

**CERTIFICATON OF INSURANCE**

**U.S. DEPARTMENT OF THE INTERIOR  
 AVIATION MANAGEMENT**



This form shall be completed by the insurance company. The limits of the policy or policies described herein apply to: All aircraft owned, operated or in the custody of the name insured. Only those aircraft listed below.			Name and Address of Insured				Name and Address of Insurer			
			Policy No. _____		Effective Period From _____ to _____					
Registration No.	Aircraft Make & Model	Year of Manufacture	No. of Pass.	Public Liability		Property Damage	Passenger Liability		Combined Single Limit	
				One Person	One Accident		One Person	One Accident		

**PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY OR POLICIES**

- A. Insured Parties named under the policy or policies are the Contractor and the United States of America
- B. The Insurer shall notify the Contracting Officer 30 days prior to the effective date of any cancellation or termination of any policy or certificate or any modification of a policy or certificate, which adversely affects the interests of the Government in such insurance. The notice shall be sent by certified mail and shall identify this contract, the name and address of the Contracting Office, the policy, and the insured:

Mail to:	(Contiguous U.S.)	Aviation Management 2741 Airport Way Boise, ID 83705	(Alaska)	Aviation Management 4404 Lear Court Anchorage, AK 99502-1032
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Remarks:		
Date	Type Name and Title (Insurance Company Representative)	Signature