



U.S. Department of Transportation

Office of the Secretary
Of Transportation

AGENCY DISPLAY OF ESTIMATED BURDEN

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NOTE: For information on where to file completed copies of this form, see **FILING INSTRUCTIONS** below.

OMB No. 2106-0030 Expires 9-30-2007

**U.S. 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, AFS-260, 800 Independence Ave., S.W., Washington, D.C. 20591. (See EXCEPTIONS 1 and 2 below.)

EXCEPTION 1: If Block 2B on the reverse is filled in because the insured is a commuter air carrier, file a signed original of this form with the Department of Transportation, Air Carrier Fitness Division, X-56, 400 7th St., SW, Washington, DC 20590.

EXCEPTION 2: For any insured that is located in the State of Alaska (regardless as to whether Block 2A, 2B, or 2C is filled in), file a signed original of this form with the Federal Aviation Administration, Alaskan Region HQ., AAL-230, 222 W 7th Ave., #14, Anchorage, Alaska 99513.

(Please type information, except signatures)

Endurance American Insurance Co.

THIS CERTIFIES THAT: through W. Brown & Associates Insurance Services
(Name of Insurer)

has issued a policy or policies of Aircraft Liability Insurance to Medway Air Ambulance, LLC

P.O. Box 490907, Lawrenceville, GA 30049

FAA Certificate No: Y6WA394L

(Name and address of Insured U.S. Air Carrier)

effective from August 23, 2018 until ten (10) days after written notice from the insurer or carrier of the intent 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 licensed or approved by the government of _____ to issue aircraft insurance policies; or
- is an approved surplus line insurer in the State(s) of _____

2. The insurer assumes, under the policy of policies listed below, aircraft accident liability insured to minimums at least equal to the following during operations, maintenance, or use of aircraft in "air transportation" as that term is defined in 49 U.S.C. 40102.
(Complete applicable section(s) below):

A. U.S. AIR TAXI OPERATORS WITH PART 298 AUTHORITY ONLY

The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). (*Check separate or combined coverage as appropriate*).

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each person	Each Occurrence
_____	Bodily Injury Liability (Excluding Passengers)	\$75,000	\$300,000
_____	Passenger Bodily Injury	\$75,000	\$75,000 x 75% of total number of passenger seats installed in aircraft
_____	Property Damage		\$100,000

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 damaged, and passenger bodily injury.

Policy No. NAC6018792 Amount of Coverage CSL \$25,000,000 Each Occurrence

This policy covers CARGO operations *only* and *excludes* passenger liability insurance

B. U.S. COMMUTER AND CERTIFICATED AIR CARRIERS OPERATING SMALL AIRCRAFT

The aircraft covered by this policy are SMALL AIRCRAFT (i.e., with 60 or fewer passenger seats or with a maximum payload capacity of 18,000 pounds or less). (Check separate or combined coverage as appropriate).

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each person	Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability	\$300,000	\$2,000,000
_____	Passenger Bodily Injury	\$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 required minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.

Policy No. _____ Amount of Coverage _____

This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

C. U.S. CERTIFICATED AIR CARRIERS OPERATING LARGE AIRCRAFT

The aircraft covered by this policy are LARGE AIRCRAFT (i.e., with more than 60 passenger seats or with a maximum payload capacity of more than 18,000 pounds). (Check separate or combined coverages as appropriate):

Separate Coverages:

Policy No.	Type of Liability	Minimum Limit	
		Each person	Each Occurrence
_____	Combined Bodily Injury (Excluding Passengers other than cargo attendants) and Property Damage Liability	\$300,000	\$20,000,000
_____	Passenger Bodily Injury	\$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 required minimums stated above for bodily injury (excluding passengers), property damaged, and passenger bodily injury.

Policy No. _____ Amount of Coverage _____

This policy covers CARGO operations *only* and *excludes* passenger liability insurance.

3. The policy or policies listed in this certificate insure(s) (Check One):

Make and Model

FAA or Foreign Flag Registration No.

- Operations conducted with all aircraft operated by the insured
- Operations conducted with the following types of aircraft
- Operations with the following aircraft: (Use additional page if necessary)

Learjet 35A
Learjet 35A
Learjet 35A
Learjet 35A
Learjet 35A
Learjet 35A
Learjet 45

N135SH
N988QC
N35GC
N354EF
N384CF
N55FN
N345MA

4. Each policy listed in this certificate meets or exceeds the requirements in 14 CFR Part 205.

Endurance American Insurance Co.
thru W. Brown & Associates Insurance Services

(Name of Insurer)

19000 MacArthur Blvd., Suite 600

(Address)

Irvine, CA 92612

(City, State, Zip Code)

Mike Myers, Vice President

Contact (person who can verify the effectiveness of the coverage)

(949) 851-2060

(949) 851-2155

(Area Code, Phone Number)

(Area Code / Fax Number)

(Name of Broker, if applicable)

(Address)

(City, State, Zip Code)

(Officer or authorized representative)

(Area Code, Phone Number)

Area Code / Fax Number

(Signature, if applicable)

August 21, 2018

(Date)

(Signature, if applicable)

(Date)