



March Inland Port



March Inland Port Airport Authority
23555 Meyer Drive
Riverside, California 92518
Phone: 951.656.7000

CIVIL AIRCRAFT CERTIFICATION OF INSURANCE

(To be completed only by the insurer or an authorized representative.)

Forward this completed form to the Airport Director at goslga@marchjpa.com (EMAIL Signatures Accepted)

1. Today's date:

2. INSURER		3. INSURED (User)	
a. NAME		a. NAME	
b. ADDRESS: (Street, City, State, Zip Code)		b. ADDRESS: (Street, City, State, Zip Code)	

4. AIRCRAFT POLICY DATA - INSURANCE DATA MUST BE CONSISTENT WITH CODE OF FEDERAL REGULATIONS (CFR) 14, 205.5				
POLICY NUMBER(S) a.	EFFECTIVE DATE (mm/dd/yyyy) b.	EXPIRATION DATE (mm/dd/yyyy) c.	GEOGRAPHICAL AREA OR LIMIT OF POLICY COVERAGE d.	AIRCRAFT REGISTRATION NUMBER(S) e.

5. AIRCRAFT LIABILITY COVERAGE				
AMOUNT OF INSURANCE FOR (Must be stated in U.S. Dollars)	(1) EACH PERSON (2) EACH ACCIDENT	BODILY INJURY a.	PROPERTY DAMAGE b.	PASSENGER e.

6. SINGLE LIMIT - If the aircraft are insured with a single limit of liability, the amount of the single limit must be equal to or greater than the combined amount of bodily injury, property damage, and Passenger liability specified in applicable military regulations. (Must be stated in U.S. Dollars.) REF.- CODE OF FEDERAL REGULATIONS (CFR) 14, 205.5

7. EXCESS LIMIT If the aircraft are insured by a combination of primary and excess policies, the combined amounts of bodily injury, property damage, and passenger liability, respectively must be equal to or greater than those specified in applicable military and MIP regulations. NOTE: When this entry is completed, include primary policy numbers or amounts over which the excess applies. Show whether excess applies to bodily injury, property damage, or passenger liability. Must be stated in U.S. Dollars. REF. - CODE OF FEDERAL REGULATIONS (CFR) 14, 205.5

8. PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY(IES)

a. The insurer waives any right of subrogation the insurer may have against the United States Department of Defense and March Inland Port Airport Authority/March Joint Powers Authority by reason of any payment under the policy(ies) for damage or injury which might arise out of or in connection with the insured's use of the March ARB or civil public facilities known as March Inland Port.

b. The insurance afforded by the policy(ies) encompasses the liability assumed by the insured under Hold Harmless Agreement, which is incorporated herein by reference.

c. If the insurer cancels or reduces the amount of insurance afforded under the listed policy(ies), the insurer shall send written notice of the cancellations or reduction to the applicable address listed at the top of this page, by registered mail at least thirty days in advance of the effective date of cancellation; the policy must state that any cancellation or reduction will not be effective until at least thirty days after such notice is sent, regardless of the effective date specified therein.

d. If the insured requests cancellation or reduction, the insurer shall notify the applicable addressee listed at the top of this page (MIPAA) immediately upon receipt of such request.

9. CERTIFICATION (To be completed by authorized Insurance Official)	
I certify that insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer. This certificate is valid until the expiration date(s) shown in item 4, c unless canceled or superseded in writing, in accordance with items 8c and d.	
a. TYPED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	b. SIGNATURE (Blue ink)
c. TITLE	d. TELEPHONE NUMBER (Include area code)

CERTIFICATE OF INSURANCE INSTRUCTIONS

Notes:

1. It is preferred you send the completed form to the airport director by email so the airport authority can edit its sections. The airport authority will accept your typed signature and use your email as evidence of your concurrence to the terms herein. Otherwise, simply fax or email a copy of the the originally signed form.
2. Your insurance broker may supply a certificate of insurance equal to or greater than the coverage identified on this form. However, your insurance broker is required to execute this document certifying the policy and accepting the terms on this form.

A3.1. Civil Aircraft Certificate of Insurance: The insurance company or its authorized agent must complete and sign Insurance Form. Corrections to the form made using a different typewriter, pen, or whiteout must be initialed by the signatory.

THE FORM CANNOT BE COMPLETED BY THE AIRCRAFT OWNER OR OPERATOR.

Upon expiration, the Insurance Form must be resubmitted along with the Landing Permit Application for continued use of Air Force airfields. The Insurance Form may be submitted to the decision authority by either the user or insurer.

A3.1.1. Block 1, Date Issued. The date the Insurance Form is completed by the signatory.

A3.1.2. Block 2a and 2b, Insurer Name, Address. The name and address of the insurance company.

A3.1.3. Block 3a and 3b. Insured Name, Address. The name and address of the aircraft owner and or operator. (The name of the user must be the same on all the forms.)

A3.1.4. Block 4a, Policy Number(s). The policy number must be provided. Binder numbers or other assigned numbers will not be accepted in lieu of the policy number.

A3.1.5. Block 4b, Effective Date. The first day of current insurance coverage.

A3.1.6. Block 4c, Expiration Date. The last day of current insurance coverage. This form is valid until one day before the insurance expiration date. A Form with the statement "until canceled," in lieu of a specific expiration date, is valid for two years from the issue date.

A3.1.7. Block 5, Aircraft Liability Coverage. The amount of split limit coverage. All boxes in block 5 must be completed to specify the coverage for: each person (top line, left to right) outside the aircraft (bodily injury) and each passenger; and the total coverage per accident (second line, left to right) for: persons outside the aircraft (bodily injury), property damage, and passengers.

IF BLOCK 5 IS USED, BLOCK 6 SHOULD NOT BE USED. All coverages must be stated in US dollars. **ALL SEATS THAT CAN BE USED FOR PASSENGERS MUST BE INSURED.**

A3.1.8. Block 6, Single Limit. The maximum amount of coverage per accident. **IF BLOCK 6 IS USED, BLOCK 5 SHOULD NOT BE USED.** The minimum coverage required for a combined single limit is determined by adding the minimums specified in the "each accident" line of table 2. All coverages must be stated in US dollars. **ALL SEATS THAT CAN BE USED FOR PASSENGERS MUST BE INSURED.**

A3.1.9. Block 7, Excess Liability. The amount of coverage which exceeds primary coverage. All coverages must be stated in US dollars.

A3.1.10. Block 8, Provisions of Amendments or Endorsements of Listed Policy(ies). Any modification of this block by the insurer or insured invalidates the this Form .

A3.1.11. Block 9a, Typed Name of Insurer's Authorized Representative. Individual must be an employee of the insurance company, an agent of the insurance company, or an employee of an insurance broker.

A3.1.12. Block 9b, Signature. The form must be signed in blue ink so that hand scribed, original signatures are easy to identify. Signature stamps or any type of facsimile signature cannot be accepted.

A3.1.13. Block 9c, Title. Self-explanatory.

A3.1.14. Block 9d, Telephone Number. Self-explanatory.

A3.1.15. THE REVERSE OF THE FORM MAY BE USED IF ADDITIONAL SPACE IS REQUIRED.