

2/9/2023, Submission Success! the application completed, James Curtis, Jr 21419

To info@foundersshield.com <info@foundersshield.com> Blind copy jamesjr@jecjef.net

02/09/2023,



Thanks James!

Thank you for choosing Founder Shield for Education Foundation as your risk management partner. We are processing your insurance application and you'll receive an email with your quotes as soon as they're received and reviewed by our specialists.






Have questions about your application?

We're here to help! You can always reach out to a risk management specialist by phone or email info@foundersshield.com or call **646.854.1058** at any time.

Best,
The Founder Shield Team

Risk Management Resources

If you're interested in learning more about insurance and risk management we've got a library of resources at your disposal.

-  [White Papers](#)
-  [Webinars](#)
-  [Industry Guides](#)
-  [Medium](#)
-  [The FS Blog](#)

James 21419

27-2267541

02/09/2023,



Company Name - Education Foundation
Get Started

Text Input

Website URL (please include credentials if in beta)

Jecjef.net

Custom Dropdown

Industry Group

Education / Ed-tech

Custom Dropdown

Industry Sub Group

Education

Company Name - Education Foundation

Company Information

Date

When was the company founded?

2010-04-05

State

State of Incorporation

District of Columbia

Picklist - Single

Corporate Structure

Proprietorship

Number

How many employees do you have?

1

FEIN#

What's your Business Tax ID number?

27-2267541

Currency

What are your projected total revenues for the next 12 months? *

2400

Currency

What was your revenue in the last 12 months? *

2400

Question Header

Who should we be in contact with?

No response -

Text Input

Title

Director

Text Input

Last Name

Curtis , Jr.

Text Input

First Name

James

Text Input

Phone Ext

No response -

Phone

Phone

+12025240951

Email

Email

aahe.director.drcurtis@gmail.com

Y/N

Does the company have any subsidiaries? If yes, please indicate the percentage ownership and full legal name and address of each subsidiary.

Yes

Repeater

Entry #1

ifyes: Subsidiary Address

Jecjef.net

ifyes: Subsidiary Name

JECJEF

Entry #2

ifyes: Subsidiary Name

Internet Graduate Research Institute

ifyes: Subsidiary Address

Http://igri.academia.edu,

TextArea

Description of operations

Education, Evangelism, Outreach, Service.

Y/N

Do you currently offer employee benefits & health insurance plans to your employees?

No

Y/N

Do you have any current or prior insurance for the company?

Yes

TextArea

If you're purchasing this insurance to comply with the terms of the contract, please copy those terms here:

No response -

Company Name - Education Foundation

Locations

Selected Locations:

Company Name - Education Foundation

General Liability

PO box 3126, Washington, District of Columbia, United States

Annual revenue at this location (total payroll if only 1 office or fully remote)

2400

Are you aware of any incidents that could give rise to a claim under this General Liability policy?

No

Payroll at this location (total payroll if only 1 office or fully remote)

100

employees at this location

0

Square Footage at this location

1

Company Name - Education Foundation

Errors & Omissions

Your Business Activities

Question Header

Contract Size

No response -

Currency

Contract Size - Largest contract

500

Currency

Contract Size - Average contract

500

Question Header

Contract Length

No response -

Number

Contract Length - Largest contract

6

Number

Contract Length - Average contract

5

Question Header

Largest Customers

No response -

Currency

Revenue - Customer 1

0

Text Input

Largest customer - Customer 1

unknown

Currency

Revenue - Customer 2

0

Text Input

Largest customer - Customer 2

unknown

Contract Management

Y/N

Do you use Independent Contractors?

Yes

TextArea

ifyes: Describe what your independent contractors do for your company

1. Association fees and membership, 2. Credit card installment payments, 3. Domainrental and reservation, 4. Government reservation of business names, 5. Subscription logistics.

Y/N

Do you always use a written contract with Independent Contractors?

No

Y/N

Do you assume liability for others under your contracts?

No

Y/N

Does the Applicant ever enter into contracts where the fees for services are contingent upon the client achieving cost reductions or improved operating results?

No

Question Header

Indicate which of the following clauses are included in the insured's customer contracts or license agreement: (Check all that apply)

No response -

Checkbox

Exclusions for / Disclaimer of Consequential Damages

Yes

Checkbox

Disclaimer or Warranties

Yes

Checkbox

Limitation of Liability

Yes

Checkbox

Statement of Work

No

Checkbox

Dispute Resolution

Yes

Checkbox

Hold Harmless to your benefit

No

Checkbox

Performance Milestones / Periodic Reviews

No

Checkbox

Hold Harmless to your clients' benefit

No

Y/N

Are you aware of any incidents that could give rise to a claim under this E&O policy?

No

Company Name - Education Foundation

Cyber Liability

Picklist - Multi

Do your software products or services address any of the following specific activities? (Select all that apply)

None of the above

Records

Number

Please indicate the number of records you hold that contain personally identifiable information:

0

Question Header

Check all the following kinds of personal identifiable information (PII) which you currently collect or store, or you will collect or store within the next twelve (12) months (whether through a hosted website, your own website or by your customers using products or services provided by you):

No response -

Y/N

Customer-subscriber names and addresses

No

Y/N

Credit-debit card numbers

No

Y/N

Medical records or personal health information

No

Y/N

Do you, or any third party acting on your behalf, collect, use, process, share, sell, profit from or retain Biometric Information?

No

DATA SECURITY AND PRIVACY

Y/N

Access control procedures and hard drive encryption are in force to prevent unauthorized exposure of data on all laptops/smartphones and home-based PC's

Yes

Y/N

All Personally Identifiable Information (PII) is encrypted at rest and in transit

Yes

Y/N

Do you encrypt all sensitive and confidential information stored on your organization's systems and networks?

Yes

Picklist - Single

The Applicant's network security is

Outsourced

Text Input

If Outsourced; provide the name of your network security provider:

Ionis™, , (formerly 1and1.com),

Text Input

ifno: Who is responsible for privacy issues

No response -

Multi-Factor Authentication (MFA)

Y/N

Do you implement Multi factor authentication (MFA) for remote access

No

Internal Security

Y/N

Do you use a next-generation antivirus (NGAV) product to protect all endpoints across your enterprise?

No

Y/N

Do you use endpoint detection and response (EDR) tools for malware protection?

No

Y/N

Do you have a security operations center (SOC) established, either in-house or outsourced?

Yes

Picklist - Single

Your SOC is:

Managed internally/in-house

Y/N

Vulnerability Scanning

No

Y/N

Does your company have an established procedure for editing or removing from your website or Internet Service libelous or slanderous content, or content that infringes the Intellectual Property rights of others (copyright, trademark, trade name, trade secrets etc.)?

Yes

Y/N

Does your company use material provided by others, such as content, music, graphics, and video streams, in your software, or on your website?

No

Y/N

Do you filter/scan incoming e-mails for malicious attachments and/or links?

Yes

Text Input

If "Other", provide the name of your email security provider:

Ionis.com

Y/N

Do you have the capability to automatically detonate and evaluate attachments in a sandbox to determine if malicious prior to delivery to the end-user?

Yes

Phishing Controls

Y/N

Does your cyber security awareness program include phishing training and testing?
No

Y/N

Does your organization send and/or receive wire transfers?
No

BACK-UP AND RECOVERY POLICIES

Y/N

Do you use a Cloud syncing service (e.g. Dropbox, OneDrive, Sharepoint, Google Drive) for backups?
No

Y/N

Do you take regular (at least monthly) backups of key server configurations and data?
Yes

Picklist - Single

Which best describes your data backup solution?

Other

Text Input

If "Other", describe your backup solution

A back up occurs as often as possible.

Picklist - Single

Estimated amount of time it will take to restore essential functions using backups in the event of a widespread malware or ransomware attack within your network?

0-24 hours

Y/N

Are your backups encrypted?
Yes

Y/N

Are your backups disconnected from and inaccessible through the organization's network?
Yes

Money Transfers

Currency

For your next financial year

0

Y/N

Are all wire or fund transfers over \$25k authorized by at least 2 employees before execution?
No

Y/N

Do you transact business utilizing debit, credit, pre-paid, Automatic Teller Machine (ATM), Point of Sale (POS) or similar transaction methods?
No response -

Y/N

If "Yes", have you been certified compliant within the past twelve (12) months with the Payment Card Industry Standards for data security that are applicable to your business?
No response -

Text Input

Please state how transaction payments are processed on your platform:

No response -

Cyber Claims Experience

Y/N

In the last 5 years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that would have been covered by this policy?

No

Picklist - Multi

What is the Applicant's primary technology business operations? (Select all that apply)

Software

Y/N

Do the Applicant's revenues derive primarily from technology services or products?

No

Picklist - Multi

What type of clients does the Applicant primarily target? (Select all that apply)

People (e.g., consumers, patients); Organizations (e.g., businesses, non-profits, government)

Picklist - Multi

Is the Applicant engaged in any of the following business activities? (select all that apply)

None of the above

Picklist - Multi

Is the Applicant's technology addressing any of the following needs? (Select all that apply)

Training

Y/N

Does the Applicant sell direct to consumers?

No

Y/N

Does the Applicant provide wholesale distribution services (not direct to consumers)?

No

Y/N

Do you have a formal process to ensure any products or services do not infringe on the intellectual property rights of others?

Yes

Question Header

Check the Cloud Providers that your company depends on

No response -

Checkbox

None of the above

Yes

Checkbox

Azure

No

Checkbox

GCP

No

Checkbox

AWS

No

Company Name - Education Foundation

Crime

Number

Number of employees

1

Number

Number of foreign employees

0

Number

Number of domestic employees

1

Number

How many employees will be performing work for your client(s)?

1

Percent

Estimate the % of the employees who have access to cash, checks and approval:

1

Currency

Maximum cash exposure inside the premises:

0

Currency

Maximum cash exposure outside the premises:

0

Number

Total number of clients:

0

Number

Total number of retail locations:

0

Y/N

Do you have precious metals, precious or semi-precious stones, pearls, furs or articles containing such materials?

No

Y/N

Do you have access to your client's funds/property?

No

Y/N

Have you undertaken any mergers or acquisitions in the last 3 years?

Yes

TextArea

if yes: Please give us details

2021 The office of Postdoctoral Research.

Y/N

Are there any plans for mergers or acquisitions in the next twelve (12) months?

No

Y/N

Do you provide lodging?

No

Audit Controls

Y/N

Are your financial statements audited annually by an independent CPA?

No

Y/N

Is there a CPA Management Letter / Response commenting on internal control weaknesses, recommendations for improvement, and a response by management?

No response -

Y/N

Do you have an Internal Audit Department?

No response -

Y/N

Do you have someone with internal audit responsibilities?

No response -

Y/N

Are surprise audits conducted?

No response -

Y/N

Do you have a documented system of internal control policies / procedures?

No response -

Internal Controls

Y/N

Are background checks performed for all new hires?

No response -

Y/N

Are bank accounts reconciled monthly?

No response -

Y/N

Are bank accounts reconciled by someone not authorized to deposit or withdraw?

No response -

Y/N

Are at least two signatures required on checks?

No response -

Y/N

Do vouchers or other supporting records accompany all checks to be signed?

No response -

Y/N

Do you utilize a Positive Pay system?

No response -

Y/N

Are internal controls designed so that no employee can control a process from beginning to end?

No response -

Y/N

Are all controls consistent among all locations (including foreign locations)?

No response -

Y/N

Are employees in sensitive positions required to take annual vacations of at least 5 consecutive business days OR do you practice regular job rotation?

No response -

Y/N

Is fraud training provided to employees?

No response -

Y/N

Is fraud training provided to executives?

No response -

Y/N

Is fraud training provided to managers?

No response -

Y/N

Do you have a fraud hotline that is publicized to employees, vendors and customers?

No response -

Y/N

Are all tips appropriately investigated and action taken?

No response -

Vendor Controls

Number

Estimated number of active vendors utilized

5

Y/N

Do you use vendors for handling financial transactions such as payroll and accounting (other than your outside auditor)?

No response -

Y/N

Is an authorized vendor list utilized and updated annually for all purchases, with competitive bidding required?

No response -

Y/N

Are background checks performed on vendors in order to determine ownership and financial capability?

No response -

Y/N

Is the responsibility for authorizing vendors, approving invoices and processing payments segregated among different employees?

No response -

Y/N

Are the duties of purchasing, receiving, storekeeping and shipping separate so that no one individual can control these functions from beginning to end?

No response -

Computer Controls

Text Input

How often are passwords required to be changed?

N/a

Text Input

How long are backups kept?

10-20 years

TextArea

Describe controls:

Outsourced

Y/N

Are passwords required for access to sensitive information?

Yes

Y/N

When employees change positions and no longer require access to certain information, is access status changed?

No response -

Y/N

Are daily backups made and stored securely off premises?

No response -

Y/N

Do you use online banking?

No response -

Y/N

Are employees warned of Phishing scams and blocked from harmful websites?

No response -

Y/N

You use anti-virus software on all desktops/portable computer devices and mission-critical servers and is it updated in accordance with the software provider's requirements

No response -

Y/N

Does your bank require authentication of the identity of the caller before acting upon any transfer instructions?

No response -

Y/N

Are verifications sent directly to a department not authorized to initiate transfers?

No response -

Y/N

Are there independent checks of funds transfer records by employees not authorized to handle such transfers?

No response -

Financial Information

Y/N

Do you have your most recent annual financial statements?

No response -

Y/N

Within the last three (3) years, have you had any commercial crime losses?

No response -

Company Name - Education Foundation

Fiduciary Liability

Question Header

Indicate the type of plans to be insured by your Fiduciary insurance policy:

No response -

Y/N

Filing documents in the next 6 months with SEC?

No response -

Checkbox

Profit Sharing
No

Checkbox

401(k)
No

Checkbox

Employee Stock Ownership
Yes

Checkbox

Pension
No

Question Header

Within the previous 24 or next 12 months, do you anticipate...
No response -

Checkbox

Welfare Benefit
No

Y/N

Any actual or proposed merger, acquisition, or divestiture?
No response -

Number

Total number of employees currently enrolled in all plans:

1

Currency

Total asset value of all plans combined for the most recent fiscal year:

36000

Y/N

A private placement of securities (including any venture capital funding or convertible debt instruments)?
No response -

Y/N

Do you have more than five (5) plans to be covered under the proposed insurance?
No

Y/N

Any direct sale of securities to a person or entity through any means other than the use of an offering prospectus, memorandum circular or similar document?
No response -

Y/N

Do all of the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended?
Yes

Y/N

Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules?
Yes

Y/N

Any sale of securities, services, goods or products for the purpose of funding your operations or capital through social networking, crowdfunding, crowdsourcing or any similar mechanism?
No response -

Y/N

Are any of the plans underfunded by more than thirty percent (30%)?

No

Y/N

Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs?

No response -

Y/N

Do you have any delinquent contributions to any plan?

No

Y/N

Any violation of, or receipt of any amendment to, any debt covenant?

No

Y/N

Have any plans been terminated, suspended, merged or dissolved within the last twenty four (24) months?

No

Y/N

Any public offering or sale of securities through any means, including any public offering of securities under the JOBS Act, as amended?

No

Y/N

Do you anticipate terminating, suspending, merging or dissolving any plans within the next eighteen (18) months?

No

Y/N

Are more than ten percent (10%) of the assets of any plan, other than an Employee Stock Ownership Plan, invested in any securities of or loan to you?

No

Financial Information

Picklist - Single

Preparation method for financial statements (or projections)

Internal

Y/N

Has any auditor issued a 'going concern' opinion for your financial statements during the past 3 years?

No

Y/N

Do the current liabilities exceed current assets?

No

Y/N

Do long-term liabilities exceed seventy five percent (75%) of total assets?

No

Y/N

Will more than fifty percent (50%) of total long-term liabilities mature within the next 18 months?

No

Y/N

Are you currently in default or anticipate in the next twelve (12) months to be in default of any debts covenants?

No

Y/N

Do you anticipate in the next twelve (12) months or have you transacted in the last twenty four (24) months any restructuring or legal or financial reorganization or filing for bankruptcy?

No

Financial Liability Information

Y/N

Are you 100% owned by a parent company?

No

Y/N

Is the company 100% owned by the Directors and/or Officers?

Yes

Claims Experience

Y/N

Has any insurer made any payments, taken notice of claim or potential claim or non-renewed any management liability or similar insurance at any time in the last three (3) years?

No response -

Y/N

Any person or entities for whom this insurance is being applied have any knowledge of any fact, circumstance, situation, or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a Claim which may fall within the scope of coverage of the proposed insurance?

No response -

Y/N

With respect to the Liability Coverages requested, has any person or entity proposed for this insurance been a party to, or subject of, any administrative or regulatory proceedings or civil or criminal charges, hearings, demands, or lawsuits during the past 3 years, whether or not insured, including any such matter involving securities, security holders, creditors, antitrust or fair trade law, copyright or patent law, ERISA, discrimination, harassment or employment-related matters?

No response -

Y/N

Any person(s) or entity(ies) proposed for whom this insurance is being applied has knowledge of any inquiry, investigation or communication that he/she/it has reason to believe might give rise to a Claim that might fall within the scope of the coverage of the proposed insurance?

No response -

Y/N

Are you aware of any incidents that could give rise to a claim under this Fiduciary Liability policy?

No

Company Name - Education Foundation

Product Liability

Payroll estimate for the next 12 months

Currency

Foreign

0

Currency

Domestic

0

Y/N

Have any of the principals ever engaged in this or similar enterprises under a different name?

No response -

Products and Services

Text Input

Describe your products and services and how many years each product or service has been offered.

Education Evangelism Outreach Research

Give the name/industry of your 5 largest customers:

Text Input

Customer 2

No response -

Text Input

Customer 1

Unknown

Text Input

Customer 4

No response -

Text Input

Customer 3

No response -

Text Input

Customer 5

No response -

Picklist - Single

Who performs the installation of your product(s)?

Customer

Y/N

Have you ceased manufacturing products during the past ten (10) years?

No response -

Y/N

Do you retain the liability for any products or operations which they no longer control?

No response -

Y/N

Have any products been acquired by merger or acquisition?

No response -

Products Description

Repeater

Entry #1

Estimated product life (years)

Unknown

Retailer

No

Manufacturer

No

Manufacturer

No

Other

No

Wholesaler

No

Wholesaler

No

Importer
No

Manufacturer Rep
No

Years in Market
33

Install your product(s)
No

Product Description

Education Evangelism Outreach Research

Percent of gross sales
25

Repair your product(s)
No

Consumer
No

Retailer
No

You are a/an:

You sell your product(s) to:

Do you:

Y/N

Will any new products be introduced in the next 12 months?
No response -

Y/N

Do you import products or component parts?
No response -

Y/N

Have you ever recalled products?
No response -

Y/N

Have any of your products ever been subject to injury or investigation relative to product safety by a governmental agency?
No response -

TextArea

How can your products be identified from the products of your competitors?

Education Evangelism Outreach Research

Question Header

Describe materials or principal components of each product:
No response -

Text Input

Major Component 1

Education Evangelism Outreach Research

Text Input

Major Component 2

No response -

Text Input

Major Component 3

No response -

Y/N

Do you design and manufacture the complete product?

No response -

Y/N

Is the product under your label?

No response -

Y/N

Do you assemble the product?

No response -

Y/N

Do you maintain and/or service the products?

No response -

Y/N

Do you maintain quality control procedures?

No response -

Y/N

Do you maintain complete inventory records of shipments and/or delivery to consignees?

No response -

Y/N

Can the date of manufacture of each product be identified by the factory numbers stamped on it?

No response -

Y/N

Do others manufacture, assemble, package or install products?

No response -

Y/N

Do you keep samples of products involved in your quality control procedures?

No response -

Y/N

Do you have a formal "Products Recall Plan"?

No response -

TextArea

Do you have a written procedure for the handling of complaints about your products and accidents/injuries involving your products?

5.1, yes.

Y/N

Is a written record of all such complaints, accidents, injuries maintained?

No response -

Y/N

Is any component in your product(s) considered as a "hazardous substance" under any governmental regulations?

No response -

Y/N

Are you a distributor and do not actually manufacture the products you sell?

No response -

Y/N

Has any carrier cancelled, restricted or refused to renew your products liability insurance in the past five years?

No response -

Y/N

Do you require certificates of insurance from your suppliers?

No response -

Y/N

Do you provide insurance to your distributors?

No response -

TextArea

Are your products designed, tested, labeled and manufactured to meet or exceed all industry or government standards?

3.7, yes.

Y/N

Have you had any Product Liability claims or losses?

No response -

Company Name - Education Foundation

Attachments

Attachment

Please upload an investor deck. This field is required for companies under 1 year old. It will speed up the quoting process and greatly reduce the amount of back and forth with underwriters.

No response -

Attachment

Product brochures/catalogs

No response -

Attachment

Please upload a sample contract used with your customers

No response -

Powered by

James 21419

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