

# Certificate of Insurance

## to the Insurance Policy No. 2408016585

|                                          |                            |                               |
|------------------------------------------|----------------------------|-------------------------------|
| <b>Policy Holder</b>                     | Company Identification No. | 47367644                      |
|                                          | Name                       | <b>MM - doprava s.r.o.</b>    |
| <b>Insurance Policy No.</b>              |                            | <b>2408016585</b>             |
| <b>Insurance policy concluded on</b>     |                            | 12.05.2021                    |
| <b>Period of Insurance</b>               |                            | from 15.05.2026 to 14.05.2027 |
| <b>Effective date of the Certificate</b> |                            | from 21.09.2026               |

The **general liability insurance** shall be governed by the provisions of the Civil Code, General Insurance Terms and Conditions for Non-Life Insurance VPP NP 2020 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.

### General Liability Insurance

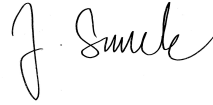
| No.                          | Territorial Scope / Scope of Insurance                                                                     | Sum Insured / Indemnity Limit (€) |
|------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>1.</b>                    | <b>Territorial scope: Europe</b>                                                                           |                                   |
| <b>1.1</b>                   | <b>Subject of insurance: General Liability Insurance</b>                                                   |                                   |
| <b>Basic Scope of Cover:</b> |                                                                                                            |                                   |
| 1.1.1                        | General Liability Insurance                                                                                | 100 000,00                        |
| <b>Riders:</b>               |                                                                                                            |                                   |
| 1.1.1                        | Third party liability insurance caused other than on health, by death, damage or destruction of items, Z01 | 1 000,00                          |
| 1.1.2                        | Items Used by the Insured, Z02                                                                             | 1 000,00                          |
| 1.1.3                        | Items which the Insured Accepted to Perform the Ordered Activity on, Z04                                   | 25 000,00                         |
| 1.1.4                        | Compensation of the Health Insurance Costs and Compensation of the Social Insurance Agency Costs, Z05      | 1 000,00                          |
| 1.1.5                        | Theft of Carried and Stored Goods, Z06                                                                     | 1 000,00                          |
|                              | <b>Aggregate limit during the policy period</b>                                                            | <b>200 000 €</b>                  |

This certificate of insurance shall become effective only together with the insurance policy and the General Insurance Terms and Conditions for Non-Life Insurance VPP NP 2020.

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 **21.09.2026**

Ing. Juraj Smrek  
Manager  
of Business Insurance



On behalf of the Insurer (name, signature)