

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 typ	e information, except signati	ures.)		
THIS CER	TIFIES THAT:	(Name of Insurer)		
L	La carlla caracteria de Al			
nas issued	a policy or policies of All	rcraft Liability Insurance to		
(N	ame, address and FAA Certifica	ate number of Insured U.S. Air Carrier)	FAA Certifica	te number
•	•	,	natica from the incu	ror or corrier of the intent to
terminate	coverage is received by t	until ten (10) days after writter he Department of Transportation.	i nouce nom the msu	rei oi camei oi the intent to
NOTE: Pa is unaccept		egulations does not allow for a predetermined t	ermination date, and a	certificate showing such a date
1. The Insi	urer (<u>Check One</u>):			
	is licensed to issue airc	craft insurance policies in the United States	; ;	
	• •	by the government of		craft insurance policies; or
	is an approved surplus	line insurer in the State(s) of		
<u>(Comp</u> A. U . Th	olete applicable section(s) A. S. AIR TAXI OPERATORS the aircraft covered by this po	intenance, or use of aircraft in "air transportation B, or C below): (EXCLUDING U.S. COMMUTER AIR CARRIED blicy are SMALL AIRCRAFT (i.e., with 60 or few ess). (Complete separate or combined coverage	RS) WITH PART 298 A er passenger seats or w	UTHORITY ONLY:
	Separate Coverages:		A Contra	ours I track
	Policy No.	Type of Liability	Each person	um Limit Each Occurrence
	Folicy No.	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
		mount of coverage set forth below is a single limit of li		at least equal to the required
	Policy No	Amount of Coverage		
	This policy covers CARGO o	perations only and excludes passenger liability insura	ance.	

Ea	Opp Opp Ch po	perations conducted with al perations conducted with th perations with the following	o Code)	(Na	me of Broker, if appli (Address) (City, State, Zip Code zed representative)	
	Op Op Op Ch po	perations conducted with al perations conducted with the perations with the following colicy listed in this certificate (Name of Instance) (Address)	I aircraft operated by the insured be following types of aircraft: aircraft: (Use additional page if necessary) e meets or exceeds the requirements in surer) b Code)	n 14 CFR Part 205. (Na	me of Broker, if appli (Address) (City, State, Zip Code	egistration No.
	Op Op Op	perations conducted with all perations conducted with the perations with the following coolicy listed in this certificate (Name of Instance)	I aircraft operated by the insured be following types of aircraft: aircraft: (Use additional page if necessary) be meets or exceeds the requirements in surer)	n 14 CFR Part 205. (Na	me of Broker, if appli (Address)	egistration No.
	Op Op Op	perations conducted with al perations conducted with the perations with the following policy listed in this certificate (Name of Institute of Instit	I aircraft operated by the insured be following types of aircraft: aircraft: (Use additional page if necessary) be meets or exceeds the requirements in surer)	n 14 CFR Part 205.	Ri me of Broker, if appli	egistration No.
	Op Op Op	perations conducted with al perations conducted with th perations with the following policy listed in this certificate	I aircraft operated by the insured the following types of aircraft: aircraft: (Use additional page if necessary) The meets or exceeds the requirements in	n 14 CFR Part 205.	Ri	egistration No.
	Op Op Op	perations conducted with al perations conducted with th perations with the following	I aircraft operated by the insured a following types of aircraft: aircraft: (Use additional page if necessary)		FA:	A or Foreign Flag egistration No.
	Op Op Op	perations conducted with al perations conducted with th perations with the following	I aircraft operated by the insured a following types of aircraft: aircraft: (Use additional page if necessary)		FA/ Re	A or Foreign Flag egistration No.
	e po	perations conducted with al	l aircraft operated by the insured	Make and Model	FA/ Ri	A or Foreign Flag egistration No.
	e po			Make and Model	FA/ Re	A or Foreign Flag egistration No.
Th		olicy or policies listed in this	certificate insure(s) (Check One):	Make and Model	FA	A or Foreign Flag
			•	- •		
		This policy covers CARG	GO operations <i>only</i> and <i>excludes</i> passe			
		·	stated above for bodily injury (excluding		/ damage, and pas age	
			ne amount of coverage set forth below			ence at least equal to
						total number of passenger seats installed in aircraf
			Passenger Bodily Injury		\$300,000	\$300,000 x 75%
		Combined Bodily Injury (Excluding than cargo attendants) and Prope			\$300,000	\$20,000,000
		Policy No.	Type of Liability		Each person	Each Occurrence
	☐ Separate Coverages:				Minimu	ım Limit
C.	Th	he aircraft covered by this p	ARRIERS OPERATING LARGE AIRCI olicy are LARGE AIRCRAFT (i.e., with pounds). (<u>Complete separate or com</u>	more than 60 passeng		maximum payload
			GO operations only and excludes passe) .	
		Policy No		Amount of Covera	age	
		9	ne amount of coverage set forth below stated above for bodily injury (excluding			
						total number of passenger seats installed in aircra
			than cargo attendants) and Property Passenger Bodily Injury	Damage Liability	\$300,000 \$300,000	\$2,000,000 \$300,000 x 75%
			Combined Bodily Injury (Excluding F		Фоос осо	
		Policy No.	Type of Liability		Each person	um Limit Each Occurrence
		Separate Coverages:				