



Generali Poistovňa, a. s., Lamačská cesta 3/A, 841 04 Bratislava, Slovak Republic, Company Identification Number: 35 709 332, Tax Number: 2021000487, VAT Number: SK 2021000487, incorporated in the Commercial Register of the District Court Bratislava I, Section: Sa, File No.: 1325/B
The company belongs to the Generali Group listed in the Italian list of insurance groups of IVASS

Certificate of Insurance

<u>We certify that we and the Insured</u>	Prologistic, s.r.o.	Company Identification No:	52074323	
<u>have on</u>	23.04.2019	<u>concluded insurance policy number</u>	2406811054	
<u>Period of insurance</u>	<u>from</u>	24.04.2020	<u>to</u>	23.04.2021

Basic scope of cover

The general liability insurance shall be governed by the provisions of the Civil Code, General Insurance Terms and Conditions of the Insured's activity liability VPP VZ 14 and contractual provisions stated in the insurance policy. The insurance refers to the third party liability for damage occurring with regard to the activity specified in the insurance policy to which this Certificate of Insurance is issued.

Sum insured	15 000,00 €	Deductible	30,00 €	Territorial scope	Europe
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Rider

Insurance in the basic scope is extended by the following insurance risks:

Third party liability insurance on items which the insured accepted to perform the ordered activity on them

Indemnity limit	3 000,00 €	Territorial scope	Europe
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This certificate of insurance shall become effective only together with the insurance policy and the General insurance terms and conditions of the Insured's activity liability VPP VZ 14.

On the date of issue of this certificate of insurance, all prior certificates of insurance issued to this insurance policy become void.

In Bratislava on 27.4.2020

OK GROUP SLOVAKIA, a.s.
so sídlom: Kapitulská 21, 917 01 Trnava
IČO: 36 805 017
imfin s.r.o.
Bc. Ivan Masarik, obchodný manager
so sídlom: Trenčín
OK GROUP SLOVAKIA, a. s., 800 10314-3
Ivan Masarik

Mgr. Tomáš Potůček
Head of Property and Casualty Insurance

On behalf of the Insurer (name, signature)

On behalf of the Insurer (name, signature)