FalconInsurance

P.O Box 1478
Victoria
Mahé
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Professional Indemnity Insurance Schedule

Policy Number			Reason for Issue	
FD_PI_AEGIS_2020037		Renewal		
Period of Insurance		Retroactive Date		
From: 05/11/2021 to 05/11/		N/A		
Both dates inclusive				
Premium			Insurance Advisor	
Insurance Premium:			Falcon Insurance	
			PO Box 1478	
			Victoria	
Total Premium Payable:			Mahé	
			Seychelles	
Policy Information			Description	
Proposer:			Pure M Global Limited	
Business Name:			Pure M Global Limited	
Trading Name (if applicable)			Pure M Global Limited	
Business Description:			Forex and CFD's STP Broker	
Business Registration Number:			TBA	
Business Premises Address			805/103 Rue D'Auvergne – Port Vila, Vanuatu	
Territorial Limits			Worldwide excluding USA/Canada	
Jurisdiction			Seychelles	
Wording			Falcon Errors and Omissions Wording (offshore)	
Sections	Section	Limit anyone period of insurance (\$USD) in the aggregate including costs & expenses		Deductible – each and every claim
	operative			including costs and expenses (\$USD)
Professional Indemnity	Operative	USD 500,000	.00 aggregate	USD 10,000 each and every loss
		USD 50,000 a		deductible.

Condition, Warranties and Subjectivities applying

Special Conditions:

- Prior acts exclusion
- Exclude loss of documents
- Exclude Libel & Slander
- Worldwide excluding USA / Canada
- Money Laundering exclusion
- Sanction and limitation exclusion
- Income from Russia/China not to exceed 15% of fee income in any one period of cover
- Warranted all connected business including holding companies and subsidiaries to hold own professional indemnity to similar limit.

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CONSEQUENTIAL LOSS EXCLUSION

The following Exclusion is added to the policy: Consequential Loss

Exclusion It is hereby noted and agreed that the Insurer shall not be liable for any indirect or consequential loss of any nature.

ECONOMIC SANCTIONS ENDORSEMENT

It is hereby understood and agreed that: The [insurer] [reinsurer] will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the [insurer] [reinsurer], its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

Sacondasurance Company Limited. Stamped & Signed on

Signature:

Position: Underwriter.