U.S. Department of Transportation

Office of the Secretary of Transportation

AGENCY DISPLAY OF ESTIMATED BURDEN

The public reporting burden for this collection of information is estimated to average 30 minutes per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the Department of Transportation at the following address:

U.S. Department of Transportation
Office of Aviation Analysis, X-56
400 7th Street, SW.
Washington, DC 20590

OMB No. 2106-0030 Expires 2-28-01

U.S. AIR CARRIERS CERTIFICATE OF INSURANCE

POLICIES OF INSURANCE FOR AIRCRAFT ACCIDENT BODILY INJURY AND PROPERTY DAMAGE LIABILITY

FILING INSTRUCTIONS: File an original of this form with the FAA, Air Transportation Div., AFS-200, 800 Independence Ave., SW., Washington, DC 20591.
NOTE: If Block 2B on the reverse is filled in because the insured is an air taxi operator conducting scheduled passenger service (i.e., a commuter air carrier), file an original of this form with the Air Carrier Fitness Div., X-56, Office of Aviation Analysis, Dept. of Transportation, 400 7th St., SW., Washington, DC 20590.

(Please type information, except signatures.)

THIS CERTIFIES THAT: _____
(Name of Insurer)

has issued a policy or policies of Aircraft Liability Insurance to _____

_____ FAA Certificate Number _____
(Name, address and FAA Certificate number of Insured U.S. Air Carrier)

effective from _____ until ten (10) days after written notice from the insurer or carrier of the intent to terminate coverage is received by the Department of Transportation.

NOTE: Part 205 of the Department's Regulations does not allow for a predetermined termination date, and a certificate showing such a date is unacceptable.

1. The Insurer *(Check One)*:

   ☐ is licensed to issue aircraft insurance policies in the United States;
   ☐ is licensed or approved by the government of _____ to issue aircraft insurance policies; or
   ☐ is an approved surplus line insurer in the State(s) of _____

2. The insurer assumes, under the policy or policies listed below, aircraft accident liability insured to minimums at least equal to the following during operation, maintenance, or use of aircraft in "air transportation" as that term is defined in 49 U.S.C. 40102. *(Complete applicable section(s) below):*

   A. **U.S. AIR TAXI OPERATORS WITH PART 298 AUTHORITY ONLY**
   The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). *(Check separate or combined coverage as appropriate)*:

   ☐ Separate Coverages:

Policy No.	*Type of Liability*	*Minimum Limit* Each person	*Minimum Limit* Each Occurrence
_____	Bodily Injury Liability (Excluding Passengers)	$ 75,000	$300,000
_____	Passenger Bodily Injury	$ 75,000	$75,000 x 75% of total number of passenger seats installed in aircraft
_____	Property Damage		$100,000

   ☐ Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.

   Policy No. _____ Amount of Coverage _____

   ☐ This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

B. U.S. COMMUTER AND CERTIFICATED AIR CARRIERS OPERATING SMALL AIRCRAFT

The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). *(Check separate or combined coverage as appropriate)*:

☐ Separate Coverages:

Policy No.	*Type of Liability*	*Minimum Limit* Each person	*Minimum Limit* Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability	$300,000	$2,000,000
_____	Passenger Bodily Injury	$300,000	$300,000 x 75% of total number of passenger seats installed in aircraft

☐ Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.

*Policy No.*_____ Amount of Coverage_____

☐ This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

C. U.S. CERTIFICATED AIR CARRIERS OPERATING LARGE AIRCRAFT

The aircraft covered by this policy are LARGE AIRCRAFT (i.e., with more than 60 passenger seats or with a maximum payload capacity of more than 18,000 pounds). *(Check separate or combined coverage as appropriate)*:

☐ Separate Coverages:

Policy No.	*Type of Liability*	*Minimum Limit* Each person	*Minimum Limit* Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability	$300,000	$20,000,000
_____	Passenger Bodily Injury	$300,000	$300,000 x 75% of total number of passenger seats installed in aircraft

☐ Combined Coverage: This combined coverage is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.

*Policy No.*_____ Amount of Coverage_____

☐ This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

3. The policy or policies listed in this certificate insure(s) *(Check One)*:

☐ Operations conducted with all aircraft operated by the insured
☐ Operations conducted with the following types of aircraft:
☐ Operations with the following aircraft: (Use additional page if necessary)

Make and Model	FAA or Foreign Flag Registration No.

4. Each policy listed in this certificate meets or exceeds the requirements in 14 CFR Part 205.

_____ *(Name of Insurer)*	_____ *(Name of Broker, if applicable)*
_____ *(Address)*	_____ *(Address)*
_____ *(City, State, Zip Code)*	_____ *(City, State, Zip Code)*
_____ *Contact (person who can verify the effectiveness of the coverage)*	_____ *(Officer or authorized representative)*
_____/_____ *(Area Code, Phone Number)* *(Area Code, Fax Number)*	_____/_____ *(Area Code, Phone Number)* *(Area Code, Fax Number)*
_____ *(Signature, if applicable)*	_____ *(Signature)*
_____ *(Date)*	_____ *(Date)*