

MEMORANDUM FOR 100 FSS

(Date)

FROM: _____
(Name of Private Organization)

SUBJECT: Request for Waiver of Insurance

1. On behalf of the membership of the private organization identified above, request a waiver of insurance requirements specified in AFI 34-223, Section C, 10.11.
2. In making this request, we acknowledge our responsibility to maintain adequate insurance coverage commensurate with the risk posed to the general public and the club membership. As we are a low-risk private organization in our day-to-day activities, full-coverage insurance is, generally, not necessary. However, should we engage in activities that directly increase the risk to the public or to our membership, we will procure the appropriate type and level of insurance.
3. Further, we realize that claims against the organization for injury or damage caused by our negligence can impose a pro rata level of liability on each member in the event we lack insurance coverage or in the case where the claim exceeds our coverage.
4. Following is a brief description of the kinds of activities this PO engages in (including all fundraisers, athletic events, events where transportation is required, etc.). Please list these activities in the space provided below:

Signature of PO Officer: _____

Name (printed): _____

Position in PO: _____

[Note: This form must accompany the original constitution when submitted and is good for a period of one year; thereafter, a new insurance waiver letter is to be submitted even if no changes have occurred in the constitution.]