NÁRODNÝ
BEZPEČNOSTNÝ
ÚRAD

Č.: 12266/2023/SRD/ORM-007 Bratislava 07.12.2023

DOHODA

o používaní iného cestného vozidla ako služobného cestného vozidla na služobné účely podľa § 115 zákona č. 73/1998 Z z. o štátnej službe príslušníkov Policajného zboru, Slovenskej informačnej služby, Zboru vazenskej a justičnej stráže Slovenskej republiky a Železničnej polície v znení neskorších predpisov (ďalej len „zákon č. 73/1998 Z. z.")

uzatvorená medzi

príslušníkom úradu:

a

služobným úradom:	**Národný bezpečnostný úrad** Budatínska 30 851 06 Bratislava
v zastúpení:	JUDr. Roman Konečný riaditeľ (ďalej len „úrad")

(príslušník a úrad ďalej spolu len ako „účastníci dohody")

Článok I
Predmet dohody

1. Predmetom tejto dohody je úprava vzájomných práv a povinností účastníkov dohody a stanovenie podmienok pre použitie iného cestného vozidla ako služobného cestného vozidla na služobné účely (ďalej len „vlastné motorové vozidlo") v súvislosti s výkonom štátnej služby príslušníka úradu v zahraničí vo funkcii styčného dôstojníka Národného bezpečnostného úradu na Zastupiteľskom úrade Slovenskej republiky vo Washingtone, Spojené štáty americké.

2. Účastníci dohody sa dohodli, že príslušník na výkon štátnej služby v zahraničí pri služobných cestách v zahraničí bude používať vlastné motorové vozidlo ako služobné cestné vozidlo:

továrenská značka a typ:	BMW X5,
evidenčné číslo vozidla:	
VIN číslo vozidla:	

   a to za podmienok ustanovených v § 115 ods 1 zákona 73/1998 Z. z. a v článku II tejto dohody.

Článok II
Podmienky použitia vozidla

Účastníci dohody sa dohodli na nasledujúcich podmienkach použitia vlastného motorového vozidla príslušníka úradu:

1. Príslušník je držiteľom vodičského preukazu a medzinárodného vodičského preukazu, ktorý predstavuje vodičské oprávnenie na vedenie motorových vozidiel v cudzine, v štátoch, ktoré sú zmluvnými stranami príslušných medzinárodných dohovorov podľa osobitného predpisu.[1])
2. Príslušník má uzatvorené povinné zmluvné poistenie zodpovednosti za škodu spôsobenú prevádzkou motorového vozidla, zmluva č. A01 1157660, viazané na podmienky a vydané v štáte, ktorý vydal evidenčné číslo motorového vozidla (USA). Potvrdenie o poistení tvorí prílohu tejto dohody.
3. Príslušník sa zavazuje o každej služobnej ceste, pri ktorej použil vlastné motorové vozidlo viesť evidenciu, obsahom ktorej je najmä cieľ jazdy, dátum a čas začiatku/ukončenia jazdy a počet najazdených kilometrov. Príslušník úradu uvedie v mesačnom výkaze všetky jazdy uskutočnené vlastným motorovým vozidlom na služobné účely.
4. Do 10. dňa príslušného kalendárneho mesiaca príslušník predloží úradu podklady na vyúčtovanie náhrad za používanie vlastného motorového vozidla na služobné účely za predchádzajúci mesiac a mesačný výkaz, ktorým preukazuje uskutočnené jazdy vlastným motorovým vozidlom na služobné účely.
5. Príslušník vyhlasuje, že v prípade poškodenia alebo straty vozidla pri použití vlastného motorového vozidla na služobné účely počas trvania funkcie styčného dôstojníka si nebude uplatňovať náhradu za vzniknuté škody voči úradu, ani náklady spojené s údržbou
6. Spoluúčasť na havarijnom poistení nie je predmetom tejto dohody a príslušník si v prípade vzniku poistnej udalosti nebude uplatňovať náhradu škody v dôsledku vzniku poistnej udalosti a uhradí na vlastné náklady všetky prípadné nároky tretích osôb súvisiace s údržbou a prevádzkou motorového vozidla.
7. Úrad poskytne príslušníkovi náhrady za použitie vlastného motorového vozidla podľa § 115 ods. 1 a 2 zákona č. 73/1998 Z. z.
8. Náhrady cestovných výdavkov podľa tejto dohody neprináležia ďalším spolucestujúcim, ktorí cestujú spolu s príslušníkom, s ktorým bola uzatvorená dohoda.
9. Príslušníkovi patrí základná náhrada za každý kilometer jazdy (ďalej len „základná náhrada") a náhrada za spotrebované pohonné látky.
10. Sadzba základnej náhrady sa určí výpočtom podľa § 7 ods. 2, 3 a 7 zákona č. 283/2002 Z. z. o cestovných náhradách v znení neskorších predpisov (ďalej len „zákon č. 283/2002 Z. z.").
11. Náhrada za spotrebované pohonné látky sa určí výpočtom podľa § 7 ods. 4 až 7 zákona č. 283/2002 Z. z.

Článok III
Záverečné ustanovenia

1. Táto dohoda sa uzatvára na dobu určitú, a to na dobu vyslania príslušníka na výkon štátnej služby v zahraničí.

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[1]) Zákon č. 8/2009 Z. z. o cestnej premávke v znení neskorších predpisov

2. Táto dohoda nadobúda platnosť dňom jej podpísania obidvoma účastníkmi dohody a účinnosť dňom nasledujúcim po jej zverejnení v Centrálnom registri zmlúv.
3. Túto dohodu je možné meniť len písomnými dodatkami.
4. Účastníci dohody si dohodu prečítali, jej obsahu porozumeli, pričom svoju vôľu uzavrieť túto dohodu prejavili slobodne a vážne. Účastníci dohody zároveň vyhlasujú, že táto dohoda nebola uzatvorená v tiesni, ani za nápadne nevýhodných podmienok, a na znak súhlasu ju vlastnoručne podpisujú.

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JUDr. Roman Konečný

príslušník úradu

riaditeľ úradu

The Cincinnati Casualty Company

PERSONAL AUTOMOBILE APPLICATION - MARYLAND

☒ HO Auto ☐ FA

Date

☐ QUOTE ☐ BIND ☐ ISSUE POLICY ☐ CHECK ATTACHED $ _____ POLICY NO & PREFIX

AGENCY
Brown & Brown Insurance Agency of Virginia, Inc.
11220 ASSETT LOOP STE 104
MANASSAS, VA 20109-7914

APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP)

PAPERLESS DELIVERY OPTIONS (EMAIL): POLICY Yes BILLING Yes
EMAIL ADDRESS

CODE: 45156 PROD. CODE:
AGENCY CUSTOMER ID

TYPE OF BILLING: ☒ DIRECT BILL ☐ AGENCY BILL

POL NO.:

ACCT NO.:

☒ NEW ☐ RNWL | EFFECTIVE DATE 09/15/2023 | EXPIRATION DATE 09/15/2024

PAY PLANS ☐ ANNUAL ☐ MONTHLY ☒ SEMIANNUAL ☐ QUARTERLY

RESIDENCE CURRENT RESIDENCE IS ☐ OWNED ☐ RENTED

YRS AT ADDRESS: CURR.	PREV	PREVIOUS ADDRESS (if less than 3 years)

GARAGE LOCATION IF DIFF. FROM ABOVE (include county & ZIP)

VEH NO.	

NAME AND ADDRESS OF LOSS PAYEE (LP)/ADDITIONAL INSURED (AI) (INCLUDE ZIP CODE)

CAR No. ___ LP ☐ AI ☐

CAR No. ___ LP ☐ AI ☐

VEHICLE DESCRIPTION/USE TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:

VEH.	YEAR	MAKE, MODEL AND BODY TYPE	VIN	TITLEHOLDER/REGISTERED STATE	HP/CC
1	2024	BMW X5 M60I 4-Door			
2					
3					
4					

VEH.	COST NEW	SYM AGE GRP	TERR	MILE 1 WAY WK/SCHL	NO. DAYS WEEK	USAGE	PERFORM	MULTI-CAR	CAR POOL	GARAGED
1		65/65				O	ST	N		N
2										
3										
4										

VEH.	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh. must equal 100%) 1	2	3	4	CLASS
1			N					
2								
3								
4								

VEH.	AUTOMATIC SEAT BELT	AIRBAG DRIV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES
1		N N	None	None
2				
3				
4				

COVERAGES/PREMIUMS

COVERAGES	LIMITS OF INSURANCE				VEH. 1	VEH. 2	VEH. 3	VEH. 4
SINGLE LIMIT LIABILITY	$	EACH ACCIDENT			$	$	$	$
BODILY INJURY	$100,000	EACH PERSON			$	$	$	$
	$300,000	EACH ACCIDENT						
PROPERTY DAMAGE	$100,000	EACH ACCIDENT	$	DEDUCTIBLE	$	$	$	$
PERSONAL INJURY PROTECTION	$Full	TOTAL	$	WORK LOSS	$	$	$	$
	$	MED EXP	$	DEDUCTIBLE	$	$	$	$
ADDITIONAL PERSONAL INJURY PROTECTION	$	TOTAL	$	WORK LOSS	$	$	$	$
	$	MED EXP	$	DEDUCTIBLE	$	$	$	$
MEDICAL PAYMENTS	$	EACH PERSON	☐ FULL	☐ EXCESS	$	$	$	$
UNINSURED CSL/BI	$100,000	EACH PERSON	$300,000	EACH	$	$	$	$
MOTORISTS PD	$100,000	EACH ACCIDENT		ACCIDENT				
UNDERINSURED CSL/BI	$	EACH PERSON	$	EACH	$	$	$	$
MOTORISTS PD	$	EACH ACCIDENT		ACCIDENT				
ENHANCED UNDERINSURED CSL/BI	$	EACH PERSON	$	EACH				
MOTORISTS PD	$	EACH ACCIDENT		ACCIDENT	$	$	$	$
OTHER THAN COLLISION DED	1. $1000	2. $			$	$	$	$
	3. $	4. $						
COLLISION DED	1. $1000	2. $			$	$	$	$
	3. $	4. $						
ACV UNLESS AMOUNT STATED	1. $	2. $			$	$	$	$
	3 $	4. $						
ROADSIDE ASSISTANCE COVERAGE:	In Network: 50	Miles or less (Towing Distance)			$	$	$	$
	Out of Network: $250	(Coverage Limit)						
TRANSPORTATION EXPENSES PER DAY / MAXIMUM LIMIT	☐ $40 / 1,200	☐ $50 / 1,500			$	$	$	$
	☐ $75 / 2,250	☐ $100 / 1,500						
	☐ $100 / 3,000							
AD&D $					$	$	$	$
INSTALLMENTS				TOTAL PER VEHICLE	$	$	$	$
DATE $	DATE $			TOTAL PREMIUM $	3,659.00			
DATE $	DATE $							

RESIDENT & DRIVER INFORMATION (List all residents & dependents [licensed or not] and regular operators)

NO.	NAME	GENDER	MARITAL STATUS	DATE OF BIRTH	OCCUPATION	DATE LICENSE	STDT >100
1.							
2.							
3.							
4.							

RESIDENT & DRIVER INFO. (Continued)

NO.	GOOD STDT	DRV TRAIN	ACC DRIV CSE DATE	DRIVER'S LICENSE NO./LICENSED STATE	SOCIAL SECURITY NUMBER
1.	N			XXXXXXXXX/Non-US	XXX-XX-XXXX
2.	N			XXXXXXXXX/Non-US	XXX-XX-XXXX
3.					
4.					

ACCIDENTS/CONVICTIONS PREVIOUS INS. CO.: other POLICY NO.:

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, PAID CLAIM OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ___ YEARS?
☐ YES ☒ NO IF YES, INDICATE BELOW

DRV. NO.	DATE OF ACC/PD CLM/CONVICTION	DESCRIPTION OF ACCIDENT, PAID CLAIM OR CONVICTION	BI OR DEATH YES	BI OR DEATH NO	AMOUNT PAID

APPLICANT QUESTIONS

		Yes	No
1.	Has any driver had license suspended or restricted within the last 2 years?	☐	☐
2.	Does any member of the household use a covered auto for business delivery of any kind? This includes services like Amazon Flex	☐	☒

If Yes, explain:

		Yes	No
3.	Does any member of household use a covered auto as part of a rideshare service like Uber, Lyft, etc.?	☐	☒
4.	Does any operator have any physical or mental impairment or past health problems that could impact their ability to operate a motor vehicle?	☐	☒
	If Yes, explain.		
5.	Has any company canceled, declined or nonrenewed your insurance during the past three years for any reason, including nonpayment of premium?	☐	☒
	If Yes, why?		
6.	Are there any vehicles not owned by you but furnished or available for your regular use?	☐	☒
	If Yes, who is vehicle furnished for?		
7.	Are there any other licensed drivers in the household that are not shown on this application?	☐	☒
	If Yes, please explain circumstances and provide us with		
	Birth Date _____ Driver's License No. _____ Limits _____		
	SSN _____ Carrier _____		
	Explanation _____		
8.	Do you or any other person who resides with you have any other cars, motorcycles, or motor homes insured on another policy with different Liability Limits than this policy?	☐	☒
	If Yes, indicate the number of vehicles and briefly describe:		
9.	Are there any vehicles on this application owned by anyone other than the named insured?	☐	☒
	If Yes, identify vehicles and titleholders:		

FOR ADDITIONAL INFORMATION ON OUR PRIVACY POLICIES, INCLUDING STATE SPECIFIC INFORMATION, PLEASE VISIT https://www.cnfin.com/privacy-policy.

THE CINCINNATI CASUALTY COMPANY WILL REQUEST A CREDIT-BASED INSURANCE SCORE TO ASSIST IN THE DETERMINATION OF YOUR PREMIUM. IF YOUR SCORE DOES NOT MEET OR EXCEED THE ESTABLISHED THRESHOLD, OR YOUR SCORE IS NOT AVAILABLE FROM THE CONSUMER REPORTING AGENCY WE USE, YOU WILL NOT QUALIFY FOR THE MAXIMUM DECREASE IN PREMIUM (I.E., THE MAXIMUM CREDITS.)

IF YOUR PREMIUM IS ADVERSELY AFFECTED, WE WILL REVIEW YOUR CREDIT HISTORY EVERY TWO (2) YEARS, OR ANY OTHER TIME UPON YOUR REQUEST. WE WILL THEN ADJUST YOUR PREMIUM TO REFLECT ANY IMPROVEMENT. WE CANNOT USE ANY INFORMATION IN YOUR CREDIT HISTORY THAT OCCURRED MORE THAN FIVE (5) YEARS PRIOR TO THE ISSUANCE OF YOUR POLICY.

I HEREBY AUTHORIZE THE CINCINNATI COMPANIES TO OBTAIN FROM THE STATE MVR RECORDING AGENCY A COPY OF MY MOTOR VEHICLE REPORT FOR USE IN RATING AND/OR UNDERWRITING THE INSURANCE FOR WHICH I DO HEREBY APPLY, AND ANY RENEWAL THEREOF. I UNDERSTAND THAT IN OBTAINING A MOTOR VEHICLE REPORT A CONSUMER REPORTING AGENCY MAY BE USED BY THE INSURER AND I DO HEREBY AUTHORIZE SUCH USE. I HEREBY CERTIFY THAT THE NAMED DRIVERS UNDER THIS POLICY HAVE AUTHORIZED ME TO CONSENT ON THEIR/HIS/HER BEHALF FOR THE INSURER TO OBTAIN MOTOR VEHICLE REPORT(S) FOR RATING AND/OR UNDERWRITING. I ALSO UNDERSTAND THE CINCINNATI INSURANCE COMPANIES MAY SHARE UNDERWRITING INFORMATION BETWEEN THEIR MEMBER COMPANIES, INCLUDING NEW BUSINESS LOSS HISTORY, MOTOR VEHICLE REPORTS AND RENEWAL MOTOR VEHICLE REPORTS. I HEREBY AUTHORIZE THEM TO DO SO.

WARNING: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

9/13/2023

Applicant's Signature — Date

Date 9/13/2023 Producer Signature

Notes/Comments:

REQUIRED NOTICE OF UNINSURED MOTORIST ("UM") COVERAGE AND ENHANCED UNDERINSURED MOTORIST ("EUIM") COVERAGE AND OPTION SELECTION FORM

Notice Concerning the UM and EUIM Coverage Options Available in Maryland (Private Passenger Motor Vehicle Liability Policies)

Maryland law requires all private passenger motor vehicle liability policies to have **UM** or **EUIM** coverage. The limits of such coverage must equal the policy's liability coverage limit unless you elect to carry **UM** limits for less than your liability limits. The minimum required limits for both liability and **UM** or **EUIM** is $30,000 per person / $60,000 per accident for bodily injury and $15,000 per accident for property damage (30/60/15) or a combined single limit of $75,000 for bodily injury and property damage per accident.

Both **UM** and **EUIM** provide protection for you and certain other individuals under your policy arising from an accident when the at-fault vehicle is uninsured or underinsured. This form will explain the three (3) available options from which you must choose just one (1). Before making your decision, please read this form in its entirety.

OPTION 1 - Uninsured Motorists ("UM") Coverage

UM coverage provides protection against owners or operators of uninsured motor vehicles. A motor vehicle is uninsured if:

1. there is no liability insurance or other security applicable to the motor vehicle to pay for damages sustained by others because of an accident; or
2. there is liability insurance or other security applicable to the motor vehicle to pay for such damages but the amount available is less than your **UM** coverage; or,
3. the owner or operator of the at-fault vehicle cannot be identified.

UM coverage is payable if the accident is the result of the ownership, maintenance or use of the uninsured motor vehicle and you are legally entitled to recover damages from its owner or operator. In the event of a claim, your UM coverage limit is reduced by the amount of any available coverage from the at-fault party's insurer.

UM - bodily injury protection covers you and your family members residing in your household for injuries sustained in an accident involving an uninsured motor vehicle unless such vehicle is owned by you or your resident relative(s). Any other person is also covered while occupying your insured automobile.

UM - property damage protection covers your insured automobile if it is damaged in an accident (subject to any applicable deductible) involving an uninsured motor vehicle that is not owned by you or your resident relative(s). It also insures your property, the property of your resident relative(s) and other persons occupying your insured automobile if such property is contained in your automobile at the time of an accident involving an uninsured motor vehicle.

Under **OPTION 1 – UM,** your coverage limit will equal the limit of your liability coverage. To select this option mark the box for **Option 1** on page two and sign your name.

OPTION 2 - Uninsured Motorists ("UM") Coverage Waived to less than my liability limits

If your policy has liability limits higher than the mandatory minimum, you may choose this option and select **UM** limits for a lesser amount but not less than the minimum required coverage amount of $30,000 per person / $60,000 per accident for bodily injury and $15,000 per accident for property damage (30/60/15) or $75,000 for bodily injury and property damage per accident. In the event of a claim, your UM coverage limit is reduced by the amount of any available coverage from the at-fault party's insurer.

In order to select this option, you must make an affirmative waiver of **UM** coverage limits equal to the liability limits of the policy by signing the waiver found under **OPTION 2** on page two of this form.

OPTION 3 - Enhanced Underinsured Motorists ("EUIM") Coverage

EUIM coverage provides the same benefits as UM coverage but, in the event of a claim, the EUIM coverage limit is not reduced by the amount of any available coverage from the at-fault party's insurer. To select this option mark the box for **Option 3** on page two and sign your name.

SELECT YOUR UM or EUIM COVERAGE

I confirm that I have fully read and understood this notice. By marking a box below and signing my name, I am selecting the indicated option.

☑ I select OPTION 1 - UM. My UM limits will equal my liability limits.

This is to certify that I am the first named insured and I have been offered UM coverage in amounts equal to my liability limits of $ 100,000 / $ 300,000 (bodily injury) and $ 100,000 (property damage) or $ _____ combined single limit, at a total premium of $ 118.00 (annually/policy period). In the event of a claim, my UM coverage limit will be reduced by the amount of any available coverage from the at-fault party's insurer.

X _____ 9/13/2023

Signature of First Named Insured / Date

☐ I select OPTION 2 - UM Coverage Waived to less than my liability limits.

My UM limits will be less than my liability limits but not less than the required minimum of $30,000 per person / $60,000 per accident for bodily injury and $15,000 per accident for property damage (30/60/15) or $75,000 for bodily injury and property damage per accident. In the event of a claim, my UM coverage limit will be reduced by the amount of any available coverage from the at-fault party's insurer.

I affirmatively waive UM limits in an amount equal to my liability limits and instead elect to purchase lower UM limits of $ _____ / $ _____ (bodily injury) and $ _____ (property damage) or $ _____ combined single limit, at a total premium of $ _____ (annually/policy period), subject to the minimum limits required by Maryland law.

X _____

Signature of First Named Insured / Date

☐ I select OPTION 3 - Enhanced Underinsured Motorists ("EUIM") Coverage.

My EUIM limit will equal my liability limits. In the event of a claim, my EUIM coverage limit will not be reduced by the amount of any available coverage from the at-fault party's insurer.

This is to certify that I am the first named insured and I have been offered EUIM coverage in amounts equal to my liability limits of $ _____ / $ _____ (bodily injury) and $ _____ (property damage) or $ _____ combined single limit, at a total premium of $ _____ (annually/policy period).

X _____

Signature of First Named Insured/Applicant / Date

I UNDERSTAND AND AGREE THAT MY SELECTION SHALL BE CONSTRUED TO BE APPLICABLE TO THE POLICY OR BINDER OF INSURANCE DESCRIBED BELOW, ON ALL FUTURE RENEWALS OF THE POLICY AND ON ALL REPLACEMENT POLICIES UNLESS I NOTIFY THE COMPANY IN WRITING TO THE CONTRARY, WITH THE EFFECTIVE DATE OF SUCH CHANGE BEING NO EARLIER THAN THE RECEIPT DATE BY THE COMPANY OF MY WRITTEN NOTIFICATION.

IMPORTANT NOTE: If you do not make a selection of one of the three options listed above your insurer must provide you with **OPTION 1 - UM** coverage.

First Named Insured/
Applicant:

Policy Number or Binder Number:

Insurance Company: The Cincinnati Casualty Company

Producer Name and Code: Brown & Brown Insurance Agency of Virginia, Inc.
45156