

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) 269-0742 Fax: 269-0489

Name and Contact of Insurers

This is to certify that the following underwriters:

| | | |
|-------------|------------------|-------------------|
| <u>Name</u> | <u>Telephone</u> | <u>Percentage</u> |
|-------------|------------------|-------------------|

Through the following: **Insurance Agency**

Name: _____ Telephone: _____
Address: _____
Broker Number: _____

Policy Holder

Have issued insurance covering either ☐ Individual aircraft listed below, or ☐ All aircraft owned and/or operated by:

Contact Name: _____
Policy Holder: _____
DBA: _____ Telephone: _____
Address: _____

| | Aircraft Description | FAA Tail Number | Insured Seats | Policy Change(*) | Effective Date |
|---|---------------------------------|----------------------------|--------------------------|-----------------------------|-----------------------|
| 1 | | | | | |

*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