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If you require confirmation of the validity of this policy, please send an email to;  
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28<sup>th</sup> January 2019

To Whom It May Concern:

Dear Sirs,

**Insured: Elbingos Transportas**  
**Policy Number: B1647CS193973**  
**Cover Number: B1647CV180671 Dec 063**  
**Policy Period: 12 months from 1<sup>st</sup> February, 2019**

We hereby confirm that the above mentioned are insured subject to the following limits and deductibles.

**Freight Services**

Limits: EUR 300,000 any one incident or occurrence  
Deductibles: EUR 1,000 any one incident or occurrence  
Cover: Freight Service Operations

**Extension Limits:**

Errors & Omissions: EUR 150,000 any one incident or occurrence and in the aggregate  
Third Party Liability EUR 150,000 any one incident or occurrence and in the aggregate

SUBJECT ALWAYS TO THE FULL TERMS, CONDITIONS, WARRANTIES AND EXCLUSIONS CONTAINED IN THE POLICY ISSUED TO THE INSURED. COPIES OF THE POLICY MAY BE AVAILABLE ON REQUEST VIA THE ASSURED, FROM WHOM WE WILL NEED EXPRESS WRITTEN PERMISSION. IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CONTACT THE UNDERSIGNED

Lead Underwriter  
WISE Underwriting

30/1/2019