

30 July 2025

To whom it may concern,

RE: Rio Group TopCo Limited including FundApps Ltd

Address: Hylo, 18th Floor ,105 Bunhill Row, London, EC1Y 8LZ
Our Reference: 50845699



Letter of Indemnity

We can confirm that we act as insurance brokers on behalf of the above insured, and that the following covers are in place:

Business Activities/Description:

SaaS - Provision of a cloud based platform for monitoring compliance with investment restrictions and regulatory disclosures

Employers Liability

Insurer:	Aviva Insurance Limited
Policyholder	Rio Group TopCo Limited
Policy Reference:	96OSP1040928
Cover Period:	16 th July 2025 to 15 th July 2026
Indemnity Limit:	£10,000,000 any one claim

Excess Employers Liability

Insurer:	Zurich Insurance Company Limited
Policyholder	Rio Group TopCo Limited
Policy Reference:	PC448328
Cover Period:	16 th July 2025 to 15 th July 2026
Indemnity Limit:	£10,000,000 any one claim in excess of the underlying limit of £10,000,000

Public & Products Liability

Insurer:	Aviva Insurance Limited
Policy Reference:	96OSP1040928
Policyholder	Rio Group TopCo Limited
Cover Period:	16 th July 2025 to 15 th July 2026
Indemnity Limit:	£5,000,000 any one claim and in the aggregate in respect of Products Liability

Excess Public & Products Liability

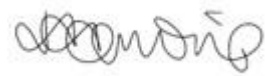
Insurer:	Zurich Insurance Company Limited
Policy Reference:	PC448328
Policyholder	Rio Group TopCo Limited
Cover Period:	16 th July 2025 to 15 th July 2026
Indemnity Limit:	£5,000,000 any one claim and in the aggregate in respect of Products Liability in excess of the underlying limit of £5,000,000

Please Note:

The information provided in this document provides a brief overview of covers in place at the time this was sent. The full details of the above policies, including terms and conditions, are provided in their respective policy documentation. The expiry date given represents the normal expiry date of the policy. This document does not change cover provided. The cover stated above may change or be cancelled, and we are under no obligation to advise you as such.

Please contact us if you require any further information.

Yours faithfully,



Linda Le Moine
Client Adviser
Partners&

30 July 2025

To whom it may concern,

**RE: Rio Group TopCo Limited including subsidiaries;
FundApps Ltd, FundApps Inc & FundApps Pte Ltd**

Address: Hylo, 18th Floor, 105 Bunhill Row, London, EC1Y 8LZ
Our Reference: 50845699



Letter of Indemnity

We can confirm that we act as insurance brokers on behalf of the above insured, and that the following covers are in place:

Business Activities/Description:

SaaS - Provision of a cloud based platform for monitoring compliance with investment restrictions and regulatory disclosures

Professional Indemnity

Insurer:	CFC Underwriting Ltd
Policyholder	Rio Group Topco Limited
Policy Reference:	ESO0540439113
Cover Period:	16 th July 2025 to 15 th July 2026
Indemnity Limit:	£5,000,000 any one claim and in the aggregate in respect of claims arising in USA/Canada

Cyber and Privacy Liability

Policyholder	Rio Group Topco Limited
Insurer:	CFC Underwriting Ltd
Policy Reference:	ESO0540439113
Cover Period:	16 th July 2025 to 15 th July 2026
Indemnity Limit:	£5,000,000 any one claim and in the aggregate in respect of claims arising in USA/Canada

Please Note:

The information provided in this document provides a brief overview of covers in place at the time this was sent. The full details of the above policies, including terms and conditions, are provided in their respective policy documentation. The expiry date given represents the normal expiry date of the policy. This document does not change cover provided. The cover stated above may change or be cancelled, and we are under no obligation to advise you as such.

Please contact us if you require any further information.

Yours faithfully,

Linda Le Moine
Client Adviser
Partners&



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER La Playa LLC 222 Purchase Street Unit #303 Rye, NY 10580	CONTACT NAME: PHONE (A/C, No, Ext): (646) 665-7737 FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A : Sentinel Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED FundApps Inc 276 5th Avenue Room 808 New York, NY 10001	NAIC # 11000

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			10SBAIR9612	10/17/2025	10/17/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			10SBAIR9612	10/17/2025	10/17/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			10SBAIR9612	10/17/2025	10/17/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE