

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 2025-2026 renewal with remittance **NO LATER THAN** May 25<sup>th</sup>, 2025. Please use the form provided when submitting your unit's Liability Insurance information and fee. You can find this form on Facebook, your unit point of contact, or on the website.

**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 25, 2025.**

# Birney's Division

## 2025-2026 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)

	Type	Last name, First
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