

DD MONTH YY

MEMORANDUM FOR 1 SOMSG/CC

FROM: REGISTERED PRIVATE ORG NAME

SUBJECT: Request for Waiver of Insurance for Registered PO Name

1. After careful consideration and evaluation, the PO Name officers have determined that it does not require liability or fidelity insurance. In the normal course of conducting organizational business, there is limited risk and extremely low liability exposure.
2. We realize that the PO Name, a private organization, has the responsibility of obtaining insurance in the event of personal injury, property damage, or misappropriation of funds. If approved, it is understood this waiver will not protect this organization or its members from valid claims or successful suits.
3. If special events are scheduled that will increase our liability risk, we will obtain appropriate insurance coverage commensurate with the risks involved as prescribed in AFI 34-223.
4. The requirement for liability insurance is waived on a continuous basis; however, it must be reevaluated annually during the 1 SOFSS/FSR, Resource Manager, PO annual file review.
5. Please contact PO President's Name at Phone # (Non-DOD number) if you have any questions.

FIRST M. LAST, President
Name of Org