

Michigan American Legion Additional Insured / Hold Harmless Form

2022 – 2023

Post _____

District _____

Date _____

Per approved resolutions from the National and Department organizations, all Posts must comply with adding National and Department organizations as **“Additional Insured”** † on all insurance policies carried by a Post.



Post has insurance policy(ies) and has listed National and Department as “Additional Insured”

- OR -



Post attests it does not have any insurance policy(ies);

Per Resolutions at the National and Department levels, all American Legion Posts must agree to defend, indemnify, and hold harmless the National American Legion and the American Legion Department of Michigan.

We are also aware that this American Legion Post is a separate entity from the National Organization in Indianapolis, IN. In fact, under Federal law [36 USC §21704(5)], the National Organization of The American Legion is legally precluded from controlling or influencing the specific activities and conduct of any post.

We, the undersigned officers of this Post, certify and attest that Post ____ is compliant with the above resolutions.

Signature of Commander

Printed name of Commander

Date

Signature of Adjutant

Printed name of Adjutant

Date

Use the following for proper naming and listing on policy(ies) for additional insured :

National:

The American Legion dba American Legion National Headquarters
700 N. Pennsylvania Street
PO Box 1055
Indianapolis, IN 46206-1055

Department:

The American Legion, Department of Michigan
212 N. Verlinden Ave. Ste A
Lansing, MI 48915

Any Post found in violation may be subject to disciplinary action or loss of charter