

**INSTRUCTIONS FOR COMPLETING  
CERTIFICATE OF INSURANCE -- OST FORM 6410**

OST Form 6410 is to be completed by an officer or authorized representative of an insurance company or broker and an original, signed copy is to be filed with:

Federal Aviation Administration  
AFS-260, Room 831  
800 Independence Avenue, SW  
Washington, DC 20591  
(202) 267-7773 or 267-7897

**Directions:**

**Line 1.** Enter name and address of the insurance company.

**Lines 2-3.** Enter name (including "doing business as" ("d/b/a") names and address of air carrier insured by the policy. If an insurance policy is issued to a person or company other than the air carrier, the certificate of insurance must state that the air carrier is also covered under that policy. Include the FAA Air Carrier Certificate number (if known).

**Line 4.** Enter the effective date of the policy. Note that the policy must remain in effect and cannot be cancelled on less than ten days' written notice to the Department.

**Section 1.** State whether the insurance company is licensed to issue aircraft insurance policies in the United States or by a foreign government or is an approved surplus line insurer. Note that more than one block may be checked.

**Section 2, Part A. U.S. Air Taxi Operators with Part 298 Authority Only.** This part should be completed only for **Air Taxi Operators** with authority under Part 298 to operate aircraft having 60 seats or less or a payload capacity of 18,000 pounds or less, not in scheduled passenger service. Indicate whether the insured air carrier has separate coverages or combined coverage by marking the appropriate block and placing the policy number and amount of coverage in the specified places. Please note that the minimum limits of liability required by the Department are already listed on the certificate.

**Section 2, Part B. U.S. Commuter and Certificated Air Carriers Operating Small Aircraft.** This part should be completed only for commuter or certificated air carriers operating aircraft that have 60 seats or less or a payload capacity of 18,000 pounds or less. Indicate whether the insured air carrier has separate coverages or combined coverage by marking the appropriate block and placing the policy number and amount of coverage in the specified places. Please note that the minimum limits of liability required by the Department are already listed on the certificate.

**Section 2, Part C. U.S. Certificated Air Carriers Operating Large Aircraft.** This part should be completed only for certificated air carriers operating aircraft that have more than 60 seats or a payload capacity of more than 18,000 pounds. Indicate whether the insured air carrier has separate coverages or combined coverage by marking the appropriate block and placing the policy number and amount of coverage in the specified places. Please note that the minimum limits of liability required by the Department are already listed on the certificate.

**Section 3.** Indicate whether the policy covers (1) all aircraft operated by the insured air carrier, or (2) general groups or types of aircraft, or (3) specific aircraft as shown by FAA registration number (use an additional page if necessary).

**Section 4.** Indicate name, address, contact person, and telephone numbers (office/fax) of insurer and, if applicable, of the broker. This form must be signed by an officer or authorized representative of the insurance company or broker.

**Any questions concerning the completion of this form?** Please contact the FAA Technical Programs Branch at 202-267-8166 or 202-267-7773.