

PO NAME

MEMORANDUM FOR 509 MSG/CC

FROM: PO NAME

SUBJECT: Insurance Waiver Request

1. Request the (private organization's name) be granted a waiver of the requirement for liability insurance pursuant to AFI 34-223, paragraph 10.15. We understand that the commander may still require liability insurance for specific events that involve a greater risk of injury or damage.
2. We also understand that the (private organization name) is jointly and severally liable for the obligations of the organization. All members of organization will review AFI 34-223, specifically paragraph 10.15 and acknowledge they have completed the review by signing a membership tracking form. This form will be maintained by the (private organization name) Recorder and reviewed for accuracy at each meeting.
3. Activities of this informal/formal private organization consist largely of activities with extremely low liability exposure such as monthly meetings, squadron parties and other gatherings.

President, PO NAME

1st Ind, 509 MSG/CC

MEMORANDUM FOR (*Name of Private Organization*)

Approved/Disapproved

In accordance with AFI 34-223, *Private Organization (PO) Program*, 13 December, 2018, Para 10.15, please be advised that you may be required to obtain liability insurance for specific events that involve greater risk of injury or damage.

CHRISTOPHER G. SCHLAK, Colonel, USSF
Commander, 509th Mission Support Group