

REQUEST FOR WAIVER OF PRIVATE ORGANIZATION LIABILITY WAIVER

Private Organization (PO): _____

Name and Title of Individual Responsible for Providing this Document to 31 FSS:

Members of _____ have been briefed and understand the AFI 34-223, Private Organization (PO) Program, requires POs to buy and maintain adequate insurance protection against claims and/or lawsuits which may arise from activities of the organization or its members. The officers and members of this private organization have been briefed and understand that the government is not responsible for any claims that arise from the activities of the organization or its members. The officers and the members of the organization understand that they may be held jointly and severally liable for any claim that may arise from the activities of this organization. Attached is Documentation of Understanding of Joint and Several Liability of Obligations of this Private Organization, IAW AFI 34-223, paragraph 10.15.

Name (Print and Signature) of Individual Responsible:

President

Date: 31 Jan 23

Recommend Approval/Disapproval

Staff Judge Advocate, 31st FW

Date: _____

Approve/Disapprove

MATTHEW R. BORAWSKI, Colonel, USAF
Commander, 31st Mission Support Group

Date: _____

Attachments:

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

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

Private Organization (PO): _____

Name and Title of Individual Responsible for Providing this Document to 31 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, 31 MSG/CC) waives this requirement. 31 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 (DIGITAL OR WET SIGNATURE):

DATE SIGNED:

PRIVATE ORGANIZATION NAME: _____

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 they are low risk. For example, describe what your PO does, to include meetings, special functions, charitable events, and local fund raisers and state if they are low risk. Also include, "In Italy, it appears as though it is difficult, if not impossible for a PO to obtain insurance". Please provide this information in this area of the attachment] BE SURE TO REMOVE THE COLOR RED FROM THIS AREA AND THE UNDERLINES.

Name (Print Complete Name and Signature) of Individual Responsible:

Date: _____