State of Alaska
Verification Of Air Carrier's Insurance

Division of Statewide Aviation
Department of Transportation & Public Facilities, State of Alaska
POB 196900, Anchorage, AK 99519-6900
Phone: (907) 269-0730 Fax: 269-0489

This is to certify that the following underwriters:
Name and Address of Insurers

Name:_____   **Telephone**:_____

Address: _____

Through the following: **Insurance Agency**

Name:_____   **Telephone**:_____

Address:_____

Policy Holder

Have issued insurance covering _____individual aircraft, or _____ all aircraft owned or operated by:

Contact Name:_____   Date:_____

Policy Holder:

DBA:_____   Telephone: _____

Address: _____

	Aircraft Description	FAA Tail Number	Insured Seats	Policy Change (*)	Effective Date
1.					
2.					
3.					
4.					
5.					
6.					

*Please indicate aircraft (A) addition, (D) deletion, (G) ground coverage only or (S) change in seats insured.

A policy of policies of bodily injury and property damage insurance which, through the terms of the policy or endorsement comply with the required minimum amounts and terms set forth in AS 02.40.010(a)(1) $150,000 per seat for bodily injury or death in a single occurrence, and (2) $100,000 for property damage in a single occurrence.

This certificate and the insurance evidenced hereby may be canceled by giving not less than thirty (30) days notice in writing to the State of Alaska, Department of Transportation and Public Facilities, Division of Statewide Aviation, measured from the date received by the Department. AS Section 02.40.020(a)

Policy Number: _____ Effective from:_____ to:_____

_____   _____
Authorized Agent or Broker (Type or Print)   Signature   Date

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	Aircraft Description	FAA Tail Number	Insured Seats	Policy Change (*)	Effective Date
7.					
8.					
9.					
10.					
11.					
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