additional insured in all other cases. Do not include Friday set up days if no activity is to be held and no public are to be on site. Larger events may have to pay higher fees. Events requiring higher coverage may have to pay higher fees. Events that are incorporated into the LHA system of events where the LHA is receiving a variety of benefits may have no fee to pay what so ever. LHA fund raising events might also require higher fees than stated here. If in doubt, call or email us at (802) 368-7913 or [info@livinghistoryassn.org](mailto:info@livinghistoryassn.org). **Our efforts will be directed at having no charges or as few fees charged to each event as possible.**

12 Please include a short description of this event as you would want it to appear on the LHA web site, in LHA publications, or in LHA press releases. (Photos are also accepted.)

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RETURN THIS FORM AND PAYMENT TO:  
LHA-HQ  
P.O. Box 1389  
Wilmington, Vermont 05363

Payment taken by (circle one) (check) (Money Order) (Visa) (Master Card) (American Express)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name of person as spelled on card: \_\_\_\_\_

*For Office Use*

*Received* \_\_\_\_\_ *Processed* \_\_\_\_\_