



## Certificate of Insurance Investments

Police Number 24796125CHC/00044518

### A. DETAILS OF PROPOSER

Name of Proposer/Company's Name: **FIRSTRADE**

Address of Property Insured: **Hans Schacksvej 97, Skive,(7800) Region Midtjylland, Denmark.**

Tel: (HP): **+44 7884 874809** Email: **admin@firstrade.site**

Period of Insurance: From **13/07/2021** To **13/07/2034**  
(DD/MM/YYYY) (DD/MM/YYYY)

Sum Insured: **88,000,000.00 USD**

### B. COVERAGE

#### Compulsory Cover:

The object of insurance is the property, financial interests of the Insured **FIRSTRADE** and its investors, associated with possible losses (loss of investments, profits, additional expenses, etc.) when they carry out investment activities as a result of one or more of the following events:

- 1.1. Expropriation - legislative and/or administrative action of the state body of the investment country, limiting or depriving the Insured **FIRSTRADE** of property rights in relation to the insurance object, including acts of expropriation, nationalization, confiscation, restriction of ownership for a period of at least 6 (six) months;
- 1.2. War, civil unrest, mass disorder in the country of investment;
- 1.3. Unforeseen action of the state body of the country of investment, preventing for at least 180 (one hundred and eighty) calendar days, unless a different period is specified in the insurance contract, conversion into freely convertible currency and transfer of invested capital from the country of investment to the investor;
- 1.4. Bankruptcy of **FIRSTRADE** ;
- 1.5. An event that occurred during the period of investment of specific projects and occurred as a result of bankruptcy of enterprises and organizations that are confirmed by a court or other procedure provided for by the legislation of the country of investment.

### C. DECLARATION

#### Important Notes:

We confirm that the details given above are true and correct and we have not withheld any material information regarding this application. This application shall form the basis of the contract between me/us and Insurance Pte.

 Cooper, Natan  
Signature of Proposer/Company's Stamp

13/07/2034

Data (DD/MM/YYYY)

