## 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

## FOREIGN 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 electronically (preferred method) to AFS-260-Insurance@faa.gov, or by mail to: AFS-260, 800 Independence Ave. S.W., Washington, D.C., 20591. (SEE EXCEPTION)

**EXCEPTION:** If Section 2.A. is filled in because the insured is a Canadian Charter Air Taxi Operator, file an original of this form with the U.S. Department of Transportation electronically (preferred method) to AFS-260-Insurance@faa.gov, or by mail to: AFS-260, 800 Independence Ave. S.W., Washington, D.C., 20591.

(Please type information, except signatures.) (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 Foreign Air Carrier) until ten (10) days after written notice from the insurer or carrier of the intent effective from 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 an approved surplus line insurer in the State(s) of \_\_\_\_\_\_\_

to issue aircraft insurance policies; or \_\_\_\_\_\_\_

to issue aircraft insurance policies; or \_\_\_\_\_\_\_

is an approved surplus line insurer in the State(s) of \_\_\_\_\_\_\_ 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 "foreign air transportation" as that term is defined in 49 U.S.C. 40102. (Complete applicable section A, B, or C below): CANADIAN CHARTER AIR TAXI OPERATORS WITH PART 294 AUTHORITY ONLY The aircraft covered by this policy have: (1) 30 or fewer passenger seats and a maximum payload capacity of 7,500 pounds or less; and/or (2) a maximum authorized takeoff weight on wheels of no more than 35,000 pounds. (Complete separate or combined coverage as appropriate): Separate Coverages: Minimum Limit Policy No. Type of Liability Each person Each Occurrence Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability \$75,000 \$2,000,000\*(See note) \$75,000 \$75,000 x 75% of Passenger Bodily Injury 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 damage, and passenger bodily injury. Amount of Coverage U.S. Dollars ☐ This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

**NOTE**: If the aircraft covered by this policy have more than 30 passenger seats or more than a maximum payload capacity of 7,500 pounds, the minimum limit per occurrence shall be \$20,000,000.

	cal	pacity of 18,000 pounds o	r less). (Complete separate or combined	or fewer passenger seats or with a maximum payload coverage as appropriate):		
		Separate Coverages:			Minimum Limit	
			Type of Liability		Each person	Each Occurrence
			Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability Passenger Bodily Injury	\$300,000	\$2,000,000	
					\$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 reminimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.				
		Policy No	Amount of CoverageU.S. Dolla			
	☐ This policy covers CARGO operations <i>only</i> and <i>excludes</i> p			ger liability insurand	ce.	
C.	The aircraft covered by this policy are LARGE AIRCRAFT (i.e., with more than 60 passenger seats or with a maximum payle capacity of more than 18,000 pounds). (Complete separate or combined coverage as appropriate):					maximum payload
		Separate Coverages:			Minimu	m Limit
		Policy No.	Type of Liability		Each person	Each Occurrence
			Combined Bodily Injury (Excluding Past than cargo attendants) and Property D		\$300,000	\$20,000,000
			Passenger Bodily Injury	•	\$300,000	\$300,000 x 75% of total number of passenger seats installed in aircraft
			GO operations <i>only</i> and <i>excludes</i> passen		ee.	U.S. Dolla
3. Th	The policy or policies listed in this certificate insure(s) ( <u>Check One</u> ):					
-		, ·	certificate insure(s) (Check One):	Make an	d Model	FAA or Foreign Flag
	Оре		s certificate insure(s) ( <u>Check One):</u> —  Il aircraft operated by the insured	Make an	d Model	FAA or Foreign Flag Registration No.
	•	erations conducted with a		Make an	d Model	
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 	Оре	erations conducted with a erations conducted with the erations with the following	Il aircraft operated by the insured ne following types of aircraft:  aircraft: (Use additional page if necessary)  e meets or exceeds the requirements in 1	4 CFR Part 205.	d Model	Registration No.
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Co.	Ope Ope ach po	erations conducted with a erations conducted with the erations with the following olicy listed in this certificat  (Name of Ins.)  (Address)  (City, State, Zignerson who can verify the effects	Il aircraft operated by the insured ne following types of aircraft:  aircraft: (Use additional page if necessary)  e meets or exceeds the requirements in 1  surer)  c)  c)  d)  d)  d)  d)  d)  d)  d)  d	4 CFR Part 205. (Na	me of Broker, if applic (Address) (City, State, Zip Code or authorized represe	Registration No.  cable)  ntative)  a Code, Fax Number)