

Office des transports du Canada

# Certificate of Insurance



### Insurance covering air carrier liability to passengers and public liability

| 1. This is to certify that: (insurer)  |   |                    |                  |                                    |  |  |
|--|---|--------------------|------------------|------------------------------------|--|--|
|  |   |                    |                  |                                    |  |  |
|  |   | [name, address and | participation pe | ercentages of insurer or insurers] |  |  |
| has/have issued the policies listed in this certificate covering risks of liability to passengers and public liability to: (air carrier)   |   |                    |                  |                                    |  |  |
|  |   |                    |                  |                                    |  |  |
|  |   | [n:                | ame and addres   | ss of air carrier]                 |  |  |
| effective from   | fala. 3   | [manda]            | for and          |                                    |  |  |
|  | [day]   | [month]            | [year]           |                                    |  |  |
| to   |   |                    |                  |                                    |  |  |
|  | [day]   | [month]            | [year]           |                                    |  |  |
| 2. The insurer has assumed, under the policies listed in this certificate, liability insurance covering risks of injury to or death of passengers and insurance covering risks of public liability in accordance with the requirements of section 7 of the <i>Air Transportation Regulations</i> . |   |                    |                  |                                    |  |  |
|  | 3. The air carrier has been insured against the risks described in section 2 for every incident or accident related to the operation of a |                    |                  |                                    |  |  |
|  |   | [domestic, int     | ernational, or d | omestic and international]         |  |  |

service in the following amounts:

| Type of Liability      | Amount | Policy No. |
|------------------------|--------|------------|
| Passenger:             |        |            |
| Public:                |        |            |
| Single Limit Coverage: |        |            |

## Certificate of Insurance

| 4.   | The policies listed in this certificate insu  | re (fill in the a   | ppropriate s  | service in either   | a. or b.):  |  |
|--|---|---|---|---|---|--|
| a. all aircraft operated by the air carrier in |   |   |   |   | servic  | ces; or                                |
|  |   | [domestic, inte   | rnational, or d   | omestic and intern  | ational]  |  |
| b.   |   | service   | es operated   | by the air carrie   | er with the follo   | owing aircraft:                        |
|  | [domestic, international, or domestic and intern  | ational]  |   |   |   |  |
|  | Registration Marking  |   |   | Type an   | nd Model  |  |
|  |   |   |   |   |   |  |
|  |   |   |   |   |   |  |
|  |   |   |   |   |   |  |
|  |   |   |   |   |   |  |
|  |   |   |   |   |   |  |
|  |   |   |   |   |   |  |
| 6. C   | The insurer undertakes to notify the Securiting when:  a. the air carrier's coverage has been b. the air carrier's coverage has been failure by the air carrier to comply c. the air carrier's operations have be in the failure by the air carrier to comply the insurer (check one):  is registered and/or licensed in Canaca is licensed or approved by a foreign got behalf of the Insurer: | n cancelled on altered or is with section een changed omply with se | r is intended to intended to 7 of the Air or are intended to cotion 7 of the craft insura | I to be cancelled be altered in a Transportation I ded to be changine Air Transport | d;<br>manner that r<br>Regulations; o<br>ged in a mann<br>tation Regulation | results in the<br>r<br>er that results |
|  | Ína   | me of authorize   | d person or ac  | ient]   |   |  |
|  | Į.i.d   | 2                             |   | ,- <u>1</u>   |   |  |
|  |   | [tit  | le]   |   |   |  |
|  |   |   |   |   |   |  |
|  |   |   |   |   |   |  |
|  | [signature]   |   |   | [day]   | [month]   | [year]                                 |

2 of 3 pages 673/L4/12-1

#### Certificate of Insurance

#### Filing directions:

(1) An original of this certificate and any notification made pursuant to section 5 are to be filed with the Secretary, Canadian Transportation Agency, Ottawa, Ontario, Canada K1A 0N9.

(2) An air carrier may file a certificate that contains one or more of the three conditions and the table set out in the attachment hereto.

#### **Attachment**

Name of air carrier:

The air carrier has been insured against the risks described in section 2 under Policy No. which is issued on one or more of the following conditions:

[policy number]

- a. the aircraft are as described, and are insured for the amounts shown, in the table below;
- b. the number of passengers carried does not exceed the number of passenger seats insured for each aircraft as shown in the table below; and
- c. the aircraft will be used for the following purposes:

| Registration marking | Type and model | No. of passenger seats insured | Amount of passenger liability | Amount of public liability |
|----------------------|----------------|--------------------------------|-------------------------------|----------------------------|
|                      |                | `                              |                               |                            |
|                      |                |                                |                               |                            |
|                      |                |                                |                               |                            |
|                      |                |                                |                               |                            |

You can fill out this form electronically and save a copy for your files.

Once completed,

- 1. You may send an advance copy by fax to 819-953-5562 or 819-953-8798
- 2. You must print and submit an original hard copy with signatures.

Attn: Secretary

Canadian Transportation Agency

| By mail                           | OR | By courier   |
|-----------------------------------|----|--|
| Ottawa, Ontario<br>Canada K1A 0N9 |    | 15 Eddy Street<br>Gatineau, Québec<br>Canada J8X 4B5 |

3 of 3 pages 673/L4/12-1