

The Division will again be providing the member units with the benefit of obtaining Liability Insurance. **The cost is \$15.00 per person.** Please ensure that your unit submits your 2026-2027 renewal with remittance **NO LATER THAN** May 24th, 2026. Please use the form provided when submitting your unit's Liability Insurance information and fee.

IF YOUR UNIT HAS CHOSEN TO OBTAIN THEIR OWN LIABILITY INSURANCE, THE DIVISION MUST BE PROVIDED WITH A COPY OF PROOF OF INSURANCE TO BE KEPT ON FILE.

INSURANCE PAYMENT

1. Total number listed on member form _____ X \$15.00 = \$ _____

Make checks payable to: Birney's Division

2. Please send the above total to:

**Brandy Blanc
5 Blair Ln
Carlton, PA 16311**

3. Include a completed copy of this form with the above payment, **no later than May 24, 2026.**

Birney's Division

2026-2027 Reenactor Liability Insurance Application

UNIT CONTACT INFORMATION

Please complete the following information: Please Print Legibly

Unit Name: _____

Point of Contact Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____ Email: _____

Check if same as point of contact

Unit Commander: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____ Email: _____

PAID MEMBER ROSTER

(make additional copies if needed)

Please list the members of your unit that have paid for the Insurance fee in **Part 4** of this application.

Indicate in the type: **M**-military; **C**-civilian; **Y**-youth (under 16 years old)

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