

DEPARTMENT OF DEFENSE JOINT BASE ANACOSTIA-BOLLING & 11TH WING (AFDW) WASHINGTON DC

DD Month YYYY

MEMORANDUM FOR 11 FSS/FSR 11 MSG/CC

FROM: [NAME OF PO OR UNOFFICIAL ACTIVITY]

SUBJECT: Request for Waiver of Insurance Requirement

- 1. [Name of PO or Unofficial Activity] requests a waiver of insurance requirements specified in AFI 34-223, Section C, 10.11. In making this request, we realize 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. Such instances include but are not necessarily limited to the examples listed below:
 - a. Bazaars, as a cosponsor who furnishes workers.
- b. Any fundraising activity open to the general public where athletic or sports-type activities are sponsored or conducted by the organization.
 - c. Fundraising activities where food is prepared and/or sold by the organization.
- 2. We understand that this request, if approved, will only be effective for 1 year and must be reevaluated annually.
- 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.

[FIRST M. LAST]
[Position in PO]

1st Ind, 11 FSS/FSR

MEMORANDUM FOR 11 FSS/FSR

I recommend approval/disapproval of the above referenced request.

ROXANNE H. PALEO, 2d Lt, USAF Resource Management Deputy

2d Ind to [PO/UA Name], [date of request], Request for Waiver of Insurance Requirement MEMORANDUM FOR [PO/UA NAME]

I recommend approval/disapproval of the above referenced request.

JAMES M. CLARK, Colonel, USAF Commander, 11th Mission Support Group