

MEMORANDUM FOR 319 FSS/FSR
319 ABW/JA
319 MSG/CC

FROM:

SUBJECT: Request for Waiver of Insurance

1. Request approval for waiver of insurance coverage for (name of organization):
2. Ours is a "low risk" organization, as defined in AFI 34-223
3. We understand that from time to time we may engage in activities that will require insurance protection. We promise to submit a request to the Installation Commander for each and every function we plan.

NAME, Signature
Acting President

1st Ind, 319 MSG/CC

MEMORANDUM FOR

I have reviewed your request and hereby waive the requirement to obtain insurance.

MICHAL D. HOLLIDAY, Colonel, USAF
Commander, 319th Mission Support Group