

Insurance-provider certification of liability insurance for an event, for submission to traffic-control authority

(Insurance provider)

_____, the _____
(Location) (Date)

To _____
(Name of event organiser/Policyholder)

(Location)

Subject: _____
(Description of event)

On _____
(Event day(s) / (Term of insurance contract)

Insurance policy number or membership number: _____

Certification

(Changes in text not permitted!)

We hereby certify that the statutory private-law liability arising from the preparation and execution of the above-referenced event is covered within the context and scope of the above-referenced insurance policy, in accordance with the general administrative regulations relating to § 29 Par. 2 of the German Road Traffic Act (Par. 20-23)

- The insurance cover extends to all risks associated with the use of motor vehicles and trailers. Exceptions to this are risks that must be covered by insurance as specified under the law on compulsory insurance for motor-vehicle owners (§ 1 Obligatory Insurance Law (PflVG)), or which arise in the same manner and to the same extent as those covered by motor-vehicle liability insurance (§ 2 Par. 2 PflVG).
- The insurance cover does not extend to public-law claims (such as reimbursement claims made under road law.)

Please complete according to terms of individual contract (tick applicable option)

The insured sums per claim are as follows:

_____ euros for personal injury (within this insured sum, without further limitation for the individual claimant), _____ euros for property damage, and _____ euros for financial losses.

_____ euros flat rate for personal injury and/or property damage (within this insured sum, without further limitation for the individual claimant), and _____ euros for financial losses.

_____ euros flat rate for personal injury, property damage, and financial loss (within this insured sum, without further limitation for the individual claimant).

The maximum compensation provided by the insurer for all claims related to this event amounts to _____ times this insured sum.

(Signature)

(Name in capital letters and/or stamp)