



**EXCESS OF LOSS POLICY**

**EVIDENCE OF COVER**

|                       |                                                                                                                                                                                                                                                                                                    |
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| <b>INSURERS:</b>      | Lloyd's Insurance Company S.A AAL 5348 / ASL 5339.                                                                                                                                                                                                                                                 |
| <b>INSURED:</b>       | Naga Markets Europe Ltd.                                                                                                                                                                                                                                                                           |
| <b>BENEFICIARIES:</b> | Customers of the Insured who satisfy the requirements for Claimants set out in the Policy.                                                                                                                                                                                                         |
| <b>ADDRESS:</b>       | Agias Zonis 11,<br>3027 Limassol<br>Cyprus                                                                                                                                                                                                                                                         |
| <b>POLICY PERIOD:</b> | From: 1 October 2026<br>To: 30 September 2027                                                                                                                                                                                                                                                      |
| <b>COVER:</b>         | 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. |
| <b>SUM INSURED:</b>   | Up to EUR 1,000,000 per Claimant, subject to and in accordance with the limits and the terms and conditions of the Policy.                                                                                                                                                                         |
| <b>RETENTION:</b>     | In respect of each Claimant the sum of all Distributions and Deemed Distributions pertaining to that Claimant, subject to a minimum of EUR 20,000 each claimant.                                                                                                                                   |

**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. If you would like a third-party to validate this insurance policy please reach out to: [umar.awan@wtwco.com](mailto:umar.awan@wtwco.com).