

ACORD 21 (2016/03) - Certificate of Aircraft Insurance

ACORD 21, Certificate of Aircraft Insurance, is "issued as a matter of information only, and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by policies".

The above information is included in the opening statement of the form.

If the receiver of the form wants to verify that coverage exists on a policy and has no direct interest in the policy, use the certificate of insurance. However, if the receiver of the form does have a verifiable interest in the policy, such as an additional insured, the liability policy must be amended by endorsement, to provide the appropriate coverage for the interested party prior to issuing a certificate of insurance (since the certificate confers no rights upon the holder and does not amend the policy).

Purpose of the Certificate of Insurance

The purpose of the Certificate of Insurance has been the topic of frequent discussions throughout the industry. Attention centers around the true purpose of a certificate and the rights, if any, it conveys to a certificate holder.

In a 1974 court decision (United States Pipe & Foundry Co. v United States Fidelity & Guar. Co, 505 F. 2d 88 (5th Cir. 1974), the court ruled that a certificate is not a contract between the holder and the insurer. It only provides information to an interested third party that insurance is in force at the time of issuance. The court also stated: "The provision regarding notification in the event of cancellation is a mere promise, unsupported by any consideration." Although many companies provide notice of cancellation to certificate holders, they are not obliged to do so, since the holder is not a party to the contract.

The Certificate of Aircraft Insurance is used for most casualty situations in which the insured has requested certification to a third party of issued casualty coverages.

The ACORD Certificate should be issued only in compliance with company instructions. ACORD recommends that the Certificate NOT be used in the following situations:

- * To waive rights
- * To provide information to the owner of a leased motor vehicle or the lender about both liability and physical damage coverages applying to the vehicle (ACORD 23, Vehicle or Equipment Certificate of Insurance, should be used for this)
- * To quote wording from a contract
- * To attach to an endorsement
- * To quote any wording that amends a policy unless the policy itself has been amended.

IMPORTANT

ACORD is required to file certificates, on behalf of form users, in a number of states. Please access the ACORD website to download the Forms Filing Requirements document for complete details.

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date (MM/DD/YYYY)	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No. (A/C, No, Ext)	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Producer Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
INSURED	Name & Mailing Address	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
INSURED		Enter text: The named insured's mailing address line one.
INSURED		Enter text: The named insured's mailing address line two.
INSURED		Enter text: The named insured's mailing address city name.
INSURED		Enter code: The named insured's mailing address state or province code.
INSURED		Enter code: The named insured's mailing address postal code.
INSURER(S) AFFORDING COVERAGE	Company A	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
INSURER(S) AFFORDING COVERAGE	Company A %	Enter percentage: The percentage interest the insurer has in the policy.
INSURER(S) AFFORDING COVERAGE	Company A NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).

INSURER(S) AFFORDING COVERAGE	Company B	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
INSURER(S) AFFORDING COVERAGE	Company B %	Enter percentage: The percentage interest the insurer has in the policy.
INSURER(S) AFFORDING COVERAGE	Company B NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
INSURER(S) AFFORDING COVERAGE	Company C	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
INSURER(S) AFFORDING COVERAGE	Company C %	Enter percentage: The percentage interest the insurer has in the policy.
INSURER(S) AFFORDING COVERAGE	Company C NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
INSURER(S) AFFORDING COVERAGE	Company D	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
INSURER(S) AFFORDING COVERAGE	Company D %	Enter percentage: The percentage interest the insurer has in the policy.
INSURER(S) AFFORDING COVERAGE	Company D NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
INSURER(S) AFFORDING COVERAGE	Company E	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
INSURER(S) AFFORDING COVERAGE	Company E %	Enter percentage: The percentage interest the insurer has in the policy.
INSURER(S) AFFORDING COVERAGE	Company E NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
INSURER(S) AFFORDING COVERAGE	Company F	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
INSURER(S) AFFORDING COVERAGE	Company F %	Enter percentage: The percentage interest the insurer has in the policy.
INSURER(S) AFFORDING COVERAGE	Company F NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).

POLICY INFORMATION	Certificate Number	Enter identifier: The producer assigned number for the certificate.
POLICY INFORMATION	Revision Number	Enter number: The producer assigned revision number for the certificate.
POLICY INFORMATION	Industrial Aid	Check the box (if applicable): Indicates the type of policy is aircraft - industrial aid.
POLICY INFORMATION	Pleasure & Business	Check the box (if applicable): Indicates the type of policy is aircraft - pleasure and business.
POLICY INFORMATION	Commercial	Check the box (if applicable): Indicates the type of policy is aircraft - commercial.
POLICY INFORMATION	Non-Owned	Check the box (if applicable): Indicates the type of policy is aircraft - non-owned.
POLICY INFORMATION	Other Checkbox	Check the box (if applicable): Indicates the type of policy / perils insured is other than those listed.
POLICY INFORMATION	Other Description	Enter text: The description of the type of policy issued to the insured.
POLICY INFORMATION	Airplane	Check the box (if applicable): Indicates Airplane is the line of business subcode that further refines the line of business code.
POLICY INFORMATION	Helicopter	Check the box (if applicable): Indicates Helicopter is the line of business subcode that further refines the line of business code.
POLICY INFORMATION	Mixed Fleet	Check the box (if applicable): Indicates Mixed Fleet is the line of business subcode that further refines the line of business code.
POLICY INFORMATION	Excess	Check the box (if applicable): Indicates Excess is the line of business subcode that further refines the line of business code.
POLICY INFORMATION	Quota Share	Check the box (if applicable): Indicates Quota Share is the line of business subcode that further refines the line of business code.
POLICY INFORMATION	Liability Only	Check the box (if applicable): Indicates Liability Only is the line of business subcode that further refines the line of business code.
POLICY INFORMATION	Hull & Liability	Check the box (if applicable): Indicates Hull & Liability is the line of business subcode that further refines the line of business code.
POLICY INFORMATION	Hull Only	Check the box (if applicable): Indicates Hull Only is the line of business subcode that further refines the line of business code.
POLICY INFORMATION	Other Checkbox	Check the box (if applicable): Indicates the line of business subcode that further refines the line of business code is other than those listed.
POLICY INFORMATION	Other Description	Enter text: The line of business subcode that further refines the line of business code.
AIRCRAFT INFORMATION	ACORD 333, Aircraft Schedule Attached	Check the box (if applicable): Indicates an ACORD 333, Aircraft Schedule, is attached to the certificate.
AIRCRAFT INFORMATION	Year	Enter year: The year of the aircraft.
AIRCRAFT INFORMATION	Make	Enter text: The manufacturer of the aircraft.

AIRCRAFT INFORMATION	Model	Enter text: The model of the aircraft.
AIRCRAFT INFORMATION	Serial Number	Enter identifier: The serial number of the aircraft.
AIRCRAFT INFORMATION	Registration Number	Enter identifier: The registration number of the aircraft (a.k.a. tail number).
AIRCRAFT INFORMATION	Territory	Enter text: The description of the rating territory for the aircraft.
AIRCRAFT COVERAGES	Insurer Letter	Enter code: The company letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the Aircraft Policy.
AIRCRAFT COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number. As used here, the Aircraft policy number.
AIRCRAFT COVERAGES	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY) As used here, the Aircraft policy effective date.
AIRCRAFT COVERAGES	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) As used here, the Aircraft policy expiration date.
AIRCRAFT COVERAGES	Additional Insured? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured for any of the Aircraft policy coverages described in the certificate.
AIRCRAFT COVERAGES	Subrogation Waived?	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the policy.
AIRCRAFT COVERAGES	Aircraft Hull Option Checkbox	Check the box (if applicable): Indicates a coverage option applies to the coverage.
AIRCRAFT COVERAGES	Aircraft Hull Option Description	Enter text: The description of the option being requested. Examples: All Risk Ground and Flight, Ground and Taxi, Ground Not in Flight, Ground Not in Motion, Ground Only, In Motion Excluding Flight, Excluding in Flight, Aircraft Storage in Hangar.
AIRCRAFT COVERAGES	Aircraft Hull Option Checkbox	Check the box (if applicable): Indicates a coverage option applies to the coverage.
AIRCRAFT COVERAGES	Aircraft Hull Option Description	Enter text: The description of the option being requested. Examples: All Risk Ground and Flight, Ground and Taxi, Ground Not in Flight, Ground Not in Motion, Ground Only, In Motion Excluding Flight, Excluding in Flight, Aircraft Storage in Hangar.
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AIRCRAFT COVERAGES	Aircraft Hull Limit	Enter limit: The limit amount for aircraft hull coverage.
AIRCRAFT COVERAGES	Aircraft Hull Limit Applies To	Enter code: The code identifying what the limit applies to. Examples: Total Aircraft, Aircraft while on Floats, Aircraft while on Skis, Floats, Skis.
AIRCRAFT COVERAGES	Aircraft Hull Limit	Enter limit: The limit amount for aircraft hull coverage.
AIRCRAFT COVERAGES	Aircraft Hull Limit Applies To	Enter code: The code identifying what the limit applies to. Examples: Total Aircraft, Aircraft while on Floats, Aircraft while on Skis, Floats, Skis.
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AIRCRAFT COVERAGES	Aircraft Hull Limit Applies To	Enter code: The code identifying what the limit applies to. Examples: Total Aircraft, Aircraft while on Floats, Aircraft while on Skis, Floats, Skis.
AIRCRAFT COVERAGES	Aircraft Liability Option Checkbox	Check the box (if applicable): Indicates a coverage option applies to the coverage.
AIRCRAFT COVERAGES	Aircraft Liability Option Description	Enter text: The description of the option being requested. Examples: Adjacent Fields/CBT, BI Only, Chemical BI, Chemical BI and PD, Chemical PD, CSL BI and PD, CSL BI and PD Excluding Passengers, CSL BI and PD Including Passengers, Excluding Chemicals, PD Only, Total Limit.
AIRCRAFT COVERAGES	Aircraft Liability Option Checkbox	Check the box (if applicable): Indicates a coverage option applies to the coverage.
AIRCRAFT COVERAGES	Aircraft Liability Option Description	Enter text: The description of the option being requested. Examples: Adjacent Fields/CBT, BI Only, Chemical BI, Chemical BI and PD, Chemical PD, CSL BI and PD, CSL BI and PD Excluding Passengers, CSL BI and PD Including Passengers, Excluding Chemicals, PD Only, Total Limit.
AIRCRAFT COVERAGES	Aircraft Liability Option Checkbox	Check the box (if applicable): Indicates a coverage option applies to the coverage.
AIRCRAFT COVERAGES	Aircraft Liability Option Description	Enter text: The description of the option being requested. Examples: Adjacent Fields/CBT, BI Only, Chemical BI, Chemical BI and PD, Chemical PD, CSL BI and PD, CSL BI and PD Excluding Passengers, CSL BI and PD Including Passengers, Excluding Chemicals, PD Only, Total Limit.
AIRCRAFT COVERAGES	Aircraft Liability Option Checkbox	Check the box (if applicable): Indicates a coverage option applies to the coverage.

AIRCRAFT COVERAGES	Aircraft Liability Option Description	Enter text: The description of the option being requested. Examples: Adjacent Fields/CBT, BI Only, Chemical BI, Chemical BI and PD, Chemical PD, CSL BI and PD, CSL BI and PD Excluding Passengers, CSL BI and PD Including Passengers, Excluding Chemicals, PD Only, Total Limit.
AIRCRAFT COVERAGES	Aircraft Liability Ea Occ	Enter limit: The each occurrence limit amount for aircraft liability coverage.
AIRCRAFT COVERAGES	Aircraft Liability Ea Pass	Enter limit: The each passenger limit amount for aircraft liability coverage.
AIRCRAFT COVERAGES	Aircraft Liability Ea Per	Enter limit: The each person limit amount for aircraft liability coverage.
AIRCRAFT COVERAGES	Aircraft Liability Aggr	Enter limit: The aggregate limit amount for aircraft liability coverage.
AIRCRAFT COVERAGES	Medical Payments Including Crew	Check the box (if applicable): Indicates the crew is included in the medical payments coverage.
AIRCRAFT COVERAGES	Medical Payments Excluding Crew	Check the box (if applicable): Indicates the crew is excluded from the medical payments coverage.
AIRCRAFT COVERAGES	Medical Payments Ea Per	Enter limit: The each person limit amount for medical payments coverage.
AIRCRAFT COVERAGES	Coverage Code	Enter code: The code for the coverage.
AIRCRAFT COVERAGES	Coverage Description	Enter text: The description of other coverage (not the limit) on the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s)
AIRCRAFT COVERAGES	Option Checkbox	Check the box (if applicable): Indicates a coverage option applies to the coverage.
AIRCRAFT COVERAGES	Option Description	Enter text: The description of the option being requested.
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AIRCRAFT COVERAGES	Option Description	Enter text: The description of the option being requested.
AIRCRAFT COVERAGES	Limit	Enter limit: The limit amount for the coverage.
AIRCRAFT COVERAGES	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
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AIRCRAFT COVERAGES	Coverage Code	Enter code: The code for the coverage.
AIRCRAFT COVERAGES	Coverage Description	Enter text: The description of other coverage (not the limit) on the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s)
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AIRCRAFT COVERAGES	Limit	Enter limit: The limit amount for the coverage.
AIRCRAFT COVERAGES	Applies To	Enter code: The code identifying what the limit applies to (i.e. per occurrence).
AIRCRAFT COVERAGES	Description of Operations / Remarks	Enter text: The Certificate Of Aircraft Insurance general remarks including the description of operations. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
CERTIFICATE HOLDER	Certificate Holder Name & Address	Enter text: The certificate holder's full name.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line one.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line two.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address city name.
CERTIFICATE HOLDER		Enter code: The certificate holder's mailing address state or province code.
CERTIFICATE HOLDER		Enter code: The certificate holder's mailing address postal code.
SIGNATURE	Authorized Representative	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.