

# Certificate of Insurance



Please fill in the framed fields of the form, sign it and send it together with attachments to [flight\\_permission@austrocontrol.at](mailto:flight_permission@austrocontrol.at), or via FAX to +43 51703 76, or by post to:

AUSTRO CONTROL GmbH, Aviation Agency, Department LSA, Wagramer Straße 19, 1220 Vienna, Austria

## 1 Statement

We herewith certify that for the below-mentioned air carrier a third party liability insurance to cover bodily injury damage to property arising during the operation of the aircraft.

## 2 Insurance Company

Company

Street Place Postal Country

Telephone Fax E-Mail

## 3 Name of air carrier

## 4 Aircraft

Type Serial Number

Registration Maximum take-off mass (MTOM)

## 5 Insurance Sum

The insurance sum per aircraft and occurrence of damage, in compliance with the Regulation (EC) No 785/2004 of 21 April 2004 is:

Please state the insurance sum

Period of coverage

### FOR INFORMATION:

In respect of liability for third parties, the minimum insurance cover per accident, for each and every aircraft, shall be:

Category	MTOM (kg)	Minimum insurance (million SDRs)
1	< 500	0,75
2	< 1 000	1,5
3	< 2 700	3
4	< 6 000	7
5	< 12 000	18
6	< 25 000	80
7	< 50 000	150
8	< 200 000	300
9	< 500 000	500
10	> 500 000	700

## 6 Insurance in respect of liability for passengers, baggage and cargo

The insurance coverage pursuant to the Regulation (EC) No 785/2004 and Luftfahrtgesetz LFG §151 - §168 is as follows:

- 250.000 SPECIAL DRAWING RIGHTS per passenger for bodily injury
- 4.150 SPECIAL DRAWING RIGHTS per passenger for delayed carriage of passengers
- 1.131 SPECIAL DRAWING RIGHTS per passenger for damage to baggage and delayed carriage of baggage
- 19 SPECIAL DRAWING RIGHTS per kilogram for damage to cargo

## 7 Declaration

We declare that we are licensed to act as an aircraft insurer in (country)

## 8 Signature

Date of issue

Signature and stamp of the insurance company or the lead insurance company