REQUEST FOR WAIVER OF PRIVATE ORGANIZATION LIABILITY INSURANCE

***PO must fill out all fields highlighted in yellow.

Private Organization (PO)				
Name of Submitter				
Title of Submitter				
Date Received by 55 FSS				
Members of				
Name of Individual Responsible				
Signature of Individual Responsible				
Date				
55 WG/JA Recommendation				
Name				
Signature				
Date				
55 MSG/CC Decision				
Signature				
Date				

Attachments:

- Documentation of Understanding of Joint and Several Liability.
 Description of PO special functions, charitable events, local fund raisers, or other activity PO plans to undertake.

ATTACHMENT 1

DOCUMENTATION OF UNDERSTANDING OF JOINT AND SEVERAL LIABILITY FOR OBLIGATIONS OF THIS PRIVATE ORGANIZATION, IAW AFI 34-223

Private Organization (PO)	
Name of Submitter	
Title of Submitter	
Date Received by 55 FSS	

MEMBERS OF PRIVATE ORGANIZATION , PLEASE READ THIS **IMPORTANT INFORMATION RELATED TO YOUR MEMBERSHIP** IN THIS PRIVATE ORGANIZATION

You must read AFI 34-223 *Private Organizations* in its entirety. By signing below, you acknowledge that you have read this AFI in its entirety.

In accordance with AFI 34-223, paragraph 10.15, this PO must have liability insurance to protect against claims and/or lawsuits which may arise from the activities of the PO or its members, unless the Installation Commander (or delegee, 55 MSG/CC) waives this requirement.

55 MSG/CC may waive the requirement for continuous liability coverage, however he/she may still require liability insurance for specific events that involve greater risk of injury or damage. Insurance waivers must be reevaluated annually. Insurance should be required unless the activities of the PO are such that the risk of liability is negligible.

The government is not responsible for any claims that arise from the activities of the PO or its members.

As a member of this PO, you are jointly and severally liable for the obligations of the PO. The absence of liability insurance places your personal assets immediately at risk in the event of PO liability. Liability depends on the jurisdiction the PO operates in, but generally pertains to injury to persons and/or damage or loss of property.

Your understanding of these fact must be documented. Therefore, if you understand these facts, you must sign and date the roster below.

Name	Title	Signature	Date

ATTACHMENT 2

DESCRIPTION OF PO SPECIAL FUNCTIONS, CHARITABLE EVENTS, LOCAL FUND RAISERS, OR OTHER ACTIVITY PO PLANS TO UNDERTAKE.

Private Organization (PO)			
Justification for the Waiver:			
[Please insert your justification in this area. Please note that your org should have insurance unless the risk of liability is negligible. Please explain if/how your PO's activities are such that the risk of liability is negligible. For example, describe what your PO does, to include meetings, special functions, charitable events, and local fund raisers. It is helpful if you describe any special functions, charitable events, local fund raisers, or other activity your PO plans to undertake. Please provide this information in this area of the attachment].			
Name of Individual Responsible			
Signature of Individual Responsible			
Date			
Date Received by 55 FSS			