

EXCESS OF LOSS POLICY
EVIDENCE OF COVER

INSURERS: AAL 5348/5339, COF 5315 & TMK 5307/5332

INSURED: Activmarkets - Empresa De Investimento, S.A.

BENEFICIARIES: Customers of the Insured who satisfy the requirements for Claimants set out in the Policy.

ADDRESS: Rua Duque de Palmela 37 1
A1250-097 Lisbon,
Portugal

POLICY PERIOD: From: 17 April 2024
To: 16 April 2025


COVER: The Insurer shall, on the occurrence of an Insolvency Event during the Policy Period, pay to the Insured for the benefit of Claimants, an amount equal to the Ultimate Net Loss of each Claimant subject to the terms, conditions, exclusions from and limits of liability set out in this Policy.

SUM INSURED: Up to EUR 1,000,000 per Claimant, subject to and in accordance with the limits and the terms and conditions of the Policy.

RETENTION: In respect of each Claimant EUR 25,000.

IMPORTANT NOTES

1. This evidence of insurance is provided for information purposes only and confers no rights upon any person in possession of it.
2. This evidence of insurance does not amend, extend or alter the terms of the Policy or otherwise form part of the Policy.
3. The insurance afforded by the Policy is subject to all terms, exclusions and conditions of such Policy and, in particular, the Policy contains a number of important limitations on and exclusions to the provision of insurance under the Policy
4. The Insured and Beneficiaries are required to comply with certain obligations in order for a claim under the Policy to be valid.
5. In the event of conflict, the terms and conditions of the Policy shall prevail.
6. Capitalised terms in this document have the meaning set out in the Policy.
7. A copy of the Policy is available, on request from the Insured and should be reviewed by all parties who may be a beneficiary of the Policy.

Signed.......... Dated.....17th April 2024
Title.....Underwriter.....

