


<b>CIVIL AIRCRAFT CERTIFICATE OF INSURANCE</b> <i>(To be completed only by the insurer or an authorized representative.)</i> <i>Please read Privacy Act Statement and Instructions on back before completing.</i>				<b>1. TODAY'S DATE</b> (YYYYMMDD)	OMB No. 0701-0050		
<small>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0701-0050). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>							
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE ADDRESS IN NOTE 2 ON BACK.</b>							
<b>2. INSURER</b>			<b>3. INSURED (User)</b>				
a. NAME			a. NAME				
b. ADDRESS (Street, City, State and ZIP Code)			b. ADDRESS (Street, City, State and ZIP Code)				
<b>4. AIRCRAFT POLICY DATA</b>							
POLICY NUMBER(S) a.	EFFECTIVE DATE (YYYYMMDD) b.	EXPIRATION DATE (YYYYMMDD) c.	GEOGRAPHICAL AREA OR LIMIT OF POLICY COVERAGE d.	AIRCRAFT REGISTRATION NUMBER(S) e.			
<b>5. AIRCRAFT LIABILITY COVERAGE</b>							
AMOUNT OF INSURANCE FOR <i>(Must be stated in U.S. Dollars)</i>		BODILY INJURY a.	PROPERTY DAMAGE b.	PASSENGER c.			
	(1) EACH PERSON						
	(2) EACH ACCIDENT						
<b>6. SINGLE LIMIT</b> <i>(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 listed in NOTE 1 on back.) (Must be stated in U.S. Dollars.)</i>							
<b>7. EXCESS LIABILITY</b> <i>(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 regulations listed in NOTE 1 on reverse.) (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.)</i>							
<b>8. PROVISIONS OF AMENDMENTS OR ENDORSEMENTS OF LISTED POLICY(IES)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding-right: 10px;">           a. The insurer waives any right of subrogation the insurer may have against the United States 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 any military installation or facility.             b. The insurance afforded by the policy(ies) encompasses the liability assumed by the insured under DD Form 2402, Hold Harmless Agreement, which is incorporated herein by reference.         </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;">           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 in NOTE 2 on reverse, 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 in NOTE 2 on reverse immediately upon receipt of such request.         </td> </tr> </table>						a. The insurer waives any right of subrogation the insurer may have against the United States 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 any military installation or facility.  b. The insurance afforded by the policy(ies) encompasses the liability assumed by the insured under DD Form 2402, 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 in NOTE 2 on reverse, 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 in NOTE 2 on reverse immediately upon receipt of such request.
a. The insurer waives any right of subrogation the insurer may have against the United States 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 any military installation or facility.  b. The insurance afforded by the policy(ies) encompasses the liability assumed by the insured under DD Form 2402, 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 in NOTE 2 on reverse, 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 in NOTE 2 on reverse immediately upon receipt of such request.						
<b>9. CERTIFICATION</b> <i>(To be completed by Authorized Insurance Official)</i>  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 unless canceled or superseded in writing, in accordance with items 8c and d.							
a. TYPED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE			b. SIGNATURE <i>(Blue Ink)</i>				
							
c. TITLE			d. TELEPHONE NUMBER <i>(Include Area Code)</i>				

## PRIVACY ACT STATEMENT

**AUTHORITY:** 49 U.S. Code, Section 44502(d).

**PRINCIPAL PURPOSE(S):** Provides an insurance company's certification of current third party insurance liability for an individual or corporation that operates civil aircraft at military aviation facilities.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide this information will result in an individual or corporation being unable to operate civil aircraft into military aviation facilities.

### INSTRUCTIONS FOR COMPLETION OF DD FORM 2400

*This form is to be completed only by the insurer or authorized representative.*

1. Complete all applicable items. Continue below if additional space is required. Refer to item number(s).
2. Sign original of this form and send to the applicable address listed in NOTE 2 below. Send a copy to each approving authority to which a DD Form 2401 is submitted for approval. All copies of form must be signed with original signatures. Signature stamps, camera copied signatures, or any type facsimile signatures are unacceptable.
3. This form is available under DefenseLink, Publications.
4. All items are self-explanatory except:  
  
Item 4d - List the geographical area or geographical limits within which the policy(ies) apply.  
  
Item 4e - The statement "All aircraft owned or operated by the insured," is acceptable and preferred.

**IF ADDITIONAL SPACE IS REQUIRED, CONTINUE HERE** (Refer to item number)

ARMY	NAVY	AIR FORCE
<b>NOTE 1</b> AR 95-2 Can be viewed at: <a href="http://books.army.mil/cgi-bin/bookmgr/Shelves">http://books.army.mil/cgi-bin/bookmgr/Shelves</a>	32 CFR 766 Can be viewed at: <a href="http://calp.navfac.navy.mil">http://calp.navfac.navy.mil</a>	AFI 10-1001 Can be viewed at: <a href="http://afpubs.hq.af.mil">http://afpubs.hq.af.mil</a>
<b>NOTE 2</b> COMMANDER USAASA, ATTN: ATAS-AS BLDG 1466 9325 GUNSTON RD, SUITE N319 FT BELVOIR, VA 22060-5582 (703) 806-0686	COMMANDER NAVAL FACILITIES ENGINEERING COMMAND CODE: REAT WASHINGTON NAVY YARD 1322 PATTERSON AVE. S.E., SUITE 1000 WASHINGTON, DC 20374-5065 (202)685-9202	HQ USAF/A30-AC 1480 AIR FORCE PENTAGON RM 5E857 WASHINGTON, DC 20330-1480 (703) 697-5967