

Longstreet's Corps

Insurance Form and Procedures

Longstreet's Corps Liability Insurance: Every member, age 16 and over (soldier or civilian) and any person taking the field in any capacity (to include musicians, flag bearers and ice angels aged 12-15) in Longstreet's Corps, must be covered by liability insurance. During the Year 2018, there will be NO FEE associated with liability insurance coverage, but each participant's name must be listed on the following Insurance Roster in order to be covered. In advance of the reenacting season, please mail the completed Insurance Roster to Jill Russell, Insurance Coordinator/Corps Treasurer, 106 Massie Lane, Yorktown VA 23693-2211. Please be certain that your unit has additional Insurance Forms available at each event. Therefore, if you need to add someone at an event not formerly listed on your Insurance Roster, you will have the correct form available. Please give the roster Colonel Will Perkinson(Chief of Staff) or the appointee for that event. Please note that there may be an adjustment to the insurance premium in future years, but for 2018 the fee is zero.

Definitions of insurance classifications necessary for liability insurance coverage:

Soldier	16 years old or older	For 2018, no fee
Civilian	16 years old or older	For 2018, no fee
Musician/Ice Carrier	12 years old or older, takes field	For 2018, no fee

Every member of Longstreet's Corps is required to have Corps liability insurance coverage. A unit that elects to purchase their own liability coverage must still pay annual dues of \$70.00 per unit to Longstreet's Corps AND must provide to the Insurance Coordinator/Treasurer a current Certificate of Liability Insurance with Longstreet's Corps named as an additional insured. The Certificate must be updated with the Coordinator/Treasurer upon the expiration and reissuance of the liability insurance for the next coverage period. In addition, a unit who elects to have their own liability policy must supply the Corps Treasurer with a roster of their members and all active participants.

Members and guest re-enactors of every Longstreet's Corps unit must be listed on the appropriate Insurance Roster which follows. The form should be sent to the Insurance Coordinator/ Treasurer prior to an event, if at all possible. Otherwise the completed form may be given to a designated person at the event (i.e. Adjutant, Chief of Staff, or their appointee).

New members joining member companies throughout the year must be listed on the appropriate Insurance Roster form, and the Company must submit the form listing their names, by mail to the Coordinator/Treasurer or give to a designated person at an event.

Probationary Units are required to complete the Insurance Roster with names of all members and guests who will be participating in the events throughout the probationary period. Probationary Units must also pay Longstreet's Corps Dues in the amount of \$70.00/year.

Company Commanders, or their alternates, are responsible to determine that all members and guests have been listed on the Insurance Roster in order to ensure the mandatory Liability Insurance coverage. Any company or individual whose name appears on the morning report, but does not appear on the latest Insurance Roster of that unit, will not be able to take the field.

DUES: Every Member Company of Longstreet's Corps must pay annual dues in the amount of \$70.00 prior to March 15th.

Each Company must submit their Insurance Roster (with the name of each Company member and guest) to the Insurance Coordinator/Treasurer. After recording, a copy will be sent to designated staff members to be used for verification at events. Annual Dues and Insurance Rosters must be submitted to the Coordinator/Treasurer no later than March 15th.

NOTE: Please send one check per company for dues and one check for any Charles E. Hillsman Scholarship donations, payable to Longstreet's Corps and designated for Dues or Scholarship.

Treasurer/Insurance Coordinator:

Jill Russell
106 Massie Lane
Yorktown VA 23693-2211
757-868-0934; Jillinva@cox.net

Unit Member/Guest Insurance Roster - continued

Full Unit Name: _____ *Date:* _____

Unit Commander: _____

Please type or print clearly. List ages for minor dependents under age 18.

<i>Last Name</i>	<i>First Name</i>	<i>M = Military</i> <i>C = Civilian</i>	<i>A = Adult</i> <i>M = Minor</i> <i>(Minor's Age)</i>	<i>Insurance</i> <i>Fee</i>