

CERTIFICATE OF LIABILITY INSURANCE

INSURER: Allianz - Slovenská poisťovňa, a. s.
ID No.: 00 151 700, Tax reg. No.: 2020374862
VAT reg. No.: SK2020374862
Dostojevského rad 4
815 74 Bratislava
Slovakia



INSURED: Karol Sivoň - TRANSIT TRUCK
ID: 33077908
ZIMNÁ 31
064 01 Stará Ľubovňa

Karol Sivoň - TRANSIT TRUCK
ZIMNÁ 31
064 01 Stará Ľubovňa

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.

Issue Date (DD.MM.YYYY): 20.04.2011
This certificate is valid from 13.04.2011 to 12.04.2012
Policy number: 511045268
Policy effective date (DD.MM.YYYY): 13.04.2011

COVERAGES

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.

TYPE OF INSURANCE:	Carriers Legal Liability for Carriage of Goods by Road	
COVERAGE TERRITORY:	Austria, Belgium, Bulgaria, 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	
LIMITS:	Plate No of truck/float SL090AM, SL302AI, SL540AS, SL271AU, SL382AY, SL637AY, SL862BA	Trailer/semi trailer owned, operated by, leased to or by the insured or declared in the policy
	ANY ONE OCCURENCE AND IN THE AGGREGATE DURING THE POLICY PERIOD:	EUR 200 000,00 and EUR 200 000,00

TYPE OF INSURANCE:	Carriers Legal Liability for Carriage of Goods by Road - Cabotage - NOT INSURED	
COVERAGE TERRITORY:		
LIMITS:	Plate No of truck/float	Trailer/semi trailer owned, operated by, leased to or by the insured or declared in the policy
	ANY ONE OCCURENCE AND IN THE AGGREGATE DURING THE POLICY PERIOD:	EUR 0,00 and EUR 0,00



SIGNATURE AND STAMP OF THE AUTHORIZED REPRESENTATIVE OF THE INSURED