



QUESTIONÁRIO

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NOTICE

All liability coverage parts for which application is made apply, subject to their terms, only to claims first made or deemed made against insureds during the policy period or any extended reporting period, if applicable. the limit of liability available to pay losses will be reduced by the amounts incurred as defense expenses, and defense expenses will be applied against the retention amount. the company has no duty to defend any claim unless duty-to-defend coverage is specifically provided.

QUESTIONÁRIO SEGURO DE RESPONSABILIDADE CIVIL DIRETORES E ADMINISTRADORES
PARA O COMERCIO DE CRIPTOMOEDAS (DIRECTORS AND OFFICERS LIABILITY COVERAGE
APPLICATION)

The term Applicant means all corporations, organizations or other entities, including subsidiaries,
proposed for this insurance.

GENERAL INFORMATION (APPLICANT INFORMATION)

Name of Applicant:

Street Address:

City, State, ZIP Code:

Website Address:

Year Applicant's business was established:

Description of Applicant's operations:

Applicant's Standard Industrial Classification (SIC) code, if known (4-digit number):

Is the Applicant a subsidiary of a foreign parent?

Sim Não

Does the Applicant currently file, or does it anticipate filing in the next 6 months, any documents
with the Securities and Exchange Commission or similar foreign authority regarding any equity or
debt securities?

ORGANIZATION INFORMATION

Total Number of Employees:

List and describe all entities in which the Applicant's ownership interest is 50% or greater or over which the Applicant has management control (Check here if not applicable):

Name	% Owned	Year Started	Description of Operations	Entity Type

***Entity Type: FP=For-Profit (other than Partnership); NP=Non-Profit; GP=General Partnership; LP=Limited Partnership; LLC=Limited Liability Company.**

To enter more information, please attach a separate page or an organization chart with ownership detail.

In the next 12 months (or during the past 24 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) the following:

- Any actual or proposed merger, acquisition, or divestiture? Sim Não
- Any creation of a new business, subsidiary, or division? Sim Não
- Any registration for a public offering or a private placement of securities (debt or equity), including an initial coin offering or a security token offering? Sim Não
- Any token-based fundraising through a third party? Sim Não

If any of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances.

SHAREHOLDER INFORMATION

Total Shares	Common	Preferred	Other
Authorized			
Outstanding			
Voting Shares Outstanding			
Voting Shares Owned by Directors and Officers (Direct and Beneficial)			
Number of Voting Shareholders			

If there are multiple classes of stock, please attach a list. The list should include: Number of Shareholders and Number of Shares Held in Each Stock Class.

Does the Charter or By-laws of the Organization provide indemnification to its Directors and Officers to the fullest extent permitted by law? Yes No

Are there any securities that are convertible to voting stock?

If Yes, please attach an explanation. Yes No

List all shareholders that own greater than 5% of any class of security:

Shareholder	Class of Security	% Owned	Director or Officer?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If there are more Shareholders, please attach a list. The list should include: Shareholder Name, Class of Security (including voting and non-voting shares separately), % Owned and indicate if they are a Director or Officer.

Is any shareholder a trust that qualified as an Employee Stock Ownership Plan under ERISA or holds securities for the benefit of employees?

If Yes, please attach most recent stock valuation report. Yes No

Have there been any changes in the Board of Directors or Senior Management of the Applicant within the past 3 years for reasons other than death or retirement?

If Yes, please attach an explanation. Yes No

Are there currently outstanding loans to any Director or Officer?

If Yes, please attach an explanation. Yes No

FINANCIAL INFORMATION

Is the Applicant currently (or has it been in the past 24 months) in violation of, or has it received an amendment to any debt covenant?

If Yes, please attach an explanation. Yes No

Note: Omit Question 2 if the Applicant is required to submit a separate financial statement as directed in the Required Attachments section.

Complete the following chart providing the requested financial information:

Indicate the following as it relates	Most Recent FYE (Month/Year)	Prior FYE (Month/Year)
to the Applicant's fiscal year end (FYE): (Please indicate negative figures with "()" or "-" as appropriate)		
Current Assets		
Total Assets		
Current Liabilities		
Long Term Debt		
Retained Earnings (Accumulated Deficit/Fund Deficit)		
Net Equity/Net Assets (Deficit Equity)		
Revenues		
Net Income (Net Loss)		

AUDITOR INFORMATION

Scope of financial statement preparation:

Internal CPA Compilation CPA Review CPA Audit None

Has the Applicant changed outside auditors in the last 3 years?

If Yes, please attach an explanation. N/A Yes No

Have the outside auditors stated there are material weaknesses in the Applicant's systems of internal controls? If Yes, please attach an explanation and provide the latest CPA letter to management and management's response. N/A Yes No

Has the Applicant implemented all material recommendations of the auditor?

If No, please attach an explanation. N/A Yes No

Has any auditor issued a "going concern" opinion for the Applicant's financial statements during the past 3 years? If Yes, please attach an explanation.

N/A Yes No

CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

Requested Limit (A) Requested Retention (B) Requested Effective Date (C) Coverage Currently Purchased (D)

 Yes No

Expiring Limit (E) Expiring Retention (F) Expiring Premium (G) Current Insurer (H) Date Coverage First Purchased (I)

What is the Applicant's preference for defense coverage?

Duty to Defend Reimbursement

If Liability Coverage is currently purchased as indicated in Column (D) above, but has been in place for less than 3 years, please answer the following question:

As of the date the Applicant first purchased the Liability Coverage, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under the Liability Coverage for which the Applicant is applying?

If Yes, please attach an explanation. Yes No

If Liability Coverage is not currently purchased as indicated in Column (D) above, please answer the following question:

Is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the Applicant is applying? Yes No

If Yes, please attach an explanation.

If the Requested Limit in Column (A) exceeds the Expiring Limit in Column (E), please answer the following question:

Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the Applicant is applying?

If Yes, please attach an explanation. Yes No

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the Applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

LOSS INFORMATION

Date of Such Claim	Nature of Claim	Amount Paid for Defense	Amount Sought or Paid for Damages

Covered by Insurance?	Corrective Procedures Implemented	Current Status

REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents (these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet):

- Latest audited financial statement
- Latest annual financial statement
- YTD financial statement
- Entity organizational chart
- Bylaws
- D&O bios
- Any Private Placement Memorandum or any documents, including Regulation D filing, filed with the Securities and Exchange Commission or an equivalent body in a different country in the past year
- If answering yes to Section II.3.c or d. please include the following:
 - Project White Paper
 - Simple Agreement for Future Tokens (SAFT)
 - Regulatory authorizations obtained
 - Details of systems put in place to ensure compliance with securities laws of relevant jurisdictions
 - Board experience
 - Evidence of advice sought from professional advisors
 - Policies/procedures around AML, KYC, and source of funds checks
 - Outsourced service agreements

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, OR OTHER OFFICER ACCEPTABLE TO THE INSURER OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY THE INSURER. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY. ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Name of Applicant's authorized representative and title

Date