



Insurance Contract No.: 85206809-17

Česká pojišťovna a.s., Spálená 75/16, 113 04, Prague 1, Czech Republic, Identification Number 45272956, Tax Identification Number CZ699001273 registered in the Commercial Register at the Municipal Court in Prague, Part B, Entry 1464 (hereinafter referred to as „Insurance company“)

Policy

We confirm that the policyholder POLADOS s.r.o., 28658523, Jana Ziky 1943/24, 708 00 Ostrava 8, ČESKÁ REPUBLIKA has concluded insurance contract No. 85206809-17.

The insured event is the occurrence of an obligation on the part of the insured to compensate for damage that has been caused, with which the insurance company's obligation to provide indemnity is associated.

Forwarder's Third Party Liability Insurance

The beneficiary of this insurance is the policyholder.

Insured Risks

Insured risk shall mean a fact or event defined in the insurance contract as a possible cause of the insured event occurrence, especially an obligation on the part of the insured to compensate for damage to goods sustained by another person, arising in connection with forwarding activities in the course of transport procurement. This applies to damage, destruction, theft or loss of goods or financial loss.

Terms and conditions, and the extent of the insurance are defined by the insurance contract and General Insurance Terms and Conditions for Road Carrier's and Forwarder's Third Party Liability Insurance VPPDZ-P-01/2014.


Insurance to the basic extent is agreed with an indemnity limit of	5 000 000 CZK
Insurance to the basic extent is agreed for the territory of	Europe
Insurance to the basic extent is agreed with a deductible of	10%, min. 2 500,- Kč

Period of insurance

The insurance shall be valid for the period from **8. 1. 2017** to **7. 1. 2018**.

The insurance company confirms that the information contained in the policy is valid on the date of issue.

Policy valid from: 8. 1. 2017


Signature and stamp of a representative
of the insurance company

Dana Soukalová 01737204015
PPZ výhradního pojišťovacího agenta
zastupujícího Českou pojišťovnu a.s.
na základě plné moci
registrační číslo 215876PPZ
mobil: 737 913 628

It is possible to verify whether the insurance for the above mentioned policyholder has been registered with Česká pojišťovna a.s. by sending a copy of this policy to e-mail Klient@ceskapojistovna.cz, overseas companies may address this request to the address: <http://en.ceskapojistovna.cz/contacts>.

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