



**DEPARTMENT OF THE AIR FORCE
UNITED STATES SPACE FORCE
SPACE BASE DELTA 2**

MEMORANDUM FOR DIRECTOR OF MISSION SUPPORT

FROM: (Private Organization name and address)

SUBJECT: Request for Waiver of Insurance Requirements

1. On behalf of (Private Organization name), I request a waiver of the requirement to maintain liability insurance for (Private Organization name) in accordance with AFI 34-223 *Private Organization Program*, para 10.15.
2. Under AFI 34-223, para 10.15, I understand any Private Organization on base must have liability insurance unless this requirement is waived. I understand insurance should be required unless the activities of a Private Organization are such that the risk of liability is negligible. In our case, the activities of (Private Organization name) are such that the risk of liability is negligible because our _____ (*explain what your Private Organization does and why it involves little risk of liability, for example "our Private Organization exists only to mentor younger military members and fundraise to assist members in need of financial assistance. We do not drive cars, engage in risky activities including athletic events, or sign contracts."*).
3. I agree (Private Organization name) will obtain adequate insurance or renew this application in the event its activities substantially change from what is listed above, including if we decide to hold a one-time event that deviates from our general activities described above.
4. I acknowledge any and all obligations and debts owed by, as well as any and all injury and/or damage caused by, (Private Organization name) may impose joint and several liability on each member of 460 CES United Advisory Council. I acknowledge that without insurance, this risk falls on all members personally. I certify that current and future officers of (Private Organization name) are required under our Constitution to make all members aware of this risk of personal liability for all debts, negligence, and obligations of (Private Organization name).
5. For any questions or concerns, please contact me at _____.

(NAME)
Vice President, Private Organization name

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1st Ind., **Private Organization name** Request for Waiver of Insurance Requirements

MEMORANDUM FOR **Private Organization name**

1. After considering your request and the legal review done by SBD 2/JA, I have decided your request for a waiver of liability insurance requirements under AFI 34-223, para 10.15 is:

APPROVED

DISAPPROVED

2. If approved, this waiver expires one year from the date of my signature. You are required to submit approved waivers for re-evaluation in the event your activities substantially change from what is listed in your request memo, even if for a one-time event.

MARK D. GAGNON, NH-IV, DAF-C
Director, Mission Support