

# CIVIL AIRCRAFT CERTIFICATE OF INSURANCE

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

Please read Privacy Act Statement and Instructions on back before completing.

## 1. TODAY'S DATE

(YYYYMMDD)

ISSUEDATE 2

OMB No. 0701-0050  
20231231

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 Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. 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.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK.**

<b>2. INSURER</b> a. NAME ISSUINGCOMPANY BY: BRANCHOFFICENAME  b. ADDRESS (Street, City, State and ZIP code) BRANCHADDRESS BRANCHCITY	<b>3. INSURED (User)</b> a. NAME INSUREDNAME_1 INSUREDNAME_2 INSUREDNAME_3  b. ADDRESS (Street, City, State and ZIP Code) ADDRESS_1 ADDRESS_2
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4. AIRCRAFT POLICY DATA				
POLICY NUMBER(S)	EFFECTIVE DATE (YYYYMMDD)	EXPIRATION DATE (YYYYMMDD)	GEOGRAPHICAL AREA OR LIMIT OF POLICY COVERAGE	AIRCRAFT REGISTRATION NUMBER(S)
a.	b.	c.	d.	e.
~KEYID POLICYNUMBER_2 POLICYNUMBER_3	Effdate1 EffectiveDate2 EffectiveDate3	ExpireDate1 ExpireDate2 ExpireDate3	Territory1	FAANumber1_CERT FAANumber1_CERT_2 FAANumber1_CERT_3

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

**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 listed in NOTE 1 on back.) (Must be stated in U.S. Dollars)

SingleLimit

**7. EXCESS LIABILITY** (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)

EXCESSLIMIT1

**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 by reason of any payment under the policy(ies) for damage or injury which might arise out of or in connection with the insured 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.
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**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 unless canceled or superseded in writing, in accordance with items 8c and d.

<b>a. TYPED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE</b> SignatoryName	<b>b. SIGNATURE (Blue Ink)</b>
<b>c. TITLE</b> SignatoryTitle	<b>d. TELEPHONE NUMBER (Include Area Code)</b> SignatoryPhone

**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. For Internal Use Only

**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.*

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|---|--|
| <p>1. Complete all applicable items. Continue below if additional space is required. Refer to item number(s).</p> <p>2. Sign original of this form and send an e-mail copy to each approving authority. This form must be signed with original signatures. Signature stamps, camera copied signatures, or any type facsimile signatures are unacceptable.</p> <p>3. This form is available at <a href="https://www.esd.whs.mil/Directives/forms/dd2000_2499/">https://www.esd.whs.mil/Directives/forms/dd2000_2499/</a></p> | <p>4. All items are self-explanatory except:</p> <p>Item 4d - List the geographical area or geographical limits within which the policy(ies) apply.</p> <p>Item 4e - The statement "All aircraft owned or operated by the insured," is acceptable and preferred.</p> |
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**ARMY**

COMMANDER USAASA, ATTN: DAMO-AVA  
BLDG 1466, 9325 GUNSTON RD, SUITE N319  
9325 GUNSTON RD, SUITE N319  
FT. BELVOIR, VA 22060-5582  
(703) 806-0687  
[usarmy.belvoir.hqda-dsc-g-3-5-7.list.usaasaops@mail.mil](mailto:usarmy.belvoir.hqda-dsc-g-3-5-7.list.usaasaops@mail.mil)

**AIR FORCE**

HQ USAF/A30J  
112 LUKE AVENUE, SUITE 340  
JBAB, DC 20032-6400  
(202) 404-7886  
[CALP@us.af.mil](mailto:CALP@us.af.mil)

**NAVY**

COMMANDER NAVAL INSTALLATIONS  
COMMAND  
WASHINGTON NAVY YARD  
716 SICARD ST SE  
WASHINGTON, DC 20374  
(202) 433-0120  
[CALP.HQ@navy.mil](mailto:CALP.HQ@navy.mil)  
CNIC Program Guidance can be viewed at:  
<https://www.cnic.navy.mil/om/calp.html>

**MARINES**

COMMANDER, MARINE CORPS INSTALLATIONS  
COMMAND  
3000 MARINE, CORPS PENTAGON RM 2D153A  
WASHINGTON, DC 20350-3000  
(703) 695-0105  
[mcjcom\\_calp@usmc.mil](mailto:mcjcom_calp@usmc.mil)

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

AdditionalSpace