



Office of the Secretary of Transportation

AGENCY DISPLAY OF ESTIMATED BURDEN

The public reporting burden for this collection of information is estimated to average 15-30 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: U.S. Department of Transportation, Office of Aviation Analysis, X-56, 1200 New Jersey Ave. S.E., Washington, D.C. 20590. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOTE: For information on where to file completed copies of this form, see FILING INSTRUCTIONS below.

OMB No. 2106-0030 Expires June 30, 2026

U.S. AIR CARRIERS - CERTIFICATE OF INSURANCE
POLICIES OF INSURANCE FOR AIRCRAFT ACCIDENT BODILY INJURY AND PROPERTY DAMAGE LIABILITY

FILING INSTRUCTIONS: File a signed original of this form with the Federal Aviation Administration, Air Transportation Division, electronically (preferred method) to: AFS-260-Insurance@faa.gov, or mail to: AFS-260, 800 Independence Ave., S.W., Washington, D.C., 20591 (See EXCEPTION)

EXCEPTION: For any insured that is located in the State of Alaska, submit this form with the Federal Aviation Administration, Air Transportation Division, electronically (preferred method) to AFS-260-Insurance@faa.gov, or mail to: Anchorage Flight Standards District Office, 949 E. 36th Avenue, Suite 600, Anchorage, Alaska 99508.

(Please type information, except signatures.)

THIS CERTIFIES THAT: (Name of Insurer)

has issued a policy or policies of Aircraft Liability Insurance to (Name, address and FAA Certificate Number of insured U.S. Air Carrier) FAA Certificate Number

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) A, B, or C below):

A. U.S. AIR TAXI OPERATORS (EXCLUDING U.S. COMMUTER AIR CARRIERS) 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). (Complete separate or combined coverage as appropriate):

Separate Coverages:

Table with columns: Policy No., Type of Liability, Each person, Each Occurrence, Minimum Limit. Rows include Bodily Injury Liability (Excluding Passengers), Passenger Bodily Injury, and Property Damage.

Combined Coverage: The amount of coverage set forth below is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damage, and passenger bodily injury.

Policy No. Amount of Coverage

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

B. U.S. COMMUTER AIR CARRIERS OR 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). (Complete separate or combined coverage as appropriate):

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each person	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: The amount of coverage set forth below is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damage, 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). (Complete separate or combined coverage as appropriate):

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each person	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: The amount of coverage set forth below is a single limit of liability for each occurrence at least equal to the required minimums stated above for bodily injury (excluding passengers), property damage, 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):
 Make and Model _____ FAA or Foreign Flag Registration No. _____

- 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)

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)
_____ (Email Address)	_____ (Email Address)
_____ (Signature) / (Date)	_____ (Signature) / (Date)