

DD MONTH YYYY

MEMORANDUM FOR 66 FSS/FSR

FROM: (Name of Private Organization)

SUBJECT: Annual Insurance Requirement

1. IAW AFI 34-233 para 9.2.2, The collective officers of this private organization (PO) have informed all the PO members that the insurance policy protects the members only to the extent of the insurance coverage. So, in the unlikely event the PO manages to exceed the max coverage of the policy, the members of the PO have been notified and understand their personal financial liability for obligations of the Private Organization, as provided by law.

2. Furthermore, we understand that this "certification must be resubmitted for review and approval every two years or when there is a change in the purpose, function, or membership eligibility of the Private Organization, whichever comes first and must be reviewed by the installation Staff Judge Advocate" as stated in AFI 34-233 para 9.3

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Printed Name, President

Phone:

Email:

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Printed Name, Vice President

Phone:

Email:

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Printed Name, Secretary

Phone:

Email:

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Printed Name, Treasurer

Phone:

Email: