

Embroker Startup Program Application

General Information

Company Legal Name

Website

Address line 1

Address line 2

City

State

Zip Code

Applicant Contact Information

First Name

Last Name

Job Title

Phone

Contact Email

Company Profile

Industry (NAIC)

Year Started

Entity Type (please scroll to select)

Total Number of Full Time, Part Time, or Leased
Employees and Independent Contractors

Most Recent Fiscal
Year Revenue

Total Revenue Projected
for the Current Year

What is your company's main area of focus?
(please scroll to select)

How does your company generate revenue?

What coverage are you applying for?

Directors & Officers Liability

Employment Practices Liability

Fiduciary Liability

Technology Errors & Omissions/Cyber

With regard to the coverage that you are applying for, in the last 12 months has your policy been cancelled or non-renewed?

Yes

No

All Selected Covers - Funding Information

Has the company raised funding?

Yes

No

Please choose the type of funding (choose all that apply):

Private Equity

Venture Capital

Angel Investment

Debt Funding
(unsecured)

Debt Funding
(secured)

Venture Debt

Government Grant /
Loan

Crowdfunding

Friends and Family

If yes, what is the total amount of funding raised to date (including debt)?

Current assets (cash or assets that are expected to be converted to cash within a year):

Net income/loss:

Tell us about each fundraising round (you can round to the nearest million dollar).

Fundraise date (MM/YYYY)	Money raised	Lead Investor
	\$	
	\$	
	\$	
	\$	
	\$	

Your Business

Has the company in the past 12 months, or anticipate in the next 12 months, any:

- Merger, acquisition, sale of any assets, or other similar transaction.
- Financial restructuring, reorganization, or filing for bankruptcy.
- Downsizing, layoffs, reduction in force, plant, or office closing.

Yes

No

If 'Yes', please provide detail on company changes:

Are you involved in any trading, creation, manufacturing or mining of digital currency?

Yes

No

Do you use blockchain or similar technologies to securely record transactions or exchanges of value in your services?

Yes

No

Technology Errors & Omissions Only

Does the company always use written documentation (contracts, engagement letters, service agreements like Terms and Conditions or EULA, etc.) for the services that will be provided to the customer/client?

Yes

No

Please advise how expected engagement work is scoped, detailed, and reviewed if the insured does not use written contracts/service agreements.

Does the company store data critical to its business operations via a cloud service such as AWS, Google Cloud or Azure?

Yes

No

If 'No', do you backup business critical information?

Yes

No

If 'Yes', how often do you backup business critical information?

If 'No', Please elaborate on why data is not backed up or stored on a frequent basis:

If 'Other', please explain:

Does the company store sensitive or personally identifiable records?

Yes

No

Please specify the types of records stored. Check all that apply:

Confidential Customer
Information

Personally Identifiable
Information

Medical / Healthcare
Data

Credit Card
Information

Intellectual Property
Assets & Trade Secrets

Other

If selected 'Other' for the type of record stored, please explain:

Estimate the total number of personally identifiable or sensitive records stored in your database.

Do you ensure that all sensitive and personally identifiable records are encrypted when stored?

Yes

No

Do you have a remote desktop connection?

Yes

No

Do you use multi-factor authentication for access to applications with sensitive data or critical business information?

Yes

No

Directors & Officers Only

Does any shareholder or entity own more than 10% of voting shares without representation on the board of directors or serve as an officer?

Yes

No

Employment Practices Liability Only

Of the total employee count, how many are located in California?

Of the total employee count, how many are Independent Contractors?

Of the total employee count, how many are located outside of the United States?

Is an employee handbook maintained with a minimum of anti-discrimination and anti-harassment policies?

Yes

No

If 'No', do you consult with Human Resources (HR) or legal counsel prior to terminating an employee?

Yes

No

Have any company officers been terminated within the past 6 months, or do you anticipate doing so within the next 12 months?

Yes

No

What percentage of employees have total compensation exceeding \$150,000 annually?

Past Claims

To your knowledge are any of the following true:

- Over the past three years, the company was required to notify a customer, client, or employee that their confidential or personal information was subject to a breach of privacy.
- Over the past three years, the company has received written demand for damages as a result of breach of contract or negligence.

Yes

No

If 'Yes', please explain:

To your knowledge, has your company or any person proposed or coverage been the subject of or been involved in any of the following during the past 3 years?

- Antitrust or Intellectual Property litigation.
- Deceptive trade practices or consumer fraud.
- Civil, criminal or administrative proceeding alleging violation of any federal or state securities laws.
- Initiated a bankruptcy or anticipates going bankrupt in the next year.

Yes

No

If 'Yes', please explain:

I am already aware of a specific circumstance that is likely to result in a claim under the following coverages: D&O, EPL, Fid & Tech E&O/Cyber Liability.

Directors and Officers

Fiduciary

Employment Practices
Liability

Technology E&O/Cyber
Liability

If any above are checked, please explain:

Over the past three years, has the company filed a claim for any of the following coverages: Directors & Officers, Employment Practices Liability, Fiduciary Liability, Technology E&O/Cyber Liability?

Yes

No

If 'Yes', for which of the following coverages has the company filed a claim for (select all that apply):

Directors and Officers

Fiduciary

Employment Practices
Liability

Technology E&O/Cyber
Liability

Is the claim still open?

Yes

No

How many claims were opened during the last three years?

What is the total claim amount paid?

Supplemental Application

To be filled out if the industry applies.

Fintech, SAAS, AI or Professional Services:

Does the Company make any credit worthiness or lending acceptability decisions or recommendations?

Yes

No

If 'Yes,' Is the company regulated by the Federal Deposit Insurance Corporation (FDIC) or National Credit Union Administration (NCUA)?

Yes

No

Does the Company provide payment processing services that authenticate, approve, or complete financial transactions for others?

Yes

No

Fintech Investment Management

Is the company managing an investment fund or making investment decisions/trading securities on behalf of their clients?

Yes

No

Healthcare, Health & Beauty, and Medical Devices:

Are any in-person, telephonic, or web-based medical services, including prescribing medication or providing therapy offered by the Company?

Yes

No

If 'No,' Does the company operate in an inpatient (overnight stays) facility?

Yes

No

Are any of the insured's products FDA regulated or seeking FDA approval?

Yes

No

Are any products intended to diagnose, treat, cure or prevent any disease/injury/ailment?

Yes

No

Insurance Services

Does the Company operate as a managing general agent (MGA), Insurance Company, or other risk bearing entity?

Yes

No

Online Gaming

Does the Company have any “play-to-earn” products or operations?

Yes

No

Is the Company subject to oversight by the SEC or any state or local gambling commission, gaming board, or casino control board?

Yes

No

Existing Coverages

If current coverage exists, please provide the following information.

Directors and Officers

Client has existing coverage

Client doesn't have this coverage

If yes, please tell us existing coverage's:

Carrier	Premium	Limits	Expiration date (MM/DD/YYYY)
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Employment Practices Liability

Client has existing coverage

Client doesn't have this coverage

If yes, please tell us existing coverage's:

Carrier	Premium	Limits	Expiration date (MM/DD/YYYY)
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Fiduciary

Client has existing
coverage

Client doesn't have
this coverage

If yes, please tell us existing coverage's:

Carrier

Premium

Limits

Expiration date (MM/DD/YYYY)

Technology E&O/Cyber Liability

Client has existing
coverage

Client doesn't have
this coverage

If yes, please tell us existing coverage's:

Carrier

Premium

Limits

Expiration date (MM/DD/YYYY)

With regard to the coverage that you are applying for, in the last 12 months has your policy been cancelled or non-renewed?

Yes

No