

## CERTIFICATE OF LIABILITY INSURANCE

**INSURER: Allianz – Slovenská poisťovňa, a. s.**

Pribinova 19  
811 09 Bratislava, Slovakia



121097175657000030

Registered in the Corporate registry of City Court  
Bratislava III, section Sa, file no. 196/B  
ID No.: 00 151 700  
Tax reg. No.: 2020374862  
VAT reg. No.: SK7120001757

Exsped, s.r.o.  
Jašíkova 16  
821 03 Bratislava

**INSURED: Exsped, s.r.o.**

Jašíkova 16  
821 03 Bratislava  
ID No.: 36845035

This certificate is issued as a matter of information only. This certificate does not amend, extend or alter the coverage afforded by the policy below.

This is to certify that the policy listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, limitations, exclusions and conditions of such policy. The limits shown may have been reduced by paid claims.

Policy number: 511107495

Policy effective date (DD.MM.YYYY): 19.06.2018

Issue Date (DD.MM.YYYY): 13.05.2024

**This certificate is valid from 19.06.2024 to 18.06.2025**

### COVERAGES

#### Carriers Legal Liability for Carriage of Goods by Road

**Coverage territory:** Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Great Britain, Greece, Hungary, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland

**Plate No of truck/float:** BT348CT, BL538NK, BL159VX, BT405BU, BL870TO, BL644UG

**Trailer/semi trailer owned, operated by, leased to or by the Insured or declared in the policy:**

**Limit of any one occurrence and in the aggregate during the policy period:**  
EUR 70 000,00 and EUR 70 000,00

#### Carriers Legal Liability for Carriage of Goods by Road - Cabotage - NOT INSURED

**Coverage territory:**

**Plate No of truck/float:**

**Trailer/semi trailer owned, operated by, leased to or by the Insured or declared in the policy:**

**Limit of any one occurrence and in the aggregate during the policy period:**  
EUR 0,00 and EUR 0,00



SIGNATURE AND STAMP OF THE INSURER

