INSURTECH

2019 InsurTech CEO Interview Compilation

FT Partners FinTech Industry Research

February 2020

The Only Investment Bank Focused Exclusively on FinTech

San Francisco • New York • London

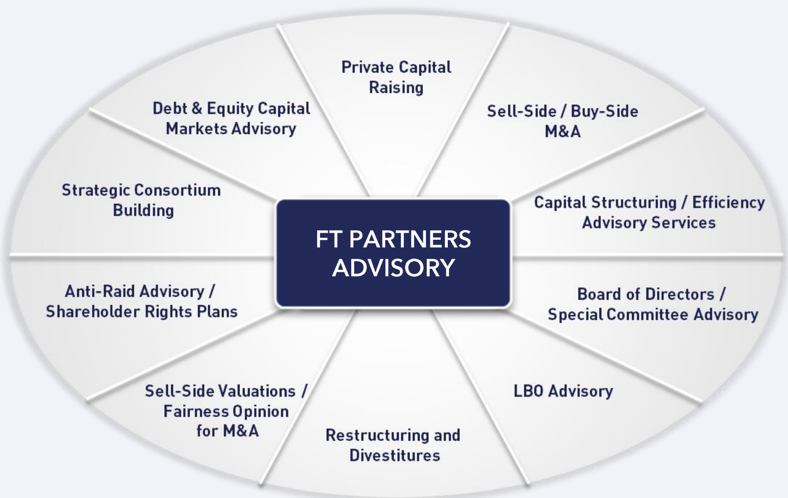
FINANCIAL TECHNOLOGY PARTNERS

FT Partners – Focused Exclusively on FinTech

Overview of FT Partners

- Financial Technology Partners ("FT Partners") was founded in 2001 and is the only investment banking firm focused exclusively on FinTech
- FT Partners regularly publishes research highlighting the most important transactions, trends and insights impacting the global Financial Technology landscape. Our unique insight into FinTech is a direct result of executing hundreds of transactions in the sector combined with over 18 years of exclusive focus on Financial Technology

FT Partners' Advisory Capabilities



FT Partners' FinTech Industry Research

- In-Depth Industry Research Reports
- Proprietary FinTech Infographics
- Monthly FinTech Market Analysis
- FinTech M&A / Financing Transaction Profiles

The Information

Named Silicon Valley's #1 FinTech Banker (2016) and ranked #2 Overall by *The Information*

Institutional Investor

Ranked #1 Most Influential Person in all of FinTech in *Institutional Investors* "FinTech Finance 40"

THE M&A ADVISOR

Numerous Awards for Transaction Excellence including "Deal of the Decade"

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Bought By Many provides digital access to pet insurance and pet business insurance across the UK and Sweden

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Noblr provides a smart car insurance product that incentivizes its policyholders to make smart driving decisions through technology that gives them feedback, real-time rates and rewards

October 2019

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Policygenius provides an online insurance marketplace designed to make shopping faster, friendlier, and more transparent for online customers

December 2019

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Sidd Gavirneni

Zeguro is a provider of cyber safety solutions offering a suite of tools for cyber risk mitigation and compliance, as well as cyber insurance tailored to a company's size, sector, and risk profile

2020 Company Updates

WINDWARD

Ami Daniel

"In October, we announced that former BP CEO, (Lord) John Browne, as the new chairman of Windward. In May, we launched a new offering to help marine insurers with sanctions compliance. We added a dozen new insurance clients in 2019, and had a number of major customer wins in North America and Asia in our government business. We also announced plans to open new offices in Singapore and New York, in addition to our existing locations of Tel Aviv and London."

January 2019 Interview on pg. 9

Ladder

Jamie Hale

"Ladder launched in NY in partnership with Allianz Life of NY, becoming the first life insurance-focused startup available in all 50 states. After launching SoFi, Ladder has continued to establish partnerships with the likes of Esurance, Stride Health, and Radius Bank. The Company has expanded its Ladder for Advisors program, becoming the first life insurance solution to be offered on the Schwab OpenView MarketSquare. We have also maintained our relentless focus on user experience, receiving awards such as Real Simple's 2019 Smart Money Award and Money Best life Insurance of 2020."

February 2019 Interview on pg. 17

2020 Company Updates (cont.)

INSURIFY

Snejina Zacharia

"We are excited to announce Insurify raised $23 million lead by MTech capital, Viola and with participation from Hearst Ventures, Nationwide and MassMutual partners. We have doubled revenue for three years in a row and we have closed over 10 billion of insurance coverage on the platform. Gene Shkolnik, former SVP of Engineering and Product at KAYAK has joined our team as CTO. We will use the funding to fuel growth, expand to home, renters and life insurance comparison, launch exclusive products on Insurify and build our insurance virtual wallet."

April 2019 Interview on pg. 37

PLANCK

Elad Tsur

"As a category leader, Planck continues to expand its data insights offering, while maintaining the highest accuracy and coverage levels in the market (over 90%). Since the interview in May 2019, 15 additional US commercial insurers, including three top-10 carriers, have chosen Planck as their data partner to reduce their expense and loss ratios, improve customer and agent satisfaction, and boost business growth."

May 2019 Interview on pg. 44

2020 Company Updates (cont.)

indio

Mike Furlong

"Indio was acquired by Applied Systems in December of 2019. The Company will continue to be a horizontal solution for the entire insurance broker market, and will utilize Applied's scale and reach to become the default data capture solution in the insurance industry."

July 2019 Interview on pg. 60

BOUGHTBYMANY

Steven Mendel

"Our UK business continues to perform strongly – recent months have been some 200% up on the corresponding month a year earlier. And this was further powered in December when we significantly upgraded a number of our products, to ensure we retain a market-leading position. This placing was acknowledged yesterday when we were awarded the Feefo Platinum Service Award – for three consecutive years of Gold standard reviews (>4.5/5.0).

Our full launch into Sweden in October has been well received: sales and customer feedback, there, has been well ahead of target. Overall, we are now tracking towards a GWP target, for our current financial year (which ends 31st March 2020), some 32% higher than we were predicting a year ago at compelling, and fully loaded, Lifetime Value/ Cost of Acquisition. We are currently finalizing our plans for our next financial year, which starts on 1st April, and are building in some exciting new tech-driven launches and expansion plans."

August 2019 Interview on pg. 67

2020 Company Updates (cont.)

noblr

Gary Tolman

"Since the interview in September, we have added two new states, Texas and Ohio. Including Colorado, this brings Noblr's total addressable market to approximately 10% of the US personal automobile market. As a result of the additional states and increased marketing spend, our business has grown 8x. Even with the strong growth, Noblr's loss results continue to be much better than expected, with pure loss ratios in the mid-50s. Also, Noblr's all-time Net Promoter Score is 59 - driven by an average annual savings of over $900 per year and exceptional member service. "

September 2019 Interview on pg. 74

Policygenius

Jennifer Fitzgerald

On January 30th, 2020, Policygenius raised $100 million in Series D financing led by KKR.

October 2019 Interview on pg. 81

zeguro

Sidd Gavirneni

"Zeguro has been identified as one of the top cybersecurity companies to watch out for in 2020. The Company launched product features focusing on compliance (PCI, HIPAA, and SOC2), and is bringing on more sales personnel to accelerate growth."

December 2019 Interview on pg. 90

Windward Overview

Company Overview

WINDWARD

CEO:	Ami Daniel
Headquarters:	Tel Aviv, Israel
Founded:	2010

- Windward is a world leader in maritime risk analytics
- The Company has combined domain expertise with data science to create an AI-driven platform that helps organizations assess maritime risk and anticipate impactful events
- Using Windward's technology, government agencies have detained smugglers and curbed illegal fishing; the United Nations Security Council uses the Windward system to discover ships helping North Korea evade sanctions
- For marine insurers, Windward's technology identifies and interprets patterns in ship operations to apply a risk rating for fleets for the year ahead, augmenting underwriters' ability to target and price risk

Selected Financing History

Date	Size ($ mm)	Selected Investor(s)
07/02/18	**$17**	XL Innovate; Marc Benioff; Horizons Ventures; Aleph;
04/27/15	**11**	Horizons Ventures; Aleph
11/06/13	**5**	Aleph

Products & Services

WINDWARD INTELLIGENCE

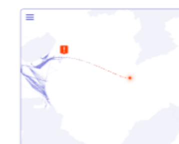
- ✓ Windward's machine learning algorithms help expose anomalous ship activities and run risk analytics to identify illegal activity and non-compliance with sanctions

Unified Database

Operational Profiles

Risk Analytics

Anomaly Detection

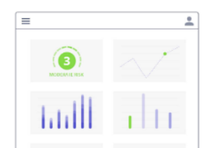


WINDWARD INSURANCE

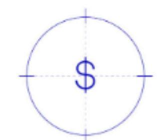
- ✓ Provides marine insurers with the most accurate risk analytics and insights to optimize risk selection

Portfolio Steering

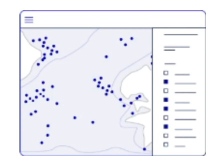
Business Growth



Augment Pricing Models



Claims Analysis



Management

Ami Daniel
Co-Founder & CEO

Matan Peled
Co-Founder & Head of Windward US

Erez Katan
Chief Financial Officer

Alli Avishai
Chief Business Officer

Source: Company website, FT Partners Proprietary Transaction Database

Interview with Windward

WINDWARD

Published January 2019

Ami Daniel

Co-Founder and CEO

1. What is your background and what was the inspiration for starting Windward?

I started out as a social entrepreneur, building a community center for children from different backgrounds when I was 16. When I was 18 I joined the navy and in parallel started another social venture, establishing a project to empower disadvantaged youths with a girl I ended up marrying. I served six-and-a-half years in the navy, including on INS Hanit, a corvette hit by a missile in 2006. I studied law, and then went on to set up Windward with a fellow naval officer, Matan Peled. The inspiration for Windward was the huge potential we saw in bringing together the centuries-old world of shipping and maritime, and the new world of satellite data and data sciences. It's a powerful combination which still excites us to this day. Ultimately what we're doing here at Windward is building the standard for maritime risk. We want our risk ratings to be as clear and as trusted by the market as credit ratings by S&P or Moody's.

2. With the roots of the business in national security and maritime enforcement applications, what are some of the more notable examples of things Windward has been involved in that you can discuss publicly?

You'll appreciate we can't disclose many of our customers, or successes, but it's a matter of public record that the United Nations Security Council uses our technology to discover vessels helping North Korea evade sanctions. As Hugh Griffiths, the Coordinator of the UN Panel of Experts, put it: "Windward has allowed us to extract actionable intelligence into North Korea's maritime strategy in a way not possible until now." Our technology has also helped curb illegal fishing in many countries, supporting the livelihoods of local communities. In one example, a newly launched entity resolution algorithm of ours managed to pinpoint a trawler whose catch was three times larger than its license permitted. Not a week goes by without one of our customers using our models to board and apprehend vessels engaged in nefarious activities. We feel privileged to be making the seas safer and more secure.

Interview with Windward (cont.)

WINDWARD **Exclusive CEO Interview – Ami Daniel** *Published January 2019*

3. What is the scale of global shipping traffic, and how has Windward leveraged machine learning to enable it to identify illicit behavior amongst all legitimate activity?

Great question, with many angles. There are some 90,000 ocean-going vessels in the world, and around 300,000 more fishing and trading via smaller routes. Size-wise, ships are only getting bigger, with leading companies like Maersk launching 22,000 TEU sized vessels which is up from 10,000 just a couple of decades ago. In that sense, I recommend a book called "The Box" - all about how the invention of the humble shipping container changed the world.

Ninety percent of world trade is transported by sea. That includes more than half of all oil and virtually all other commodities including wheat, soya, coal, crude oil, and oil derivatives. There are more than 6 million voyages made every year. Windward has learned that the key to making sense of this all is to combine data sciences and domain expertise. Generic data science people just can't crack the complexity and the domain-specific problems; while domain expertise can only go so far in creating the data and providing the insights needed on which to build a business. Therefore, we invested more than 200 man-years in developing domain specific feature engineering that builds and drives a variety of AI models in both supervised and unsupervised learning. We found strong correlation and a lot of transfer learning between modelling security risk and modelling insurance risk. In other words, our insurance customers and partners can take advantage of the experience and operational technology that's already in use by the world's most forward-thinking public-sector users.

Interview with Windward (cont.)

WINDWARD

Exclusive CEO Interview – Ami Daniel

Published January 2019

4. Tell us about the opportunity you saw to leverage Windward's data and analytics in the insurance industry when you launched the insurance side of the business?

Marine insurance is the cradle of commercial insurance. More than three hundred years back, underwriters at Lloyd's of London and later at P&I clubs, which are specialist insurers owned and operated by shipowners, invented subscription insurance to share the risk of travelling to the "New World". Now, in 2019, they remain the world's experts in assessing marine risk. They know the ins and outs of ship types, flags, classification societies and so much more. But, there is almost no data-driven technology out there to predict and assess maritime risks. The past two years were among the toughest in the history of marine insurance: with premiums at or near all-time lows, marine insurers in the Lloyd's market lost more than $2 billion with nine shutting up shop in 2018, and two others scaling back their operations. But in the face of adversity, there is always opportunity. The potential upside of using AI for risk selection, pricing, loss prevention and new insurance products is staggering. The marine insurance market is worth $30B a year which, by some accounts, makes it six times larger than cyber insurance.

5. How are you able to apply the same types of predictive modeling capabilities that you use to identify illicit behavior to generate insights that are relevant to insurance underwriting?

Modelling insurance risk has three main parts: building a unique data set, creating a unique and moatable claims and accidents data set, and creating the model itself. Our key innovation in terms of AI is that we build a unique operational profile for every vessel. The operational profile, which is dynamic, stands at the center of both our insurance and security models and is therefore continuously improving. Unlocking the operational profile creates a fresh perspective on the risks associated with each and every ship and fleet. Using different machine learning techniques helps deal with the challenge of having very few labels to train the model. The difference between modeling illicit behavior detection vs. insurance risk includes all three stages: selecting the right features from operational profiles, training the models to detect specified events, and tuning the models accordingly.

Interview with Windward (cont.)

WINDWARD **Exclusive CEO Interview – Ami Daniel** *Published January 2019*

6. The marine insurance industry has a long history and isn't known for innovation. How challenging have you found it to get traction among underwriters in adopting Windward's analytics, and what can you share about the value underwriters have been able to derive relative to traditional underwriting approaches?

In terms of getting traction, the short answer is that it depends. Some marine insurers are more willing to consider new technologies than others. Some might be concerned about ROI or losing their jobs to a machine. So, as well as showing marine insurers what Windward can do, and how our technology can help them and their bottom line, we also have to make it clear that we're not coming to them as disruptors, but as augmenters to help their underwriters be even better at what they do. For them, it's kind of like the difference between receiving an Iron Man Suit and being wiped out by a Terminator!

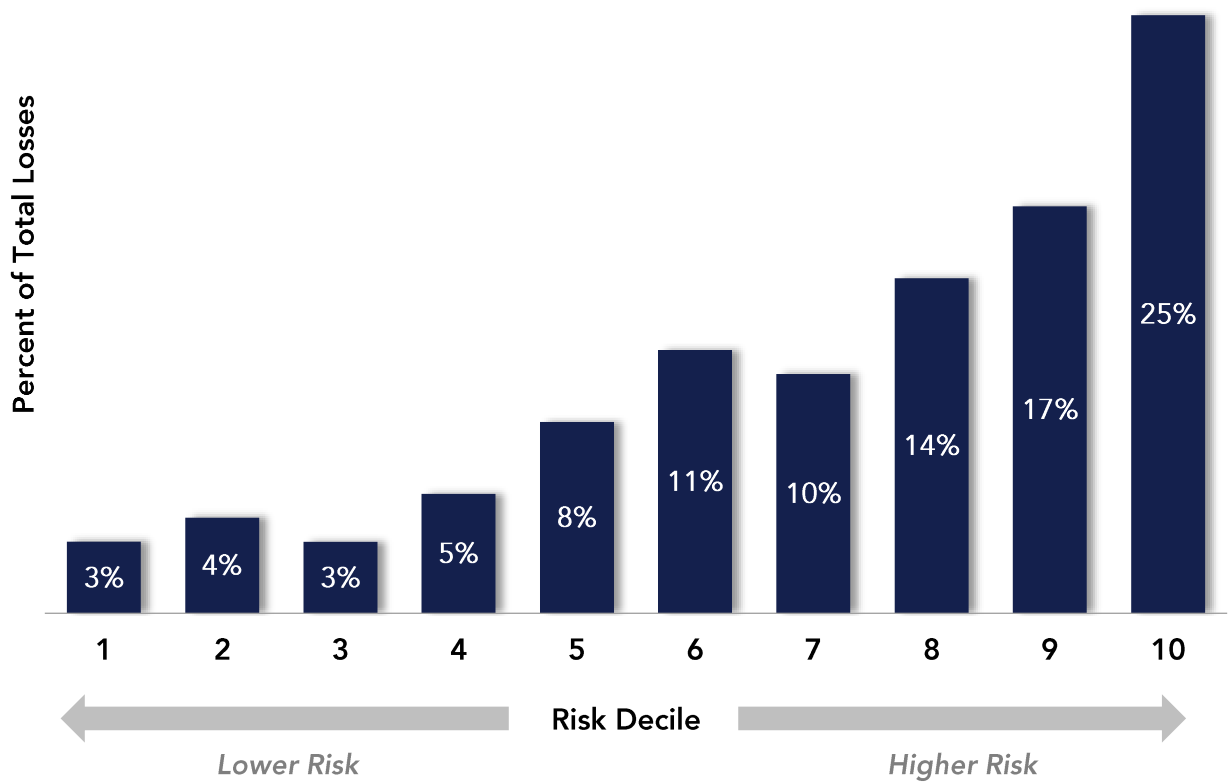
That said, we're delighted to have signed agreements with some of the world's biggest and best marine insurers. We're looking forward to adding more and hopefully being able to announce them in 2019. In terms of value, we've been recording the operational profiles of ships since January 2015. Using the insights these profiles provide, insurers can simulate how a shift in portfolio composition using Windward's risk scores would impact their loss ratio by reducing exposure to high-risk fleets whose premium was not commensurate with their risk, and increasing exposure to medium-risk fleets. By implementing such strategies, simulations have demonstrated that the impact to an insurer's loss ratio can be between 4% and 10%. This can very easily be the difference between a profitable year for a marine insurer and one in which they make a loss. This chart shows that vessels Windward rated as the riskiest 10% at the beginning of a given year generated 25% of total losses in that year, while the least risky 10% generated only 3% of total losses.

Chart on next page

Interview with Windward (cont.)

WINDWARD **Exclusive CEO Interview – Ami Daniel** *Published January 2019*

Sample Year Loss Distribution by Windward Risk Decile



Interview with Windward (cont.)

WINDWARD **Exclusive CEO Interview – Ami Daniel** *Published January 2019*

7. **Marine hull insurance claims result not just from collisions and groundings and other similar incidents but also from mechanical breakdowns and a variety of other causes. How broadly have you found that Windward's analytical platform has predictive power for marine claims, and what kinds of insight does Windward derive from vessel behavior data to enable this?**

Our models predict the likelihood of four different types of accidents in the year ahead: grounding, collision, contact, and mechanical breakdown. In doing so, our system applies a risk rating to each of these possibilities, where "1" indicates a very low risk for the vessel compared with its peer group and a "5" indicates a very high risk for the vessel. And we don't stop there. We also explain how our models arrive at their risk rating. So we don't just look at losses, we look at the driving factors. For instance: Marine Hull claims include contact accidents. So we engaged with experts and analyzed accident data to determine the operational patterns that make a particular accident more or less likely. Our research shows, for example, that vessels travelling for longer periods at night are 2.6 times more likely to have contact accidents the following year.

8. **Insurers are typically covering fleets and not just individual vessels, and vessel behavior is also generally understood to be tied in part to captains who don't always stay with the same vessel. What challenges have those factors created in building insurance underwriting analytics?**

Having already created operational profiles for the world's merchant vessels, we're now applying the same methodology to fleets. At Windward, we already have good fleet risk scores which, perhaps unsurprisingly, are largely based on the individual risk scores applied to vessels that constitute the fleet. What we're now doing is working on incorporating additional components into fleet scores that describe the fleet's risk as a whole. Things like maintenance, behavior, and accident trends.

Interview with Windward (cont.)

WINDWARD

Exclusive CEO Interview – Ami Daniel

Published January 2019

9. How big is the Windward team and what are the highlights of your insurance roadmap for 2019?

There are about 65 Windwardians, spread between our offices in Washington D.C., Tel-Aviv and London, with the latter expected to grow significantly during 2019. Also in the coming year, we're looking to build on our successes with existing marine insurance clients by adapting our offering to ensure we cater to all parts of the market.

10. What advice would you offer to other InsurTech entrepreneurs?

Follow the words of wisdom by Chris Downer in POC Purgatory, respect current players and professionals, and make sure you focus and overdeliver in order to Cross the Chasm. Go beyond buzzwords like AI and digitization and learn to speak the market's language.

Ladder Overview

Company Overview

CEO:	Jamie Hale
Headquarters:	Palo Alto, CA
Founded:	2015

- **The Company is reinventing life insurance for modern consumers**
- **Ladder has built term life insurance to be instant, simple and smart**
  - With Ladder, consumers can secure fully underwritten life insurance policies in a matter of minutes, versus industry-average 6 to 8 weeks
  - Ladder's dynamic life insurance gives people the ability to "ladder" their policies over time, allowing customers to adjust coverage, up or down, at any time, without ever having to pay a fee
- **The company has built a full-stack solution with proprietary technology across the entire life-insurance value chain, including customer acquisition, application, underwriting, and policy admin**

Selected Financing History

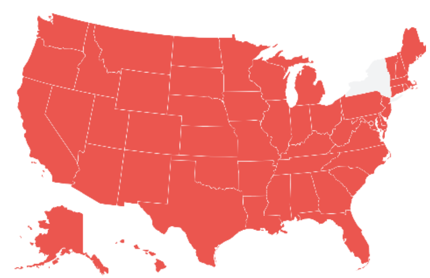
Date	Size ($ mm)	Selected Investor(s)
05/15/18	**$10**	Allianz Life Ventures; Northwestern Mutual Future Ventures
01/10/18	**30**	RRE Ventures; Canaan Partners; Lightspeed Venture Partners; Nyca Partners; Thomvest Ventures
10/19/16	**14**	Canaan Partners; Lightspeed Venture Partners; Nyca Partners; 8VC

Products & Services Overview

Instant Digital Underwriting

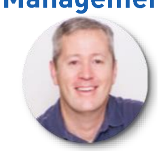
Ladder is the first company to offer instant, fully underwritten life insurance policies, cutting average underwriting time to under 15 seconds

Current Coverage Area



The Company's products are currently available in 49 states across the US, excluding New York

Management



Jamie Hale
Co-Founder & CEO

Jeff Merkel
Co-Founder & Head of Customer Acquisition

Laura Hale
Co-Founder & Head of Product

Jack Dubie
Co-Founder & Head of Engineering

Source: *Company website, FT Partners Proprietary Transaction Database*

Interview with Ladder

Ladder

Published February 2019

Jamie Hale

Co-Founder and CEO

1. What is your background and what inspired you to start a life insurance business?

I spent my career in finance from 1994 to 2015, but it was actually a personal experience that inspired me to launch Ladder with my co-founders. When I was 11 years old, my dad passed away, unexpectedly, and I became a beneficiary of a life insurance policy. My father's forethought had a profound impact on me and my family: we were able to stay in our community, near friends and family, during a really tough time, and my brother and I had money earmarked for college.

I witnessed firsthand the importance of life insurance -- we didn't have to deal with financial difficulties while also going through one of the most difficult emotional challenges of our lives. Our goal at Ladder is to eliminate complexities and barriers to life insurance, so more people can get insured – because I know how much life insurance can change a life.

2. Who are Ladder's target customers and what problem are you solving for them?

Ladder is reinventing life insurance for modern consumers – those who understand the importance of life insurance, but who are deterred or disenchanted by the complexities and misaligned incentives associated with the traditional process. The fundamental purpose of life insurance has not changed since it was invented centuries ago; but the way we live our lives, as a society, has changed dramatically. Traditional financial institutions, like banks and investment firms, have recognized this change and the demand for digital solutions. They are willing to meet and interact with customers where they are, which is online.

Traditional life insurance companies have been slower to adjust, hamstrung by legacy technology and manual processes upon which their organizations were established. Ladder has built life insurance around what customers want, not around legacy systems or distribution.

Continued on next page

Interview with Ladder (cont.)

Ladder **Exclusive CEO Interview – Jamie Hale** *Published February 2019*

Continued from prior page

2. Who are Ladder's target customers and what problem are you solving for them?

This shift toward a technology-driven, relentlessly consumer-first approach is the cornerstone of Ladder's ability to usher in change.

It is reflected in our customers who are, on average, 30-40 years old, college-educated, with incomes greater than $100k. They are the classic H.E.N.R.Y.s who have tremendous choice in working with any financial institution. They choose Ladder because we are transparent, high-quality, and digitally native. We're also very proud because our technology allows us to serve everyone in a low-cost, high-quality way. We have received many positive comments from Ladder customers who actually tried to work with a broker first. They couldn't get the brokers to return their calls after it was clear they were just going to buy a $100k policy, which, with us, can be as low as $9 a month. We are proud that we can cost-effectively serve all segments of the market with the same high-quality, consistent, and transparent process.

3. How deep into the value chain have you had to go to be able to sell term life insurance digitally, and what are some of Ladder's more notable accomplishments on the product and the underwriting process around it?

We had to go deep. We had to start afresh. We started Ladder because we believe life insurance should be built in a user-centric way. Historically, life insurance was designed in a distribution-centric way. We believe the needs and goals of people should be at the heart of everything.

That's why we offer instant decisions, the flexibility of Laddering, and an API platform – all game-changers in the industry. This was possible because we built our own tech stack from the ground up. From the earliest days we realized we would have to build a full-stack solution in order to truly serve our customers. Simply putting a nice front end on the existing industry and processes would not work. It would simplify codify old, broken, and misaligned processes.

Continued on next page

Interview with Ladder (cont.)

Ladder

Exclusive CEO Interview – Jamie Hale

Published February 2019

Continued from prior page

3. **How deep into the value chain have you had to go to be able to sell term life insurance digitally, and what are some of Ladder's more notable accomplishments on the product and the underwriting process around it?**

Simply putting a nice front end on the existing industry and processes would not work. It would simplify codify old, broken, and misaligned processes.

Having a beautiful application process isn't enough. It needs to be aligned and work well with underwriting. We believe in giving our customers the best price possible. To do this sustainably, it means we must be wise on the risk. "Right user, right underwriting class" is our North Star in underwriting. Underwriting needs to seamlessly work with policy issuance and administration. As you see, we had to go deep. Now our modules include: identity verification, application, decisioning, fraud monitoring, real-time payments, underwriting scoring, underwriting workbench, policy binding and delivery, beneficiary handling, risk management reports, lab scheduling, and customer communications. Even our Bordereaux reporting happens automatically.

All the pieces work together to deliver the finest experience to the customer. They keep our quality high and costs low. And, of course, we have a delightful front end, too.

Interview with Ladder (cont.)

Ladder

Exclusive CEO Interview – Jamie Hale

Published February 2019

4. One of the favorite targets of life insurance industry critics is the slow and unpredictable underwriting process that typically involves long questionnaires, medical exams, and lab tests. How much of a barrier do you believe this is in practice to higher take-up of life insurance, or do you think life insurance buyers accept this as a necessary element of responsible underwriting?

It is a tremendous barrier to customers. Some in the industry have tried to take the shortcut of putting a digital front end on top of an existing broken, expensive, and slow process. Others have tried simplified issue policies. Unfortunately, neither shortcut is good for the customer. You are asking the customer to either suffer a slow and painful process or pay really high prices (that still might not cover the mortality impact). It is a false dichotomy. At Ladder we believe the customer deserves better — and we can deliver.

At Ladder we relentlessly focus on the consumer, so we have studied the hurdles carefully. We want to provide competitive prices to our consumers over the long haul, and that means we need to have precision in our underwriting, both standards and outcomes. It is possible to have both quality underwriting and outstanding customer experience. Well over half of our policies were fully underwritten instantly without sacrificing protective value. We have moved to the world of instant underwriting (less than 15 seconds on average), compared to accelerated underwriting (3-7 days on average) and traditional manual underwriting (6-8 weeks on average).

We continue to see our digital underwriting develop more and more protective value, and our predictive analytics grow more precise — which means we require less and less follow-up, in the form of paramed exams. We've been pioneering additional underwriting processes, both fluid and non-fluid based, that have been opening up access to women and people who work non-traditional hours or who have young kids at home. Ladder is focused on closing the coverage gap. To do that we need to continue to make strides in smart underwriting that both provides the protective value needed and also a truly delightful customer experience.

Interview with Ladder (cont.)

Ladder

Exclusive CEO Interview – Jamie Hale

Published February 2019

5. What percentage of life insurance purchasers are you able to underwrite digitally in real-time today without requiring exams or fluids, and how high do you believe it is feasible for that number to get over time?

Well over half of our policies are fully underwritten without fluids. We're very proud of that accomplishment partly because our policies range from $100k to $8 million. That presents an interesting and exciting challenge for us. How do we grow that ratio while also not giving up protective value?

Additionally, our customers have high expectations. They are very used to well-designed and customized digital processes. They bank and invest online, not in branches or over the phone. They tend to have incomes above $100k. They buy policies that are many multiples of the industry average of $250k for fully-underwritten term. That said at Ladder we still think it will be a long while before we'll be able to fully digitally underwrite all our customers, given how unique each person's health is, the size of policies being sought, and how powerful fluids are in certain underwriting cases.

6. Fraud is a significant risk in life insurance given the magnitude of potential payouts. How do you manage this risk in a digital environment without some of the traditional underwriting processes?

This is a great point. It is different in the digital environment. That's part of the beauty of reinventing life insurance and building this technology platform from the ground up. We don't have data locked in handwriting or non-machine readable formats or non-real time access. We're built on a digital substrate. We have a structural data advantage over the 'traditional underwriting process' that enables us to see attempted fraud or under-disclosure in really unique and rapid ways. Remember, fraud is someone lying. Under-disclosure is someone selectively forgetting or omitting. We use behavioral science to shape our processes and data science to minimize the risks.

Interview with Ladder (cont.)

Ladder **Exclusive CEO Interview – Jamie Hale** *Published February 2019*

7. Life insurance is often described as 'sold not bought.' What have you learned at Ladder about the degree of education and advice that potential buyers require on how life insurance works and on coverage options to successfully make a sale?

We're the exception that proves the rule, I guess. Ladder customers love us. We have an NPS of over 83 compared to the industry average of ZERO! Customers seek us out for high-quality, no-fee life insurance. We are proud of these numbers, and we think we can do even better.

Life-insurance ownership and coverage are at historic lows for the last two centuries. There is a $16 trillion coverage gap that exists in the U.S. today. Think about that. Saying the process isn't broken and can't be improved and we just need more and more commissioned agents 'selling' harder and harder doesn't give enough credit to the innovation that we are collectively capable of.

At Ladder, we took a step back, looked at what customers are truly demanding and built that from the ground up. A better process means people can figure out what they want quickly and can bypass extraneous information that slows them down. If they have questions or need help, we're here to help them, with no upselling. We might not get 100% of the market, but we think the same trends that we saw in banking, investing, and travel are now rippling through insurance. There are still bank tellers, stock brokers, and travel agents, yet not everyone uses them or even needs them. We are for the customers who are self-directed and want a high-quality instant digital experience tailored to their needs.

Interview with Ladder (cont.)

Ladder

Exclusive CEO Interview – Jamie Hale

Published February 2019

8. How do those learnings influence the customer journey with Ladder, and how many agents have you found you need to have to help customers with the life insurance purchase process?

Ladder has designed an entirely new customer experience from consideration and application through issuance and policy management. You can engage in micro-moments: we had a customer get a policy in the grocery check-out line and another while in line for security at the airport, or take as long as you want to research like our customer who researched weekly for over 28 weeks. This is all self-directed. You can reach out at any time to our licensed, non-commissioned customer experience team. You can text them, chat with them, or if you are old-school, you can even call, although the minority of our interactions are live phone calls.

Our philosophy for serving customers the way they want to be served is at the foundation of our strategy. This strategy is also highly scalable. We have added only two additional customer experience team members (all licensed) as we rolled out from our launch in California to 49 states plus DC.

Additionally, we are constantly tracking and analyzing all our interactions to learn what we can automate and simplify, so we can maintain this level of quality and efficiency.

Another interesting time saver, both for customers, and for us, is that our site has been built so that a user can manage his or her own policy very easily over the course of the term - it's all done online. A user can come to the site, log in to their account, and change address and beneficiaries, billing, reduce coverage amount, and share policy information with family — all with a few clicks. Ladder has made administration over the lifetime of a customer's policy as easy as possible and worked hard on making every step of the process focused on the people who we are doing this for.

Interview with Ladder (cont.)

Ladder **Exclusive CEO Interview – Jamie Hale** *Published February 2019*

9. In addition to selling direct, Ladder partners with financial advisors and other websites. Where are you finding that most of Ladder's business is coming from, and is there a meaningful difference in purchase intent and conversion rate?

There is absolutely a difference in intent and conversion by source. Since user-centered design is at the heart of everything we do, we seek to use technology to help each person wherever they are entering the life-insurance process.

Our real-time API platform is unique to Ladder and gives people the ability to connect with life insurance from a place where they have already built trust. It enables us to partner with some cutting-edge digital platforms in ways that can be very relevant for their customers. For most of our partners, this is the first time they have been able to work with a life insurance product because we are real-time and deliver a high-quality digital experience. Recently we started working with a leading FinTech company who had previously worked very diligently with a traditional life company. Once they switched to Ladder they saw both their conversion and NPS multiply. Since they and we are both digitally native (serving digitally native customers), we have a ton of flexibility to truly meet the customer's needs.

10. Who are Ladder's insurance partners, and what can you share about the volume of business that Ladder has written so far?

We are partnered with HannoverRe as a reinsurer partner and Fidelity Security Life as our carrier partner. In insurance speak, we are the Managing General Agent (MGA), the Third Party Administrator (TPA), and the Third Party Underwriter (TPU). We have issued billions in coverage. Over 40% of our policies are north of $1 million, over 50% of our policies are instantly underwritten, and over 80% of our customers are in their 30s and 40s.

Interview with Ladder (cont.)

Ladder

Exclusive CEO Interview – Jamie Hale

Published February 2019

11. How far have you progressed in the journey to be licensed to sell life insurance in all 50 states and how challenging has it been?

Ladder initially launched on January 10, 2017, in California, and has since expanded its offering to 49 states (and D.C.). We're actively working on our last state, New York. We've been able to quickly expand into new states — because of our proprietary technology, we're often able to launch the same day as receiving regulatory approval.

12. Ladder initially launched on January 10, 2017, in California, and has since expanded its offering to 49 states (and D.C.). We're actively working on our last state, New York. We've been able to quickly expand into new states — because of our proprietary technology, we're often able to launch the same day as receiving regulatory approval.

We're committed to reinventing life insurance. We're looking at ways we can reinvent whole and universal life given our unique digital underwriting and low-cost digital architecture. We are also exploring the group and annuity spaces.

13. Any final words of advice for other InsurTech entrepreneurs?

Relentlessly focus on the customer, engage regulators early, don't underestimate the power of structured and accessible data. Be passionate about why you are doing this. At Ladder we are reinventing life insurance, which is a fundamentally great product for families and communities, because we know how much it can change a life and help a family through difficult times. You'll be amazed at how many talented and passionate people will resonate with the opportunity to work on something fundamentally awesome.

TrueMotion Overview

Company Overview

TrueMotion

CEO:	Ted Gramer
Headquarters:	Boston, MA
Founded:	2012

- **TrueMotion provides mobile telematics solutions designed for auto insurers with personal and commercial lines and for third party app developers**
  - The Company utilizes smartphone sensor technology and a behavior-based platform to help attract and keep the safest drivers
- **TrueMotion's technology helps insurance carriers better underwrite risk and manage claims**
  - The Company monitors individual driving performance and gives a score that includes actionable suggestions for improvement

Management

Ted Gramer
CEO

Roger Colvin
CFO

Kevin Farrell
President & CPO

Brad Cordova
Co-Founder & CTO

Joe Adelmann
Co-Founder & VP of Operations

Products & Services Overview

- Smartphone Telematics
- Distracted Driving
- Driver Scoring
- Driver Identification
- Crash Detection
- Behavior Modification

Selected Clients

Progressive; Safety Insurance (Auto • Home • Business); Travelers; Nationwide; MetLife; The Hanover Insurance Group; intact Insurance; American Family Insurance

Financing History

Date	Size ($ mm)	Selected Investor(s)
10/06/15	**$10**	General Catalyst; Bain Capital Ventures; Lakestar

Source: Company website, FT Partners Proprietary Transaction Database

Interview with TrueMotion

TrueMotion

Published March 2019

Ted Gramer

CEO

1. What is your background and what led to you joining True Motion as CEO in 2017?

TrueMotion launched in 2012 when two graduate students from MIT and Harvard won a competition to help Progressive Insurance find a way to power their Snapshot usage-based insurance (UBI) program using smartphones instead of plug-in hardware devices.

Today our cloud-based telematics platform powers UBI programs for 16 leading insurers around the world - including 5 of the top 10 US insurers. What's more exciting is the data we initially created for UBI now has been enhanced to solve a broader array of high impact problems across the auto insurance and mobility ecosystems (advertising, scoring, engagement, claims). Everyone was waiting for the connected car, but now more than 60 percent of that data is available today on the phones in our pockets.

I joined the team as CEO in 2017. Prior to TrueMotion, I spent 16 years at Liberty Mutual where I was Chief Claims Officer and then Executive Vice President of Liberty International. I saw firsthand the important role insurance plays helping people in their time of need, but I also saw the challenges with the traditional auto product. I'm thrilled to continue working with leading thinkers to enable the next generation of insurance.

Interview with TrueMotion (cont.)

Exclusive CEO Interview – Ted Gramer

Published March 2019

2. What challenges are auto insurers facing and how does TrueMotion help?

The $700B global auto insurance market is struggling with a range of short-term challenges - lack of growth, emerging loss trends, and low consumer engagement. At the same time carriers are trying to position themselves for a future of shared mobility and autonomy. These are daunting challenges for a mature industry, but the change is well underway.

What's the future of auto insurance? A digital experience enabled by telematics. Ad spend will be reduced when carriers can more effectively target the best risks. Pricing will be personalized based on how and when you drive – not just based on your credit score. The consumer experience will be digital and engaging. When an accident happens, emergency services and roadside assistance will be automatically deployed. AI models will evaluate accident scene data and issue payments immediately – no more phone calls and weeks or months to get a payment. Driving data enables all these programs and it will be transformational.

Today, the only widespread source for the driving data needed to enable these programs is the smartphone. At TrueMotion we provide the leading telematics platform that creates this rich data. How do we do it? Our sensor SDK is embedded in the insurers app where consumers provide explicit permission to use their driving data. Our app is generally asleep in the background and wakes up when a trip starts, captures key driving statistics and then goes back to sleep when the trip ends. We process the data in our cloud-based machine learning platform and then we surface the transformed data through a suite of APIs that power carrier programs.

In addition to the platform, we provide a suite of solutions that accelerate speed to market. Software components like white label apps, UI components and a program management portal are available to all customers. We are partnered with leading technology companies Verisk, CCC, and Guidewire to help simplify integrations. Behind the technology is a team of experts in everything from user experience/design to actuarial support, regulatory support and claims management because we know the tech is only part of the challenge.

Interview with TrueMotion (cont.)

TrueMotion **Exclusive CEO Interview – Ted Gramer** *Published March 2019*

3. **What can you share from your vantage point in the industry about how insurers are prioritizing adoption of usage-based insurance (UBI) programs and how consumers are adopting them?**

   In insurance, adoption always takes longer than you would expect. However, UBI is now at the tipping point. The predictive power of driving data and behavior is proven. Consumers are adopting in growing numbers. Traditional carriers are achieving adoption rates of up to 50 percent for new business, and new startups are going 100 percent telematics on day one. The momentum is clearly growing and UBI is here to stay.

   As with many data driven businesses, more data is yielding more insights and every month people are finding new ways to better target, price and service consumers.

4. **The first telematics programs were all based on hardware solutions, and the associated costs and logistical hassles were a significant obstacle to adoption. How far has the insurance industry in North America now shifted towards using mobile phone-based UBI programs such as TrueMotion's with no required hardware?**

   Mobile is winning across the board. Many of our customers started with hardware-based programs years ago and have now completely transitioned to mobile. It works and is saving them tens of millions of dollars. Most importantly, mobile enables the platform for a continuous digital experience, something you could never get with hardware.

Interview with TrueMotion (cont.)

TrueMotion **Exclusive CEO Interview – Ted Gramer** *Published March 2019*

5. Early generations of UBI apps had significant challenges identifying when you were a driver vs. a passenger or when you were in a car vs. another vehicle. How well does TrueMotion's technology address these challenges today?

When I started at TrueMotion, I didn't have any appreciation for the power of machine learning. The thought of using a phone to determine if someone was a driver or passenger seemed unimaginable, but our teams have solved this and most other foundational problems required to create high quality driving data.

What most people don't realize is that smartphones are packed with sensors, including an accelerometer, gyroscope, barometer, GPS, and many more. Many of them are the same sensors that are embedded in hardware devices or connected cars. There's no doubt that creating high quality data from sensors that might be sitting on your front seat is challenging, but this is where machine learning and sensor fusion provides breakthrough capabilities.

We can identify a driver or passenger correctly over 93 percent of the time using an ensemble of factors ranging from Bluetooth signals to how a person rotates when they exit the car – for example, counterclockwise is likely the driver. We measure the distinct behaviors of distracted driving using the physics and movements of the phone while driving. We detect crashes by leveraging over 50 variables, including airbag deployment and pressure spikes in the passenger compartment.

After spending 2 years deeply immersed with our data science teams, I know we have just scratched the surface and the potential is there to solve a much broader array of high impact problems across the mobility space.

Interview with TrueMotion (cont.)

TrueMotion **Exclusive CEO Interview – Ted Gramer** *Published March 2019*

6. **And are these software capabilities now commodities in the telematics space, or is TrueMotion able to demonstrate differentiated results in identifying and scoring trips?**

Software capabilities and accuracy are still very much differentiators in the telematics space. In fact, all the deals we've won have gone through intensive pilots where the carrier will compare the accuracy of the driving data of the competing technologies, and, in some cases, against hardware as well (like Progressive). Driver identification and trip capture accuracy are among the most important criteria for the carrier when launching a new UBI program. The feedback from carriers during pilots is that we have the most accurate driver identification in the industry. Carriers also look at factors like battery drain and the amount of data used with each competing technology. User engagement and the mobile app experience itself have also become a central focus for carriers. We have multiple patents for driver identification and driving behavior, which is another important consideration for carriers.

7. **Hardware-based solutions are still in favor in Europe and in commercial lines in the U.S. Do you expect the whole industry to eventually move to mobile solutions, or are there reasons why hardware solutions will still be preferred in certain sectors?**

What we love about hardware is that it speaks volumes about the value of the data. If someone is willing to spend $50 to buy, ship, install, remove and return a hardware device that means the data is worth a lot. Our next question is: Can we create the same quality data with the smartphone? The answer is yes.

We think hardware or new IoT devices have a place in the world, but the key question is where does the customer experience live? And the answer is on phone. This means if you are an insurer, we would focus on building the most engaging mobile offering, assuming you have access to a vast and growing amount of data. Getting data will likely be the easy part, the hard part will be developing the value propositions and operationalizing them within the carrier.

Interview with TrueMotion (cont.)

TrueMotion **Exclusive CEO Interview – Ted Gramer** *Published March 2019*

8. **TrueMotion has been very successful in the U.S. market in particular. What can you share about your current client base?**

   Auto insurance globally is a $700 billion market so we have taken a deliberate approach to partnering with leaders in the large markets where we can have an impact.

   The US makes up 37 percent of the global auto insurance market and the top 10 carriers make up 70 percent of the US market, so that is where we focused first. Currently, we have multi-year agreements with 5 of the top 10 US carriers who provide coverage to a large percentage of all vehicles on the road. We are also partnered with the largest insurer in Canada and several leaders in Europe. With a strong position in the US market, we are now expanding in Europe and Asia beginning in 2020.

9. **Some carriers use telematics only for the initial underwriting of a UBI policy, while others use it on an ongoing basis as a mechanism to coach and motivate policyholders to drive better. What has consumer reception been to these higher engagement programs?**

   Carriers know that the future customer experience in insurance looks much more like Amazon, Google, and Apple than the typical insurer today. Today, customers interact with their insurer once or twice a year, usually just at renewal. Customers only think about their insurer 9 minutes per year. The mobile engagement programs from insurers have shattered these norms. We've seen programs where users engage with the insurer's app 11 times per week. They spend over 12 minutes in the app per week. That's more engagement than insurers were seeing in an entire year.

Interview with TrueMotion (cont.)

TrueMotion **Exclusive CEO Interview – Ted Gramer** *Published March 2019*

10. Telematics is also making its way into claims. How are insurers using telematics data to improve the claims process?

I spent most of my career in claims, and when I started at TrueMotion the Board asked me if I thought there was potential to use this data in claims and I said "no." Today, I think the opportunity in claims will end up dwarfing UBI.

Claims generally accounts for about 70 cents of each dollar of auto premium. If you are a top 10 carrier you probably have between 5 and 40 thousand claims employees handling phone calls, writing estimates and processing payments. None of these people are fixing cars. They are trying to figure out how much to pay you – $2,000 or $2,350. This is an area where data and AI will have more impact than anywhere else in the insurance ecosystem.

The missing link to this vision has been driving data. Most of the time adjusters spend on the phone is trying to understand where the accident occurred, how fast you were driving, whether you were at fault, etc. Introduce telematics data and many of these questions will be answered. We expect 50 - 75 percent of claims could ultimately be handled by the consumer on their own using an AI powered telematics app, and that's pretty exciting!

11. You have a unique art installation in your new office in Boston. Tell us about it and how important mission is to the company?

When you visit TrueMotion's HQ in Boston, the first thing you see is an art exhibit of thousands of license plates filling a glass room. We call it "A Mounting Problem." The exhibit represents the 3,450 people killed and the 391,000 people injured by distracted drivers every year. It serves as a constant reminder that we're not just building a company that will help insurers get and use driving data to make insurance work better, but that will also help save lives.

Art installation pictured on next page

Interview with TrueMotion (cont.)

TrueMotion **Exclusive CEO Interview – Ted Gramer** *Published March 2019*

"A Mounting Problem" art exhibit in TrueMotion's Boston office

Interview with TrueMotion (cont.)

TrueMotion **Exclusive CEO Interview – Ted Gramer** *Published March 2019*

10. Any final words of advice for other InsurTech entrepreneurs?

Go for it! Insurance plays a critical role in society helping people in their time of need, but the product needs to be reinvented. A year ago the large insurers were inwardly focused and never would have partnered with a new company. Today, that has changed and I believe most people see these relationships as a win-win for consumers and the industry.

Insurify Overview

Company Overview

INSURIFY

CEO:	Snejina Zacharia
Headquarters:	Cambridge, MA
Founded:	2013

- **Insurify offers an online insurance comparison, shopping, and management platform**
  - To-date the Company has written over $80 million of policy premiums
- **Insurify utilizes artificial intelligence and patented tech to simplify the shopping experience and provide the most affordable coverage for the consumer**
  - Insurify leverages A.I. on its proprietary RateRank™ platform to connect the shopper with quotes from insurers that fit their needs
- **Insurify is currently licensed and operating in all 50 states**

Management

Snejina Zacharia
Founder & CEO

Giorgos Zacharia
Co-Founder

Steven Moseley
Head of Engineering

Tod Kiryazov
Head of Product

Jeff Kandel
Director of SEO

Hayden Broberg
Director of Partnerships

Products & Services Overview

Compare Personalized Quotes

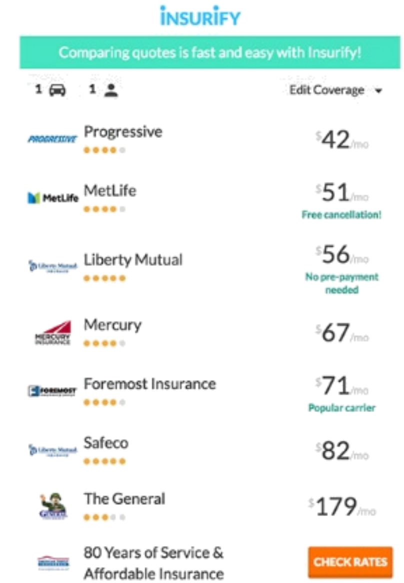
Answer a couple of questions, Insurify will provide live quotes

Get All Discounts in One Place

Get all the discounts you qualify for in one place and find out which insurer will provide average savings of $489

Buy Online or on the Phone

Get the policy you want, buy online or schedule a call with an agent



Selected Carriers

Liberty Mutual Insurance; Elephant Insurance; Travelers; Nationwide; Farmers Insurance; MetLife

Financing History

Date	Size ($ mm)	Selected Investor(s)
10/06/17	$5	MassMutual Ventures; Nationwide Ventures
01/28/16	2	Rationalwave Capital Partners, Giorgos Zacharia, George Kassabgi

Source: *Company website, FT Partners' Proprietary Transaction Database*

Interview with Insurify

INSURIFY

Published April 2019

Snejina Zacharia

CEO

1. What is your background and what led to you found Insurify in 2013?

My background is in operations strategy and intrapreneurship. I led teams across 22 countries with Gartner Research and started three new lines of business while at the company. At Gartner, I helped more than double EMEA operations strategy group revenue year over year and built the fastest growing business unit for the company.

I was finishing my MBA at MIT's Sloan School of Management when I started working on Insurify. I was involved in a minor car accident and I found that the insurance shopping was frustrating. I saw that there was an opportunity to fill a major gap in the insurance space, and to redefine how people can search, compare, buy, and manage their insurance in one place.

Our founding team has deep expertise from Kayak and TripAdvisor which has been instrumental for building the marketplace. We are redefining the way people buy and manage their insurance.

2. Who does Insurify serve and what problems does it help them solve?

Out of the 260 million drivers in the USA, 46 million switch their car insurance on an annual basis for a variety of reasons. $5 billion in commissions is generated annually from users switching policies alone.

Online insurance shopping has seen 300 percent growth over the last decade, but the insurance industry as a whole has still not adapted to the needs of the modern online consumer. A vast majority of shoppers are starting the car insurance journey online, but only 25 percent buy online. The reason behind that is poor user experience on carrier websites and getting trapped by lead generation sites.

Continued on next page

Interview with Insurify (cont.)

INSURIFY

Exclusive CEO Interview – Snejina Zacharia

Published April 2019

Continued from prior page

2. Who does Insurify serve and what problems does it help them solve?

Insurify is the most comprehensive online comparison platform for insurance shopping. Users get personalized recommendations and compare insurance quotes in real time based on price as well as discounts, reviews, features, and the overall carrier quality score. Users can buy insurance online, over the phone, or via Facebook Messenger, so there's an element of consumer empowerment to the binding process. We've seen that 67 percent of our customers choose to buy online.

Our dynamic online insurance marketplace is a game changer for the industry. Through Insurify, insurers of many different sizes and risk appetites can compete online at scale. Put simply, Insurify solves the problems inherent in the modern insurance industry by providing value on the micro and macro levels.

3. How does Insurify leverage artificial intelligence and natural language processing?

Insurify is the first virtual insurance agent/marketplace that leverages predictive analytics and natural language processing to simplify insurance price comparison and shopping. Insurify is also the first patented product of its kind that provides instant insurance quotes from photos of users' license plates.

Our RateRank™ algorithms connect customers with the best insurance companies for their needs and recommend the best coverage based on their profiles.

Our chatbot leverages NLP technology to respond to users' questions and to enable them to buy their insurance directly from Facebook.

We also run our marketing as a hedge fund powered with AI and NLP. Our proprietary auto bidding technology predicts the value of each click on the platform based on total quality score.

Continued on next page

Interview with Insurify (cont.)

INSURIFY **Exclusive CEO Interview – Snejina Zacharia** *Published April 2019*

Continued from prior page

3. How does Insurify leverage artificial intelligence and natural language processing?

Insurify's solution model intrinsically promotes growth and expansion through self-perpetuating network effects with shoppers and insurers on either side. As the user base increases, our predictive models become more refined, and our product and marketing improve.

4. The lead gen space you operate in has generated mixed results for carriers. You've built Insurify on a different model of when and how you get compensated – explain how Insurify makes money and how that's affected the way you operate the business?

We have direct API integrations to provide insurance quotes from all major carriers and we get paid agency commissions on closed policies.

Insurify is rapidly expanding its carrier and purchase options across the existing auto, home and life insurance comparison products. Our insurance partners report that we are their highest converting partner, and many of them refer to us as their key driver for new business growth. In addition, through advanced data modeling, we're able to help insurers optimize their underwriting, customer experience and servicing.

5. Kayak is often referenced as an example of the kind of business and brand that could be built in insurance. What do you think is relevant for insurance from the Kayak experience and what doesn't apply?

Insurify is building a platform which extends beyond the aggregator experience of Kayak or Trivago by providing a digital insurance advisor that can predict users' needs and service them with data-driven recommendations.

Interview with Insurify (cont.)

INSURIFY

Exclusive CEO Interview – Snejina Zacharia

Published April 2019

6. **What has your experience been with the readiness of carriers to interact digitally with a partner like Insurify to quote and bind auto insurance? What percentage of shoppers are able to get a bindable quote with Insurify vs. an indicative quote that may change or be withdrawn when they transfer to a carrier's site or live agents?**

We have been overwhelmed by the interest from insurance companies to participate on the auto insurance comparison platform. In fact, we have a long list of integrations which are still in our pipeline! We work best with carriers that have available online bind capability on their site. About 90% of all of our quotes are bindable online through Insurify.

Some companies in the space simply show estimated quotes; we believe this constitutes a bad user experience, since estimated quotes are, in general, wildly different from real quotes.

7. **The lead gen space also has a mixed reputation for the customer experience which in the worst case involves shoppers being bombarded with calls from multiple carriers and agencies. How does the Insurify customer experience compare?**

Lead generation sites promise online insurance comparison, but only sell user data. As a result, shoppers receive unwanted phone calls from multiple random agents or carriers and are forced to repeat answers to the same questions.

By contrast, Insurify is customer-centric. Our users take two minutes to complete the online flow and compare insurance quotes from top-rated carriers in real time. They can buy policies online in less than five minutes.

Our value for consumers is privacy. Our customers choose through Insurify how they want to be serviced: online, on the phone, or through chat. Providing great customer experience has been one of the key drivers of our success. We have a 9.8 out of 10 customer satisfaction rating, and word of mouth is actively growing.

Interview with Insurify (cont.)

INSURIFY **Exclusive CEO Interview – Snejina Zacharia** *Published April 2019*

8. **How many auto insurance carriers' products are you now able to quote, and what has your experience been with the largest insurers in the market who've generally been reluctant to support digital marketplaces?**

Insurify covers 60 percent of the United States' P&C market. Most of the industry's largest carriers participate on the platform with real-time quoting. We have a couple of traditional captive agent carriers which do not quote on our platform yet but love our traffic! These carriers participate with fully integrated ads which helps us provide our users with the most comprehensive shopping experience.

9. **You've accomplished a lot with relatively modest funding so far. What can you share about the growth of the business?**

We have been growing, on average, 100 percent year over year since our launch. Our growth has been profitable on marketing spend for every year of our existence. We don't like to lose money on marketing spend!

We've closed over $80 million in policy premiums, and we've done that with only 11 full-time employees, 17 offshore developers, and $6.6 million of funding.

10. **What should we expect from Insurify going forward?**

We want Insurify to be the destination platform for all types of insurance, and we want to have full control over the customer journey.

A big focus for us this year is expansion into home, renters, and life insurance.

Interview with Insurify (cont.)

INSURIFY

Exclusive CEO Interview – Snejina Zacharia

Published April 2019

11. Any final words of advice for other InsurTech entrepreneurs?

Any final words of advice for other InsurTech entrepreneurs?
The insurance industry is ripe for disruption. The recent advances in artificial intelligence and natural language processing will have a significant impact on new product development and on reinventing the customer experience in underwriting, claims management, and policy administration.

Be focused. Find a real problem you need to solve and be laser-focused on execution. Be patient. Insurance is a slow industry and it is difficult to break in but not impossible. Build trust. Your reputation is everything - with your partners and your end consumers. Sales solve everything. Figure out customer acquisition early and don't waste too much money to learn. There is no value in building a great product if no one can find it.

Planck Overview

Company Overview

PLANCK

CEO:	Elad Tsur
Headquarters:	Tel Aviv, Israel
Founded:	2016

- **Planck has developed an AI-powered data platform to provide commercial insurance underwriting insights**
  - With just customer name and address, it gives underwriting information in seconds, with over 90% accuracy
- **The Company works with big data and utilizes all publicly available data sources to provide answers to key questions**
  - Planck helps reduce the number of questions in the policy application form, streamline renewals, and improve underwriting among other solutions

Management

Elad Tsur
Co-Founder & CEO

David Schapiro
Co-Founder

Amir Cohen
Co-Founder & CTO

Leandro DalleMule
GM, North America

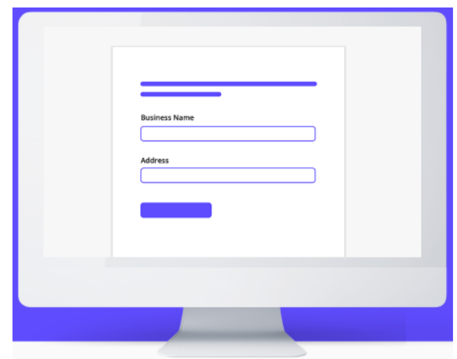
Omri Yacubovich
VP, Marketing & Business Development

Guy Salame
VP, Product

Avi Etzioni
VP, R&D

Products & Services Overview

Technology



Data Collection

Scans thousands of resources to find relevant information about the business

Data Processing

Interprets millions of data points about the business and turns them into valuable information

Finding the Truth

Leveraging AI technologies, Planck creates the accurate insights based on thousands of extracted data points

Solutions

Improve Submissions

- ✓ Prefill Policy Application Data
- ✓ Digital Underwriting
- ✓ Additional Data Insights

Improve Underwriting Efficiency

- ✓ Policy Data Validation
- ✓ Streamline Renewals
- ✓ Positive Selection

Financing History

Date	Size ($ mm)	Selected Investor(s)
07/03/18	**$12**	Arbor Ventures; Viola FinTech; Eight Roads

Source: Company website, FT Partners' Proprietary Transaction Database

Interview with Planck

PLANCK

Published May 2019

Elad Tsur

CEO

1. What is your background and what led to you found Planck in 2016?

My academic background and work experience are both in computer science, specializing in the AI and data mining fields. I grew up around the insurance industry, as my father has been leading top Israeli insurance agencies for as long as I can remember.

In 2015, Amir, my co-founder and CTO, and I decided that we wanted to bridge the gap between the insurance market and the innovative social media and open-web world. We knew that insurers use inaccurate and partial data to underwrite policies, but the truth was out there in the open web. We decided to use artificial intelligence and machine learning, mining the smallest bits of data out there about businesses, to create true, actionable insurance insights. This is also why we called our Company Planck, after the scientist Max Planck. Planck's Constant is basically the resolution of the universe — the size of the "pixels" that create our world.

Before launching Planck, I founded BlueTail, a data mining startup that was acquired by Salesforce where it served as the base technology for Salesforce Einstein.

2. Who does Planck serve and what problems do you solve? What is the current coverage across geographies, types of businesses, and classes of insurance?

Planck serves the commercial insurance market and, more specifically, insurers underwriting small to medium businesses. We help insurers reduce their loss ratios, increase underwriting efficiency, and ultimately maximize underwriting profit through better data and insights.

We are currently focused on North America but have plans to expand to Europe and Asia in the future. Coverage includes general liability, employment practices liability, property, and workers' compensation lines covering businesses like restaurants, bars, taverns, nightclubs, contractors, and retail shops, among others.

Interview with Planck (cont.)

PLANCK

Exclusive CEO Interview – Elad Tsur

Published May 2019

3. **How exactly does Planck generate insights for any individual business of interest to an insurer?**

We created a platform that generates very specific answers to potentially very complex underwriting questions in a manner of seconds, and the only two inputs we require are a business name and its address.

Based on those small pieces of information, our platform collects all relevant data about that entity, analyzes the data collected and converts it into specific underwriting insights. We are agnostic to the kind of data. In other words, our platform collects all types of data: photos, maps, social reviews, articles, satellite images, videos, and so on.

Think about a selfie that you've taken in some bar and uploaded to the web. Besides the beautiful person in the center of the image, our AI sees beer bottles on tables, smoke detectors and sprinklers in the ceiling, an exit sign above the door, the material of the floor, the age distribution of the customers in the bar, and so much more. We interpret all that data and convert it into meaningful insights that support better decision making.

4. **Tell us about the technology platform you've built and how it enables Planck to leverage multiple forms of AI?**

We essentially use three sets of AI algorithms every time the platform processes a business name and address. We call them the "Planck Triangle". The first set of algorithms collects all relevant public data about the entity being searched and ensures that it truly matches that entity, like differentiating between real photos and stock photos.

The second set of machine-learning models reads the raw data collected and converts it into useful information. This second set includes computer vision, natural language processing, satellite image processing, geographical analysis and anomaly detection algorithms, among others.

The last set of algorithms finds the "truth". Our AI makes sense of multiple, potentially conflicting, sources of information generated by the second set of machine-learning algorithms.

Continued on next page

Interview with Planck (cont.)

PLANCK **Exclusive CEO Interview – Elad Tsur** *Published May 2019*

Continued from prior page

4. **Tell us about the technology platform you've built and how it enables Planck to leverage multiple forms of AI?**

   For example, it is common to see conflicting information about a business's hours of operation. A bar's website might list one set of hours, Google may offer different results and public time-stamped photos from patrons may indicate something else. Which one is the truth? What are the real hours of operation for that bar? This is what the last set of AI algorithms determines.

   Our unique combination of skills, focus and technology allows us to achieve levels of accuracy and coverage that are unheard of in the commercial insurance industry and the InsurTech world.

5. **How many different sources of information will you typically look at to develop data for an individual business? Are you limited to working with sources that are accessible on the internet, or have you acquired and digitized other forms of offline data as well?**

   The platform usually automatically collects and processes data from hundreds of sources, always in a matter of seconds. While most of the sources come from publicly available open-web data, we also have some manually sourced data, depending on the insight that needs to be created for a client. One example is fire history. Although it is public data, fire history is not yet available online in most states. Planck has to collect and process that data directly from fire departments.

6. **What can you share about your commercial progress with carriers who are in production or in pilot?**

   We currently work with more than 35 carriers in North America who are either already clients or are in contracting and piloting stages. Some key clients we can mention are Chubb and Berkshire Hathaway GUARD Insurance Companies.

Interview with Planck (cont.)

PLANCK

Exclusive CEO Interview – Elad Tsur

Published May 2019

7. In addition to pre-filling data to help simplify insurance submissions and improve speed and accuracy of quoting new business, what other use cases have you uncovered with insurers for Planck's data?

In addition to data pre-filling, some of our clients have leveraged the platform to develop digital underwriting capabilities by directly wiring Planck's insights into underwriting and pricing models.

Some other clients, including reinsurers, use Planck as a second opinion by comparing Planck's insights with the agent's submission in an underwriter's dashboard. This capability greatly increases underwriters' efficiency, allowing them to focus on what matters, rather than gathering and cleansing data.

Additional use cases include auditing distribution partners by measuring the accuracy and coverage of submissions received over a certain period for a business line or region, for example. Or even better, risk exposure management by enriching the existing portfolio with new underwriting insights.

Lastly, some clients are engaging in positive selection marketing by generating lists of prospects within the risk appetite of the carrier.

8. How clearly have you been able to quantify a carrier's ROI from using Planck's data?

Based on experience with our current clients, the increased profit per policy is about $400, which is quite a significant improvement for small and medium business policies with average annual premiums ranging from $2,000 to $15,000. About $180 per policy written comes from lower loss ratios due to better data quality and lower reserve loads. Another $110 of increased profit per policy comes from reduced expense ratios due to streamlined underwriting processes. The third big component of the benefit from Planck, about $90 per policy, comes from increased retention rates due to better, up-to-date data and ease of onboarding. Indirect distribution channels, such as agents and brokers, can submit many more applications by saving time with data pre-fill and digital underwriting. There are additional benefits to using Planck, usually smaller than the ones mentioned above, though some are hard to quantify as the value of accurate and complete data is sometimes realized only after several years.

Interview with Planck (cont.)

PLANCK

Exclusive CEO Interview – Elad Tsur

Published May 2019

9. In addition to helping insurers get faster and more reliable access to data elements they already know are relevant and valuable, your approach must be surfacing many new insights that haven't previously been available to them. What are you observing about insurers' ability to take advantage of such new types of data?

Planck is uncovering lots of new insights that were previously unavailable to insurers. As our clients tackle the more traditional policy application data and thus increase their process efficiency and lower their costs, their underwriting, science and actuarial teams start to explore new risk insights. By creating new data points, insurers can create new products, better price existing ones and better manage their in-force portfolio.

Here's one example from a client who agreed to share their story. The Company writes policies for nightclubs, and they were first interested in the square footage of the dance floor for each club, a typical data element in application forms. Once Planck was able to deliver that data quickly and accurately, their Chief Underwriting Officer was interested in a more predictive variable to quantify risk: the density of people dancing in the club. This is a super innovative way to look at the liability risk of a nightclub. Because we are able to configure almost any underwriting insight requested, and obviously are not sharing these new innovative insights with other clients, carriers can take advantage of unique insights that no one else is using.

10. What should we expect next on Planck's roadmap, and do you have any plans to extend into personal lines?

We are not planning to expand into personal lines insurance. Personal lines poses data risks for Planck as it requires the platform to collect and interpret personal data. Although we only rely on publicly available data, regulations such as GDPR and other confidentiality challenges do not make it an attractive segment for Planck. The same is true for health and life insurance.

Next on Planck's roadmap, you can expect more business classes and more complete horizontal packages such as workers' compensation and business owners' policy lines. You can also expect new data and insights that will help our clients operate more intelligently and succeed in the near future.

Interview with Planck (cont.)

PLANCK **Exclusive CEO Interview – Elad Tsur** *Published May 2019*

11. How big is the Company now, and how are you approaching your buildout in the U.S.?

We have about 40 employees and are solely focused on the North American market. Our North American headquarters is in New York City, and our operations are led by Leandro DalleMule, who was AIG's Chief Data Officer for over six years before joining Planck late last year. Our entire Customer Operations department is also based in the US, naturally very close to where our customers are. We approach our buildout very methodically in the US; however, we have experienced exponential growth over the last six months, with no signs of slowing down, so this is something we will be very attentive to in 2019.

12. Any final words of advice for other InsurTech entrepreneurs?

Attracting the right talent and being very focused is the name of the game. The insurance market is gigantic and, as everyone seems to agree these days, ripe for disruption. However, it is a very complex industry, with very smart people. It offers high risk and high reward to startups as well as established players. Being well positioned with a strong product offering and having insurance experience and a robust, yet flexible technology are keys to success.

Human API Overview

Company Overview

HUMAN API

CEO:	Andrei Pop
Headquarters:	San Mateo, CA
Founded:	2014

- **Human API has developed a platform to enable health data liquidity between consumers, care providers, insurers, and others**
  - Allowing the consumer to safely share their health data with selected entities can enable access to better care and services
  - The Company also helps those entities access, understand, and leverage the health information
- **Human API has cultivated an extensive, distributed network of integrations to create a simple, on-demand way for everyone to exchange and use the health data they need**

Management

Andrei Pop
CEO

Christian Wieland
SVP, Growth

John Hansel
VP, Business Development

Cole Hooper
VP, Customer Success & Operations

Nate Seaman
VP, Product

Products & Services Overview

Connect and share real-time health data from medical records, labs, pharmacies, devices, apps, and patient portals

Enterprises
Engage users to share their critical and digital health data

Developers
Embed health data API into new apps and services

Users
A secure way to find and share health information

Products

CONNECT for users
Embeddable UI & mobile app that enable consumers to manage the sharing of their health data

PORTAL for enterprises
Web console & API that enables enterprises to integrate, operate, and manage their Human API deployment

Technology

PROVIDERGRAPH
Relational database of healthcare providers, doctors, pharmacies, labs, and associated metadata

HEALTHGRAPH
Machine learning data pipeline that standardizes, normalizes, and enriches user data

Selected Customers

UCSF, Guardian, Medisafe, Welltok, sharecare, omada, welldoc

Source: Company website

Interview with Human API

HUMAN API

Published June 2019

Andrei Pop

CEO

1. What is your background and what led to you found Human API in 2014?

I've been an entrepreneur my whole life. I was 18 when I started my first company and I haven't looked back since. I had always been naturally drawn to health as an area with fascinating, stimulating problems and somewhere you can have a large impact if successful.

We began work on the Human API network in 2014. The goal has always been the same: to radically accelerate the pace of innovation across a broader healthcare ecosystem. We looked around the industry and asked a simple question: what are the largest blockers holding back innovation?

Our conclusion became the first core problem to tackle. How can we bridge the gap between the expanse of health data that is growing at an explosive pace and the companies, both large and small, that could make use of it to make people's lives better?

This health data explosion is fueled by several trends, including the continued adoption of Electronic Health Records (EHRs), the rise in telemedicine, and the expanding role of wearable devices in our daily lives. Just in the last category alone, Gartner forecasts that worldwide shipments of wearable devices will reach 225 million in 2019, an increase of 25.8 percent from 2018.[1]

I founded Human API so we can all see benefit from that data.

Interview with Human API (cont.)

HUMAN API

Exclusive CEO Interview – Andrei Pop

Published June 2019

2. Who does Human API serve and what problems does it help them solve?

At Human API, our most important core value is that we serve the human first. While that might sound cliché, it's a meaningful reminder that to provide value to our healthcare technology customers, we must first provide value to their consumers.

We provide this value by creating what I like to call data liquidity. Fundamentally it's about making health data easy to obtain, easy to make sense of, and easy to leverage. Right now, the exchange of this data is costly and burdensome to say the least. And the most leveraged technology is still the fax machine. That's what we're here to change.

3. One of your early concepts was the HealthGraph. How varied are the types of health data you are trying to pull together with Human API?

Variation in health care data is like eating at the buffet in Caesar's Palace in Vegas. That's what gave birth to HealthGraph. HealthGraph is the core data engine that takes all this disparate data and converts it into a consistent structure which is purpose-built to understand a user's health journey over time.

Claims, test results, medications, pharmacy fills, diagnoses, allergies, care plans, vital signs, immunizations, encounters, heart rate, steps, sleep, and meals are just some of the various data types we take in.

Interview with Human API (cont.)

HUMAN API

Exclusive CEO Interview – Andrei Pop

Published June 2019

4. Of all the types of data you would ideally ingest into Human API, how many have you found exist in digital form today?

The biggest gap in aspirational data we would ideally want to ingest and the reality of what we can ingest has been greatly impacted by the wearable device market. My answer would be very different to this question just a few years ago.

The data collected by these devices, including activity, food, sleep, etc. is a huge component of the overall health profile of a consumer. It's this data that is created between clinical visits that provides the total picture.

Having both rich clinical data and rich behavioral and activity data is critical to understanding someone's health. That's why we built a single platform that can ingest both types of sources.

5. How many individual sources of data can Human API tap into today, and how many of these are actually accessible via API vs. require more cumbersome methods to integrate?

Although this number continues to climb, today we tap into roughly 25,000 unique integrations.

At Human API, our DNA is making data integration appear easy. So, while a significant portion of what we collect may be considered a cumbersome to others, we simply consider it what we do before lunch.

The main challenge we run into is that not all EHRs are created equal, and by that I mean they don't all publish the same depth of data. This is evolving however, and we see improvements across the industry.

Interview with Human API (cont.)

HUMAN API **Exclusive CEO Interview – Andrei Pop** *Published June 2019*

6. In normalizing and standardizing all the disparate data you work with, have you been able to leverage any existing data standards or have you ended up needing to create your own?

The issue with normalizing data is that even when there are data standards, there isn't standard data. No matter the spirit of the format, what healthcare institutions put in these fields is still very different.

The CCDA standard, for example, provides guidelines for how to present data in a semi-structured fashion, but it does not force institutions to populate the content that way. The same is true with FHIR. It has done a great job for outlining options for how to communicate data, but there is no hard and fast requirement for how EHRs should utilize individual fields within that standard when transmitting data.

And in many cases, the reality of the standard lags well beyond the promise. So, I would consider FHIR to be aspirational. We leverage a FHIR-compatible ontology, but still need to sift through all the potential uses of individual data types within that standard to ensure it's consistent and machine and human readable. For example, with test result data, there is no true standard for the actual result. You have to mine through the interpretation of the result in the form of clinical comments, and this is unstructured data. This is the only way to get to a consistent output.

7. You've described Human API as a consumer-controlled health data network. What is the significance of the "consumer-controlled" aspect of what you're doing and how does it work in practice?

The consumer-controlled aspect is an enormous piece of the puzzle. By putting the consumer front and center in the process, we are able to accelerate both the consent and the delivery of their data to our customers.

How this works in practice is that we insert ourselves between the consumer and the company as the data steward in the moment there is transaction value. Much like Paypal created transactional value by becoming the steward of your money to broker items on Ebay, we appear in a similar manner when a consumer's health data is needed to complete a transaction. A great example of this is the case of life insurance enrollment.

Interview with Human API (cont.)

HUMAN API **Exclusive CEO Interview – Andrei Pop** *Published June 2019*

8. Let's talk about that example – how are insurers using Human API to accelerate life insurance underwriting?

Our life insurance customers are truly disrupting the underwriting process with Human API, and I don't use that world lightly. Guardian Life Insurance recently presented their innovative new process at AHOU, the annual insurance underwriting conference in New Orleans, and the results were significant. They experienced record turnaround times. For example: one applicant's policy was issued in 3 days using Human API's process. The standard medical records they ordered that would have been used to issue the policy arrived 40 days later!

This is not incremental acceleration to say the least. This game changing time horizon isn't just about saving days, it's about changing the paradigm of insurance enrollment. This boosts underwriter satisfaction, agent satisfaction, and consumer satisfaction, including attracting a new demographic of consumer that expects this type of innovation.

And we have no intention of stopping there within the insurance market. This is just the tip of the iceberg. We can equally disrupt claims processing as well as continually monitor the health of an insurer's in-force population. This can offer them updated insight into that pool as well as a means to engage with them and retain their business.

9. How does the customer experience differ in a life insurance application process with Human API vs. in a more traditional process?

For any disability or life insurance provider, gaining access to medical records for underwriting poses a significant challenge. Insurers traditionally get permission from an applicant to retrieve their medical records and then must rely on healthcare providers to photocopy, scan, and fax a mix of hand-written and typed records. This creates a cumbersome and lengthy process for the consumer, including potential medical visits and a lot of waiting. Many times, they have to wait 6 to 12 weeks to get back the ultimate underwriting decision with little to no transparency along the way.

Continued on next page

Interview with Human API (cont.)

HUMAN API

Exclusive CEO Interview – Andrei Pop

Published June 2019

Continued from prior page

9. How does the customer experience differ in a life insurance application process with Human API vs. in a more traditional process?

When working with Human API, carriers direct applicants to Human API where they digitally permission access to relevant data sources. Our technology then accesses, normalizes, and sends that data directly to the desk of the underwriter. This will ultimately lead to a decision in roughly 3-5 days, and the consumer can see the same health data that is sent to the underwriter. After all, it is their data.

10. The next step beyond a more streamlined life insurance underwriting approach is to a fully automated one. What have you found in your work with life insurers about their ability to consume data digitally via API vs. manually via a portal and to move to fully automated underwriting?

This is definitely where the puck is moving and we are skating in that direction. A big piece of the puzzle is that we will not stop at creating an API ingestion engine, but rather leverage automation in the decision process to realize the breadth of the entire workflow.

This is where third parties, like Verisk, come into play. Verisk is in a position to offer the platform of analytics and scoring to drive the process automation in addition to the integration automation. This is the big reason why we recently partnered with Verisk – to fulfill that vision of an end-to-end automated decision engine.

Interview with Human API (cont.)

HUMAN API

Exclusive CEO Interview – Andrei Pop

Published June 2019

11. Human API is also getting traction in health insurance. Tell us about the work you're doing in that sector?

The health plan sector is one of our most promising. The trend of member engagement has been slowly building and now these companies are looking for practical applications to truly incent member behavior.

The two types of programs health plans generally offer are activity only or outcome based. We are the only game in town that can offer insights into both the activity, via our device integrations, and the outcomes, via our clinical integrations. By looking through both lenses, health plans can drive initial behavior change and then monitor health going forward, which has a measurable impact on their membership risk pool.

12. You've announced funding of approximately $17 million from a mix of Silicon Valley VCs and strategic investors. How has your experience been with having strategic investors involved in the company?

Having both is hugely valuable to a "full stack" company like Human API.

Traditional silicon valley VCs bring innovative ideas about how to build really big, impactful companies coupled with a long term view. Our investors have seen industries change, and in many cases have built companies that have enabled those changes to occur. There is a lot to learn from that.

Strategic investors are phenomenal at teaching you about the pains an industry is facing firsthand, so you are not trying to innovate in a vacuum. We have this relationship with many customers and partners, but we've found an investor with true skin in the game can be helpful to bounce ideas off when you are innovating at the pace we are.

Having a blend has been great for us.

Interview with Human API (cont.)

HUMAN API **Exclusive CEO Interview – Andrei Pop** *Published June 2019*

13. Any final words of advice for other InsurTech entrepreneurs?

Customer obsession is the most important thing. Without it you can fall into the trap of confusing yourself with your customer and by that I mean inventing items that you believe are valuable inside the building, only to find out that your customers don't share that view. This is a common but fatal mistake. If you focus myopically on making your customers happy the rest will eventually take care of itself.

Passion is also critical. You have to figure out your personal why, and draw inspiration from it to push through the occasionally Sisyphean days.

To these two I'll add my personal formula for entrepreneurial success, InsurTech or otherwise: work hard, build a great team, and never quit.

Indio Overview

Company Overview

indio

CEO:	Mike Furlong
Headquarters:	San Francisco, CA
Founded:	2016

- **Indio provides a software platform that helps simplify the insurance application process for brokers and their clients**
- **The Company's software helps brokers improve customer experience, save time, and win new business with:**
  - Digital applications and schedule workbooks
  - Full e-signature functionality
  - Automatic email reminder cadences
- **Clients Include:**

abd Insurance & Financial Services; Parker | Smith | Feek; Heffernan Insurance Brokers – Because You're Different; Gregory & Appel Insurance; HUB; Marsh & McLennan Agency; Risk Strategies; MJ; Vantreo Insurance Brokerage

Founders

Mike Furlong
Co-Founder & CEO

Adam Bratt
Co-Founder & CTO

Product Overview

Modern solution for the application and renewal process

Intelligent Forms
6,000+ online applications & forms automap data across multiple forms alleviating the need to fill out the same field twice

Manage Schedule and Exposure Data
Upload schedule lists live SOVs, Drivers lists, and more from Excel onto the Indio platform, allowing for changes to exposure data to be tracked in real time and automap across other applications & forms

Track Client Edits
Indio's intelligent activity tracking alerts agents when clients log in, complete information, sign applications, and submit data.

Built for Agents of the Future

Bank Grade Security | Cloud Based Platform | Data Standardization

Selected Financing History

Date	Size ($ mm)	Selected Investor(s)
05/02/19	$20	Menlo Ventures, 8VC, NFP
02/02/18	6	8VC, Merus Capital, compound
11/03/16	2	Merus Capital, NEA, compound, 500 startups, Hiscox

Source: *Company website; FT Partners' Proprietary Transaction Database*

Interview with Indio

indio

Mike Furlong

CEO

Published July 2019

Acquired by Vertafore in December 2019

1. What is your background and what led to you found Indio in 2016?

I graduated from Emory in 2013, worked in finance at Citibank for a brief period and then started my first tech company, Sliced Investing, in 2014. While working on this company, I had to apply for business insurance, which is something businesses are legally and contractually required to have. I realized how painful the process of applying for insurance is, ridden with lots of paperwork and duplicate data entry. There was no other process I went through as a business owner that involved more data entry than the insurance application process.

As I was transitioning out of Sliced, I talked to some investors and friends who mentioned I should look into starting a company in commercial insurance, specifically replacing the traditional insurance broker. From my experience as a business owner applying for insurance, I knew how manual and broken the application process was, but didn't think that the insurance broker was easily replaced. Instead, I decided to build software to empower the current insurance broker distribution channel, specifically focused on digitally enabling their customer experience.

2. Who does Indio serve and what problems do you help them solve?

Indio is a white-label, workflow SaaS platform for property and casualty insurance brokers transforming the business insurance application process into an entirely digital, Turbo-Tax-like experience for the insurance broker and their customers. Indio converts all the forms and carrier applications used in the application process into digital smart-forms, enabling brokers and their customers to collaboratively complete the forms.

Interview with Indio (cont.)

indio **Exclusive CEO Interview – Kevin Dunn** *Published July 2019*

3. Walk us through the before and after of the commercial insurance application process for Indio users?

Previously, before Indio, the application process was largely paper based for the broker and their clients. Insurance brokers would collect data from their customers in a variety of ways – on paper, over the phone, or over email. This important client information would then be copied down on a piece of paper or a PDF / Word document before being sent to the carrier. Because of the manual nature in which data was previously collected, customers had bad experiences and there was a high propensity for errors in the way data was communicated.

With Indio, this entire process of data collection happens via an online, centralized portal that's branded for the insurance broker and feels like Turbo-Tax for their clients. Instead of making a call and scribbling down notes or sending an email with a number of attachments that need to be filled out, brokers simply send their customers a link and the entire process is handled online. The process on Indio saves time, provides a better customer experience, and significantly reduces errors in the information communicated to the underwriter.

4. And how about for renewals?

Renewals are even simpler on Indio. The broker simply clicks a button to renew the client, and all of last year's data and information carry into the new year's applications. Before Indio, insurance brokers had to re-collect client information every single year by sending blank PDF, Word, or Excel files which ask the same questions year after year. Think of your first time dental or doctor's office experience happening over and over again each year.

Interview with Indio (cont.)

indio

Exclusive CEO Interview – Kevin Dunn

Published July 2019

5. **You now have a library of more than 6,000 different applications across numerous carriers and coverages. How have you built a unified digital application process for brokers across all of these?**

   We have over 6000 different applications and forms digitized. Our community of clients are constantly sending us new forms to digitize, which we then make available for use across our entire client base. Brokers who use Indio no longer have to search a library of forms on their desktop or email someone asking for the latest version of an application. The vast majority of applications that a broker needs are accessible with just a few clicks within the Indio platform, and if they're not, we get them added.

6. **What is the breadth of the commercial insurance market addressed by Indio?**

   Indio is currently used across all P&C (property & casualty) lines, including both personal and commercial. We can digitize any form, application, or workflow, transforming the entire insurance application experience for brokers and their insureds.

7. **In addition to helping brokers achieve workflow efficiencies, you also enable them to modernize their interactions with their clients. Can you describe how brokers use Indio's platform to engage with their clients?**

   Insurance brokers have largely been forgotten when it comes to modern technology, specifically in regard to how they relate and interact with their clients. As such, businesses deal with a terrible paper-based insurance application process and often times rely on insurance brokers to help them navigate the administrative burden. By using Indio, the client experience is greatly simplified and organized such that the broker is freed up to focus on being a value-add risk advisor to their clients rather than a transactional / administrative middleman who is helping to organize paperwork.

Interview with Indio (cont.)

indio

Exclusive CEO Interview – Kevin Dunn

Published July 2019

8. **Insurance carriers often have notoriously long adoption and implementation cycles for new software applications. What has your experience been with the readiness of brokers to adopt new software into their workflows and business processes?**

I've been really surprised with how willing insurance brokers have been to adopt and experiment with new technology. The reality is that most of them use iPhones, Uber, Amazon, and other new consumer applications so they've gotten comfortable with modern technology in their personal lives. They recognize the current software serving them is incredibly outdated and are eager to try something new.

We are attacking a completely white space with no existing technology, and brokers can clearly recognize how reducing manual tasks and improving an offline experience benefit them.

9. **It's ironic that the end output of Indio's modern, digital application process is a series of PDFs that get submitted to carriers. Tell us about the steps you've started taking to continue the digital flow downstream with carriers?**

It's definitely ironic. Today, Indio's sole focus is on the interaction between the client and the broker. We don't touch the submission that goes to the carrier. The PDFs or documents submitted to the carriers are still reviewed and submitted by the broker in their original format. We just help organize the ingestion of the data on the front end from the client. In the future, Indio will be providing carriers an easier way to access their data and information via a set of APIs. Stay tuned!

Interview with Indio (cont.)

indio

Exclusive CEO Interview – Kevin Dunn

Published July 2019

10. The client logos on Indio's website include some of the largest brokers in the world as well as much smaller brokers. What can you share on your commercial progress and on how adoption patterns have varied for different types of brokers?

Indio has been quickly adopted by larger brokerages because they tend to be more open to new technology and have more resources internally to implement new technology. However, we have been growing quite quickly with mom and pop brokerages who realize that Indio is a lightweight application and doesn't require a ton of resources to implement. With all that being said, "large" really means any broker over 50 employees or so given the broker market dynamics. In total, Indio has over 300 customers and thousands of users. We have thousands of applications running through the Indio system each month and current estimates have a yearly run rate of over $2bn in premium being applied for through the Indio platform.

11. You recently announced a $20 million Series B led by Menlo Ventures. What has your experience been with VC interest in Indio and in the InsurTech sector more generally?

Today we have an incredible amount of interest from investors. Our Series B took less than a month and we likely could have had over 5 term sheets in that time. We decided to go with Menlo, who was our first bidder because we really liked our partner there, Tyler Sosin, and they had invested in companies very similar to ours like Carta, Qualia, and ScoutRFP.

We did not always have this level of VC interest. When we started the company, VCs were primarily interested in technology companies that were trying to replace the insurance broker or carrier. At the time, our view in support of the broker was largely contrarian. Today, it's generally accepted that commercial insurance brokers are here to stay. In my opinion, the "disruptive" companies trying to replace the traditional broker or carrier have largely underperformed and I don't quite see how they make sense from a venture perspective. These are situations where it will take a very long time to get to $100mm in real net revenues and where the founders are finding themselves in massive valuation traps or mismatches.

Interview with Indio (cont.)

indio

Exclusive CEO Interview – Kevin Dunn

Published July 2019

12. **Any final words of advice for other InsurTech entrepreneurs?**

If focused on this industry, entrepreneurs should focus on a very specific area and get extremely good at that. It's large, complex, and heavily regulated so you want to start small. I would ignore the size of the market at an early stage. For example, many people think software for MGAs is way too small of a market, however, if you build software for MGAs it could likely turn into software for carriers, or you could innovate on the business model and get a piece of the premium, etc.

Approach things from the skillset you have as an individual, rather than the way an investor or consultant research paper may dictate. For me, that meant building a SaaS business that never touched anything in the insurance value chain.

Get paid for what you do at an early stage. If someone is paying you something remotely meaningful, I would focus on that and just try to iterate. You can always make disruptive changes down the road; you don't need to start with something overly disruptive.

Bought By Many Overview

Company Overview

BOUGHTBYMANY

CEO:	Steven Mendel
Headquarters:	London, UK
Founded:	2012

- **Bought By Many provides digital access to pet insurance and pet business insurance across the UK and Sweden**
- **The Company launched unique pet insurance in 2017, and is now the leading provider of insurance for exotic pets and pet businesses in the UK**
- **The Company's priorities to provide better insurance include:**
  - Improving prices
  - Expanding what people can get coverage for
  - Delivering a great customer experience

Management

Steven Mendel
Co-Founder & CEO

Guy Farley
Co-Founder & CTO

Luisa Barile
CFO

Oke Eleazu
COO

Charlotte Halkett
Chief Commercial Officer

Products & Services Overview

Better Insurance. For Everyone.

Dog Insurance
Offers three lifetime dog insurance policies covering pre-existing conditions, with prices that never increase, for dogs of all ages

Cat Insurance
Offers three lifetime cat insurance policies covering pre-existing conditions, dental treatment, accidents and illnesses for both indoor and outdoor cats of any age

Pet Business Insurance
Offers public liability, professional indemnity, and employer's liability insurance products for professional dog walkers

Exotic Pet Insurance
Covers exotic animals, ranging from hamsters and guinea pigs to bearded dragons, when they fall sick or accidents occur

Insurance Partners

Munich RE

Allianz

Selected Financing History

Date	Size ($ mm)	Selected Investor(s)
07/03/18	**$26**	CommerzVentures; Marsh; Munich Re / HSB Ventures; Octopus Ventures
06/29/17	**9**	Octopus Ventures; Munich Re / HSB Ventures

Source: Company website

Interview with Bought By Many

BOUGHTBYMANY

Published August 2019

Steven Mendel

CEO

1. What is your background and what led to you found Bought By Many in 2012?

In the past I worked as an actuary, so I've known the insurance industry for much of my working life. One day I tried to buy health insurance as an individual and I realized I was being given a much worse deal than any company would be given in the same situation. It made me realize I had to do something about it. I had to help customers get a fairer deal and help create a new world of insurance that meets customer needs better.

2. Who does Bought By Many serve and what problems do you help them solve?

Everyone has had bad insurance experiences. Few have anything positive to say about this industry that has had hundreds of years to get it right but seems to increasingly get it wrong. We help consumers who have had enough of old-world insurance or that simply can't find the coverage they need. Instead, we offer something much better and deliver it to a higher standard.

3. The name of the company has sometimes been interpreted to refer to a peer-to-peer approach to insurance. Explain the basis for the name and how it comes through the company's approach to insurance?

The name is a direct link back to where we started – creating groups of individuals who have similar, but niche insurance needs. Peer-to-peer insurance is not the answer to any question that a consumer has ever asked. And in fact, it's the opposite of what we have always done. We research real customer needs and build great products around them.

Interview with Bought By Many (cont.)

BOUGHTBYMANY **Exclusive CEO Interview – Steven Mendel** *Published August 2019*

4. Although the business today is focused on the pet insurance space, you've explored other product lines over the last several years. What can you share about the journey the company has gone through in determining its focus market?

As I've said, we started in building communities using search and social tools. This meant that unlike traditional insurance providers, we were in tune with what real customers were saying every day. We also entered the SME and travel insurance markets to meet some clearly unmet needs, but in the end we found that the 140 or so pet groups on our site were just more engaged, more demanding of their insurers, and more interested in finding something better than other groups. So we started focusing on them and building our own pet insurance products.

5. Bought By Many is a good example of a 'virtual insurer' with control over the end-to-end customer experience vs. some traditional MGAs that have focused more on distribution. How do you divide responsibilities with key partners and how important has this structure been to your success to date?

We are delighted to have a great working relationship with a small number of capital providers, most notably Munich Re. We have an excellent and true partnership with them. They trust us to conduct our business responsibly and have allowed us to have control over product design, pricing, and in fact, the entire value chain all the way up to and including claims.

We do not take this responsibility lightly and are hugely grateful for the freedom that this gives us to build our business around customer needs. As further evidence of our relationship, they are a small shareholder and have even brought us an acquisition opportunity that we are currently investigating!

Interview with Bought By Many (cont.)

BOUGHTBYMANY **Exclusive CEO Interview – Steven Mendel** *Published August 2019*

6. You've invested significantly in rethinking the core pet insurance product itself. What are some examples of where you saw opportunity to innovate on the product, and what has your experience been with whether insurance buyers are prepared to pay more for better coverage?

When we embarked on the pet insurance journey, we messaged 120,000 pet owners who were already members of our pet communities. We asked them what they would want if they could design their own perfect pet insurance. The number one response was to help them deal with the constant increases in premiums as their pet ages, even when they don't claim. Our response was to enable owners to lock in their premium level for life.

We were told that if people make a claim, they want to get 100% of the claim back. So, we offer a zero-deductible option. We also heard the general sentiment that insurance isn't worth the paper it's written on if you don't claim. As a result, we offer a money-back option for non-claimers. We have done all of this with a fair and sustainable pricing model that is not artificially discounted in the first year, does not charge customers more for their loyalty and also does not penalize them for claiming. I could go on, but I think you get the message!

We've also seen a willingness to pay more for a better product. We ended 2018 with an average premium that was 41% higher than the industry.

7. How closely do you measure and monitor customer feedback on their experience with Bought By Many, and how does it inform the company's operations?

We monitor feedback continuously. I personally read every 1 and 2-star review we receive. Fortunately, they are few and far between! Oke Eleazu, our COO, reads every single review, every single day. We share Feefo scores around the company daily and NPS scores around the whole company weekly. We measure the latter at each touch point and are constantly scoring above 80, with last week's subset for claims coming in at 87.

Customer reviews are a critical part of measuring our success, and of course they have commercial implications. Reviews help drive referral business and help increase our renewal rates, which are well over 90%.

Interview with Bought By Many (cont.)

BOUGHTBYMANY **Exclusive CEO Interview – Steven Mendel** *Published August 2019*

8. New insurance ventures have taken different approaches to their software infrastructure, with some leveraging existing commercial systems and others developing new proprietary platforms. What approach has Bought By Many taken and what lessons have you learned on this front?

This is a great example of learning as you build. We started using a system that Munich Re brought to us, but our recent launch into Sweden saw us remove the last vestiges of third-party software from our tech. This means we now have huge flexibility over ratings factors, product design, pricing, and so on.

9. Do you have any plans to establish your own balance sheet at some point and to become a full insurance carrier?

So firstly, never say never! But, for the moment I have to say it is hard for me to see the upside of this idea. We have a large insurance partner behind us who manages us on loss ratio, which is currently positive to target. What's not to like?

Of course, it all might change one day. We have reviewed our current situation with some of the great and the good of the industry, and few can see any reason for us to do otherwise right now.

10. Even though Bought By Many doesn't take risk on its own balance sheet today, the company is still regulated in a way that is different than it would be in the U.S. market. How does this work in the U.K.?

This is a huge question, so I'll try to be brief. Basically, the UK has a very tough regulatory environment based on the Treating Customers Fairly (TCF) principle for which the interpretation is left up to the regulator. The US, being state by state, is much more black and white. In other words, it is less open to interpretation.

Interview with Bought By Many (cont.)

BOUGHTBYMANY **Exclusive CEO Interview – Steven Mendel** *Published August 2019*

11. Price comparison sites play a notably larger role in the personal lines insurance market in the U.K. than in the U.S. and most other markets. How relevant are they for you in the pet insurance business?

We launched on MoneySupermarket, one of the two largest price comparison websites, last September. Despite Bought By Many not being a low-price player, it has been a big success for us. We also launched on the other large comparison player, Compare the Market, last week and volumes are already up at MoneySupermarket levels. Happy days!

12. You launched in Sweden earlier this year as your second market after the U.K. What has the logic been to your geographic expansion, and do you have any plans to expand to the U.S.?

Yes, we did. It may not be obvious why, but I can assure you we are nothing if not a logic driven business!

In the UK, the world's largest pet insurance market by GWP, one in three owners insure their pet. However, in Sweden, which is smaller than the UK, 6 in 10 owners insure their pet. The market there is much more sophisticated, and consumers are even more demanding than in the UK. So, we have already learned a lot about product design there to bring back to the UK. But on the other hand, the UK is much more sophisticated than Sweden around distribution, so we're exporting those ideas to Sweden.

We're considering bringing innovation in both product design and distribution to the US, but nothing is decided yet. Watch this space.

Interview with Bought By Many (cont.)

BOUGHTBYMANY **Exclusive CEO Interview – Steven Mendel** *Published August 2019*

13. What can you share on Bought By Many's commercial progress?

We've been doubling GWP each year since inception and have no desire to stop now. in fact, we're accelerating away from that target. Last Monday was 86% over target sales, which were already stretching, and 10% below our target cost of acquisition.

14. You've raised £30m million in total funding to date. What has your experience been in raising venture capital for an InsurTech business in Europe?

You're correct, we have raised just over £30m to date. Our Series A was straightforward but despite ending up with four offers, our Series B took much longer.

15. Any final words of advice for other InsurTech entrepreneurs?

Insurance is broken and trust is at an all-time low. Come on folks, join us in the new world and help turn this disastrous industry around. Everything is possible.

Noblr Overview

Company Overview

noblr

CEO:	Gary Tolman
Headquarters:	San Francisco, CA
Founded:	2017

- **Noblr provides a smart car insurance product that incentivizes its policyholders to make smart driving decisions through technology that gives them feedback, real-time rates and rewards**
  - Noblr leverages telematics data, actuarial insight, and smart phone technology
  - Members earn discounts on their actual driving behavior which takes into account when, where, how well, and how frequently they drive
  - The member experience is controlled via the Noblr app, providing an intuitive quote-to-claim interface

Management

Gary Tolman
Co-Founder & Chief Executive Officer

Jason Foucher
Co-Founder & Chief Product Officer

Sean Griswold
Chief Customer & Claims Officer

Ray Elias
Chief Marketing Officer

Jennifer Lawrence
Chief Legal Officer

Deepak Srinivasan
Chief Technology Officer

Products & Services

Roadside Assistance
Offers policies that include roadside assistance coverage when customers need a tow or jump

Physical Damage Coverage
Offers collision and comprehensive coverage if damage happens when the car is in motion or when it is minding its own business

Bodily Injury & Property Damage
Covers medical, repair and legal costs in the event that the accident is the customers fault

Uninsured Motorist
Covers medical bills if a driver that hits a customer does not have any or enough car insurance

Medical Payments
"Med Pay" covers medical bills in the event of an accident regardless of who is at fault

Personal Injury Protection
Covers medical expenses for a customer and any passengers regardless of fault

Selected Financing History

Date	Size ($ mm)	Selected Investor(s)
01/04/19	**$13**	Hudson Structured Capital Management; White Mountains Insurance Group; Third Point Reinsurance

Source: Company website, FT Partners Proprietary Database, Pitchbook

Interview with Noblr

Published September 2019

Gary Tolman

CEO

1. You've spent your entire career in insurance, including 16 years as the CEO of Esurance. What led you to found Noblr in 2017?

I wanted to establish a new kind of car insurance company. One that gives drivers more control over their rates and claims service, provides rewards for better driving, and most importantly, one that helps make roads safer for everyone.

2. Who does Noblr serve and what problems do you help them solve?

Imagine a community of smart drivers who are incentivized to make better decisions through a technology that gives them the tools and rewards. This changes the relationship from one that is legally required and reactive, to one that feels more mutually beneficial and empowering.

3. You've invested heavily in product innovation in a segment of insurance where the conventional product is highly commoditized. What's the core proposition of Noblr's auto insurance and how does it compare to other recently-introduced products on the market that are based on miles driven or driving behavior?

Noblr's car insurance product is different than any other product in the market today; it is one that is based on behavior, not just miles driven. Our product continually rates the driver on behavior and provides lower costs for smarter driving, adjusted on a monthly basis.

Interview with Noblr (cont.)

noblr **Exclusive CEO Interview – Gary Tolman** *Published September 2019*

4. **Do you expect to attract customers based principally on the premise of being able to save money relative to their current spend on auto insurance, or more based on the ability to achieve greater transparency and control over their monthly premium in a way that is tied directly to their driving activity every month?**

   We will attract customers based on the ability to offer transparency and control over their monthly premium in the way that is tied directly to their driving activity every month. Additionally, using Noblr will make our members smarter drivers, and that means safer communities. This is very much like how people have widely adopted smart technologies to live healthier lifestyles or reduce energy consumption.

5. **How much variability do you expect a typical customer to see in their month-to-month premiums with Noblr, and what elements of driving activity will have the largest impact?**

   Premiums vary month over month since they are tied to a driver's performance for that month. Members may experience rate swings of plus or minus 15% or approximately $25 in any month depending on the style and amount of driving. The elements of driving behavior with the most impact are the ones members have the most control over, distracted and aggressive driving. Bottom line, make the smart choice and don't use your phone while driving and you'll generate significant savings for yourself.

6. **Some market observers are cynical about whether customers really want more engagement with their insurance coverage and insurance providers vs. to pay as little as possible for a mandatory product and to have a fixed, predictable bill they can budget for every month. What does all your experience and research tell you about changing consumer expectations?**

   Consumers do want more control over their insurance costs. With that said, Noblr won't be for everyone. Noblr will be the best way to save money on just about any budget if you are a smart driver and use our app. Look at what smart technology has done for a lot of low engagement products and categories, like taking taxis, or doorbells and thermostats.

Interview with Noblr (cont.)

noblr **Exclusive CEO Interview – Gary Tolman** *Published September 2019*

7. Do you think customers will buy into this notion of their car insurance company monitoring them, and is the value proposition strong enough to justify that to them?

Noblr's target audience are the heavier adopters of smart technologies, financial services apps, biometrics apps, smart home apps, etc. They are comfortable with their data being collected and used to benefit them. Noblr isn't monitoring our members, and we aren't selling their data to third parties like social media. We are collecting their data, packaging it up, and giving it back to them for the purpose of helping them make their own smarter driving decisions.

8. What approach have you taken to putting your core systems in place – have you built your own proprietary systems or leveraged commercially available products?

Noblr decided to design and build our own technology where we could add significant value to the business process for our customers and had the historical data to support the technology. We built the entire front end, including both the iOS and Android apps and the web quote flow, the rating engine, and the endorsement and renewal engine.

Noblr partnered with the market leader in mobile telematics and we outsourced the policy management system. As Noblr grows, we will build our own claims and policy management systems, a process we have already begun.

9. A key enabling element of Noblr's product is mobile telematics. Tell us how you use telematics technology to monitor your policyholders' driving and how you decided whether to build your own underlying telematics platform or to work with a specialist technology provider?

Noblr did an extensive analysis prior to launch of the telematics providers in the U.S. based on the quality of the technology, the strength of the patents, and cost. Following this, Noblr made the decision to use TrueMotion, a market leader. Our core competency is in how we use telematics data rather than telematics itself. TrueMotion's SDK is embedded in the Noblr app and we collect data for every members' trip. We use that data to rate our members and provide them with transparent feedback and helpful tips for safer driving.

Interview with Noblr (cont.)

Exclusive CEO Interview – Gary Tolman

Published September 2019

10. Are you initially relying on a TPA to handle claims or have you built these capabilities in-house from day one?

As a start-up company, Noblr does not currently have sufficient scale to support an in-house claims organization. We established a relationship with a TPA to handle the Noblr claims with oversight from our own claims staff to ensure claims handling is timely and accurate and customer-centric. We will design and build a proprietary claims management system to deliver a frictionless claims experience to our members and claimants alike. The core of the system will be data science algorithms to allow automation at the right time and place.

11. You launched in Colorado as your first state in June. What can you share about early results post launch?

As a new company, Noblr has been cautious with our product launch in Colorado. The idea is that more responsible drivers are going to be the most attracted to our product first. The profiles of the Noblr members are consistent with our target market and our desire to establish a more preferred book of business. The loss results of the Noblr reciprocal exchange book of business to-date have been much better than projected.

12. What does your initial data reveal about how transparency into the key factors affecting insurance premiums is influencing customer behavior, and to what extent do you expect that feedback loop to mainly focus on how people drive vs. the decisions they make on how much, when, and on what roads to drive?

With Noblr, customers finally have a way to influence their insurance premiums by making smart decisions while behind the wheel. We provide feedback in the form of cumulative scores for each of the current four driving elements. Plus, we've recently added a layer to the trip maps to highlight distracted driving events.

Over time, we will roll out additional features and provide additional driving insights for members to earn even more rewards. Given the newness of the program it is too early to tell how big of an impact these coaching mechanisms are having. We expect customers will appreciate the feedback, especially relating to distracted and aggressive driving because we are often more distracted or aggressive than we think we are.

Interview with Noblr (cont.)

noblr **Exclusive CEO Interview – Gary Tolman** *Published September 2019*

13. You set up Noblr from day one as a full stack carrier, not an MGA. Why?

It would have been easier to launch Noblr as an MGA. However, we knew that Noblr would eventually evolve into a full-stack car insurance company. With a full-stack structure, you have more control over the product design, pricing, and selection as well as lower operating costs due to not having the ongoing fronting fee. Also, making the change to a full-stack insurance company is disruptive to the in-force book of business, expensive, and time consuming for management. The bigger you are, the more disruptive the change is to the company.

14. You also chose to set up your carrier as a reciprocal exchange. Explain what that means and why it's important?

There are three types of insurance company structures that are common in the U.S.: stock insurers like Progressive, mutual insurers like State Farm, and reciprocal exchanges like USAA. A reciprocal exchange is an unincorporated entity that has members or subscribers who are policyholders and exchange contracts of insurance with each other. The reciprocal exchange is managed by an attorney-in-fact.

Reciprocal exchanges are capital efficient entities, allowing a portion of the member's premium to be allocated directly into policyholders' surplus before tax. In addition, there is an alignment of interests with the members and the reciprocal exchange – the better the reciprocal exchange does, the better the members do. This alignment of interests is reflected in many areas that are not seen in traditional stock insurance company models, including a frictionless claims process in which the exchange does not profit by denying or delaying claims. Moreover, each member of the exchange benefits from growth in its policyholders' surplus – both from the greater financial strength backing its policy obligations and because each member can participate directly in underwriting profits through the Subscriber Savings Accounts. This alignment of interests is conducive to better underwriting results as well as an excellent service experience.

Interview with Noblr (cont.)

noblr **Exclusive CEO Interview – Gary Tolman** *Published September 2019*

15. **What is Noblr's distribution strategy and how has that been informed by your past experiences?**

Noblr has a direct-to-consumer distribution model similar to GEICO, Progressive, and Esurance. The direct distribution model for personal car insurance is growing in the U.S. and the agency distribution model is shrinking. The long-term economics of the direct distribution model are much better than the agency distribution model as you only pay once to acquire the policyholder and you also own the renewal rights for the policyholder.

16. **What can you share about Noblr's future rollout plans, and what's your prognosis for California where regulators so far haven't allowed telematics-based insurance?**

Noblr will be launching in additional states this year. We expect to start writing new business in Texas in the third quarter. We would like to write business in California. Hopefully California will take notice of our success in other states and move to adopt our product on behalf of their drivers. California is a technology and innovation leader, and personal car insurance should be no different, particularly where the benefit of safer drivers and safer roads is better for everyone.

17. **Any final words of advice for other InsurTech entrepreneurs?**

Selling insurance is easy. Making money selling insurance is not so easy. You need to have sufficient subject matter expertise to understand the long-term risks associated with the product you are building and pricing, the acquisition costs, and the inevitable claim costs. If you have that plus a product that genuinely is a benefit to consumers, you have a good start.

Policygenius Overview

Company Overview

Policygenius

CEO:	Jennifer Fitzgerald
Headquarters:	New York, NY and Durham, NC
Founded:	2014

- **Policygenius, a provider of an online insurance marketplace, is changing the insurance industry by making shopping faster, friendlier, and more transparent for online consumers**
  - Offers an "Insurance Checkup" for customers to get instant recommendations and advice on which policies they need
  - Allows customers to learn about insurance, compare quotes side by side, and apply for policies through its licensed agents
  - Licensed in all 50 states and Washington DC

Key Stats

$60 million
Annualized revenues

$45 billion
In life coverage

30 million
Users

1 million
Shopper per month

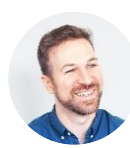
9.7 / 10
Customer rating

Management


Jennifer Fitzgerald
Co-Founder & CEO


Francois de Lame
Co-Founder & Chief Product Officer


Jonathan Metrick
Chief Marketing Officer


David Kaplan
VP of Engineering

Products & Services

Life Insurance
Term and whole life insurance

Disability Insurance
Long-term disability insurance

Renters Insurance
Items in an apartment that aren't bolted down

Auto Insurance
Liability, collision and comprehensive, uninsured motorist insurance and PIP

Homeowners Insurance
Homeowners insurance for named and open perils

Pet Insurance
Dogs and cats that are sick or injured

Health Insurance
HMO, PPO, EPO and POS Plans

Other Insurance
Vision, long-term care, jewelry, identity theft, travel insurance, accident, dental, and critical illness

Selected Financing History

Date	Size ($ mm)	Selected Investor(s)
01/30/20	**$100**	KKR; Norwest Venture Partners; Revolution Ventures; Susa Ventures; AXA Venture Partners; MassMutual Ventures; Transamerica Ventures
05/05/17	**30**	Norwest Venture Partners; Revolution Ventures; Fika Ventures; Susa Ventures; AXA Strategic Ventures; MassMutual Ventures; Transamerica Ventures
01/14/16	**15**	Revolution Ventures; Karlin Ventures; Susa Ventures; AXA Strategic Ventures; Transamerica Ventures; MassMutual Ventures
06/15/15	**5**	Karlin Ventures; Susa Ventures; Transamerica Ventures; Switch Ventures; MassMutual Ventures; AXA Strategic Ventures
07/21/14	**1**	Seed angel investors

Source: Company website, FT Partners' Proprietary Database

Interview with Policygenius

Policygenius

Published October 2019

Jennifer Fitzgerald

CEO

1. What is your background and what inspired you to start Policygenius in 2014?

Before starting Policygenius in 2014, I was a consultant at McKinsey working with most of the top insurance carriers in the U.S. market. It was at McKinsey where I met my cofounder, Francois de Lame, and where the light bulb moment went off for us about the massive opportunity to create a category-changing company for insurance distribution. So we left to create Policygenius – a tech-enabled managed marketplace where consumers can shop for and buy life, disability, and personal lines P&C insurance. We own and broker the full transactions – no lead selling or click-selling.

2. Who does Policygenius serve and what problems do you help them solve?

As a tech-enabled two-sided marketplace, Policygenius serves both insurance carriers and consumers. For our insurance carriers, we are bringing them a younger and more affluent customer than they get through any other channel or distribution partner. On the life side, our customers are 10 years younger than their average customer, buy a significantly higher face amount of around $750k on average, and buy a longer duration policy of 20 years on average. On the personal lines P&C side, that same consumer tends to have a significantly lower loss ratio profile as well. As you might infer from these datapoints, our average customer is a mass affluent consumer in their 30s and 40s with a household income north of $100K.

Interview with Policygenius (cont.)

Policygenius **Exclusive CEO Interview – Jennifer Fitzgerald** *Published October 2019*

3. **As a direct-to-consumer platform, you've had to confront the notoriously expensive challenge of customer acquisition. What have you learned over the years and what have you converged on as the approach that works for Policygenius?**

   Customer acquisition is the hill that a lot of insurance-related companies die on, and we've charged up that hill successfully. For several years now, we've delivered strong unit economics and positive contribution across our lines of business. The big thing we've learned is that there is no silver bullet channel where you can find fast and high-quality growth. You can find fast growth like buying through lead generators or in native advertising, but it's not going to be good quality. Those leads tend to be low-converting and high churn. Insurance is a very considered, multi-touch, trust-based purchase, so you have to invest in a robust and sophisticated acquisition engine. This is what we've done over the past six years – from investing in content, to building a brand in-house, to building the best customer experience that drives a material amount of free word-of-mouth referrals for us. Nearly half of our customer volume is free and that has held steady even as we've scaled 10x in volume, which is an important moat for us.

4. **And as a marketplace, you've had to establish relationships with multiple carriers to be able to offer a compelling portfolio of products. How wide a group of carriers do you work with now on the life insurance products that were the original core of the business?**

   Like all managed marketplaces – whether it's Airbnb or Policygenius – the supply side of the platform is incredibly important. It's key to our value proposition to consumers, who want to see a range of brands they know and trust, and it materially affects your ability to convert shoppers to policyholders, a structural advantage we have over a solo carrier that's going direct-to-consumer. On the life side, which was our original core product, we work with all of the top 10 writers of term life insurance in the U.S., including Pacific Life, Prudential, Lincoln Financial and AIG. On the personal lines P&C side, we also work with the top carriers in the market such as Travelers, Chubb, AIG, Nationwide and a range of others.

Interview with Policygenius (cont.)

Policygenius **Exclusive CEO Interview – Jennifer Fitzgerald** *Published October 2019*

5. **Many of the largest U.S. P&C carriers have refused to support any form of digital marketplace due to concern about the potential to increase perceived product commoditization and resulting price competition. What did it take to convince so many leading life insurers to work with Policygenius?**

   There are two keys to this business – volume and quality. If you can produce both for your carriers, you'll have them lining up to work with you. This is what we've consistently done over the past six years – and on every single metric including placement rate, persistency, loss ratio, etc., we outperform the market. And our managed marketplace approach, which is rich in content, decision support, and human advice, avoids the commoditized feel that the online lead generators deliver. We don't just sell clicks and run – we own the results of that book of business.

6. **In practice, what have you found from all your customer behavior data about life insurance purchasing decisions and the relative importance of price vs. brand vs. other factors?**

   We have years of detailed data about life insurance shoppers. First, it's a multi-touch journey – we typically see a number of touches across channels before a shopper converts. That shouldn't be surprising as life insurance is not an impulse purchase. Second, brand is incredibly important to shoppers. Again, this shouldn't be surprising as life insurance is a long-term contract where you have to trust the counterparty will honor a claim that could happen 20-30 years down the road. If there's a material difference in the price, we see most shoppers choose the lowest-priced carrier. However, if the price range is narrow, then we see most shoppers choose the brand they recognize and trust the most, even if it's not the lowest-priced. The top questions that get asked by shoppers are about the insurance company. Are they reputable? What's the financial strength rating? How long have they been selling life insurance? Don't underestimate the importance of carrier brand in this market.

Interview with Policygenius (cont.)

Policygenius **Exclusive CEO Interview – Jennifer Fitzgerald** *Published October 2019*

7. Policygenius has now had several years to experiment with how different presentation of insurance options or recommendations influences purchasing behavior. What have you concluded is most effective, and what do you think are the implications for a marketplace approach vs. a single carrier direct-to-consumer approach?

Consumers need to see a range of options with brand names they recognize. They also need to have optimized support, which includes human-assisted and self-directed, to make a decision. You have to provide a platform and onboarding experience that meets the needs of both big-picture shoppers and detail-oriented shoppers, which is no easy feat.

The marketplace approach is more effective than a single carrier, direct-to-consumer approach. First, insurance shoppers are used to comparing and reviewing products on an open-choice marketplace – we live in the world of Amazon and Expedia. And a consumer has no idea if a life insurance or homeowners insurance offer is a good one, unless they compare and get independent advice. Second, we are at a structural advantage when it comes to customer acquisition. Your customer acquisition cost is a function of just two variables – your cost to acquire a lead and your ability to convert that lead to a customer. Even assuming the Policygenius cost to acquire a lead is the same as a direct-to-consumer carrier, which it is not for the record, we have a higher likelihood of converting that lead because we have the underwriting "boxes" of multiple carriers, across multiple categories.

Interview with Policygenius (cont.)

Policygenius **Exclusive CEO Interview – Jennifer Fitzgerald** *Published October 2019*

8. **One of the challenges for a digital marketplace in any line of insurance is to present a streamlined application process to the customer while collecting all the data needed for a diverse range of application forms used by different carriers. How far has Policygenius been able to get in achieving a unified application experience? And were you able to leverage third party technology for this or did you have to build your own?**

Outside-in observers generally aren't aware of the robust and sophisticated tech stack we've built to power our company and the customer experience. We've built our own proprietary technology to power the quoting, underwriting, application and binding experience for our customers. We have deep integrations with carriers to process new business. We employ machine learning to optimize risk matching between consumers and carriers, which drives our industry-leading placement rate. When we got started, we used some of the existing software in the industry, but it's not built for scale or a direct-to-consumer digital experience, and it slows you down. We even built our own CRM/AMS that our 150-person operations organization uses every day. Other companies use Salesforce or Zendesk or Vertafore – we use our own software, which allows us to process new business with much more efficiency than anyone else in the industry.

9. **Another often-discussed aspect of the buying experience in life insurance is the underwriting requirement for medical exams. What has Policygenius' experience suggested about the degree to which that friction impacts life insurance purchasing rates and whether consumers are prepared to pay higher rates for the convenience of faster, less-invasive underwriting approaches as they are for some other consumer products and services?**

People unfamiliar with life insurance often overestimate the friction of the paramedical exam and the tendency of shoppers to choose a higher-priced policy to skip the medical exam. We've had more expensive simplified issue policies on the platform, and generally nobody is willing to pay more for them. We also have accelerated underwriting products on the platform with several of our carriers; however, we don't advertise them as no-medical exam policies like others do, because you'll invite adverse selection and set a lot of consumers up for disappointment. We believe in transparency and delivering the best quality experience for our consumers and carriers. As a result of our position in the life insurance industry, we have carriers that are now building accelerated underwriting products exclusively for Policygenius. They'll have the most robust underwriting and pricing in the market – we're excited to launch those offerings in early 2020.

Interview with Policygenius (cont.)

Policygenius **Exclusive CEO Interview – Jennifer Fitzgerald** *Published October 2019*

11. **How many agents does Policygenius employ today, and what's your model for combining digital workflow and human advice into the customer experience?**

    We currently employ around 75 insurance-licensed people at Policygenius. We believe, and have validated from years of experience, that today's consumer wants a digital, self-directed experience until they don't. And they want a human – an unbiased expert – at moments of truth. We offer that, and the results speak for themselves in terms of our conversion, customer reviews, and NPS score of 75.

12. **You've taken a contrarian approach for a product known for being "sold not bought" in paying your agents salaries and not on a commission basis. Why, and have you been able to test the impact of one approach vs. the other?**

    We haven't A/B tested salaries versus commissions. However, commissions are only necessary when agents have to do the prospecting and selling. Our agents don't have to do that – our marketing, content and website attracts and converts prospects to shoppers to applicants, so that our agents can just focus on advice and field underwriting.

13. **Policygenius launched into P&C insurance earlier this year. How's that going?**

    We launched home & auto insurance in January of this year, and that's been a rocketship. At this point we're rarely surprised by anything, but the growth of this vertical surprised us. We've created the first meaningful marketplace for personal lines P&C. Because of the quality of our life insurance business and our track record there, the P&C carriers were all very excited to work with us.

Interview with Policygenius (cont.)

Policygenius **Exclusive CEO Interview – Jennifer Fitzgerald** *Published October 2019*

14. Home and auto are highly competitive environments for customer acquisition. Have you been able to cross-sell to your existing life insurance customers or to new shoppers at the time they're purchasing life insurance, or are you mainly acquiring new customers in P&C?

Almost all of our growth for P&C this year has been a result of life shoppers cross-selling themselves, or just inbound as a result of our brand in market. We've just started marketing P&C, using the same playbook we've perfected for life insurance, and are super excited by the early results.

15. What can you share about Policygenius' overall commercial progress?

We've placed over $40 billion of life insurance coverage. Currently we have about 250 employees and we're on pace to do $120M of actual GAAP revenue in 2020.

16. It wasn't easy raising money when you started the company. How has the investment community attitude towards insurance opportunities evolved in your experience?

We've now raised over $50 million in venture capital and there's been a total 180-degree shift in investor interest in insurance. We first went to market in 2013 and got zero interest – investors asked us, "is there enough money in insurance?" Needless to say, we don't get asked that question now. We were a pioneer in this new wave of insurance tech companies, and now we're one of the leaders.

Interview with Policygenius (cont.)

Policygenius **Exclusive CEO Interview – Jennifer Fitzgerald** *Published October 2019*

17. What's next for Policygenius?

Continuing to scale our business to be the leaders in life and P&C. We're also excited to launch new offerings in 2020 that go beyond insurance to deliver on financial wellness products that our customers have been requesting of us for the past couple years. Be on the lookout for those in 2020.

18. Any final words of advice for other InsurTech entrepreneurs?

This industry isn't easy and there aren't any shortcuts to a meaningful, enduring company with scale.

Zeguro Overview

Company Overview

zeguro

CEO:	Sidd Gavirneni
Headquarters:	San Francisco, CA
Founded:	2016

- **Zeguro is a provider of cyber safety solutions offering a suite of tools for cyber risk mitigation and compliance, as well as cyber insurance tailored to a company's size, sector and risk profile**
  - The Company's tools help prevent cyber attacks and lower insurance costs
  - Zeguro is the Cyber specialist underwriter for HSB / Munich Re offering policies that are specifically priced for an organization's risk
- **Zeguro serves small to medium sized businesses as well as organizations in the healthcare and financial services industries**

Management

Sidd Gavirneni
Co-Founder & Chief Executive Officer

Dan Smith
Co-Founder & President

Abbey Gallegos
EVP, Insurance

Products & Services

Training
Offers cybersecurity training for employees by assessing their knowledge, educating them with individualized training, and analyzing their learning to ensure compliance

Monitoring
Offers web app vulnerability scanning by examining web apps to search for vulnerabilities, producing steps to fix the issues, and continuously monitoring to stop cyber threats before they start

Compliance
Offers pre-built security policies with living documents that evolve with the business and cybersecurity landscape, easy to understand policies, and the ability to edit and approve policies

Cyber Insurance
Offers comprehensive cyber insurance coverage tailored to individual businesses, a team available 24/7 for response and resolution, and the ability to purchase a quote in just a few clicks

Selected Financing History

Date	Size ($ mm)	Selected Investor(s)
11/05/18	$5	Mosaik Partners, QBE, Healthy Ventures, Munich RE / Munich Re Ventures, Social Capital, Plug and Play, Sparkland
12/06/17	NA	Startupbootcamp
03/21/17	NA	Plug and Play

Source: Company website, FT Partners Proprietary Database, Pitchbook

Interview with Zeguro

zeguro

Published December 2019

Sidd Gavirneni

CEO

1. **What is your background and how did you decide to target the cyber insurance market? What are the key tailwinds you see for the market?**

   Prior to Zeguro, I was managing Polycom's product portfolio while serving on their Information Security Board. I was also a portfolio and strategy consultant to security companies after a career as a software engineer. My educational background includes an MBA from IE Business School in Spain, and a Masters in Computer Science focused on information security. We saw a huge opportunity in the cybersecurity and cyber insurance space. My Co-founder, Dan Smith, and I both worked for larger organizations in cyber security, and saw unsophisticated attacks cripple operations. Given the lack of in-house security resources and technology at the SMB level, we saw an even bigger opportunity to make a difference. In fact, 58% of SMBs had a data breach in 2018, and 60% of SMBs go out of business within 6 months of a cyber breach. Now, only 4% of SMBs have cyber insurance. This low adoption of cyber insurance is a key contributor to bankruptcies as a result of cyber breaches. Tailwinds in the market include the increasing number of businesses impacted by a cyber breach, including the many high-profile breaches in the news.g

2. **What products does Zeguro offer and how do you go to market?**

   Zeguro offers a suite of tools for risk mitigation and compliance, as well as insurance premiums tailored to an organization's size, sector and risk profile. By using our intuitive tools to prevent cyber attacks, a business' cyber insurance costs go down. Today, we go direct-to-customer with our SaaS cybersecurity offering and cyber insurance utilizing cost-effective digital advertising strategies (such as SEM, SEO, and content marketing) in addition to traditional advertising and outbound sales.

Interview with Zeguro (cont.)

zeguro

Exclusive Co-CEO Interview – Sidd Gavirneni

Published December 2019

3. How does the Company underwrite and who are your key partners on both the data and the insurance capacity side?

A combination of inside-out real-time security data from our Cyber Safety™ platform and specific questions that allow us to properly evaluate the business (based on their operations, industry, sensitivity of data, size, and contractual requirements) enable us to better underwrite cyber insurance. Based on this information, we ascertain the unique risk profile of each insured and deliver a customized policy. We work with Hartford Steam Boiler (HSB)/Munich Re for cyber insurance.

4. Zeguro is structured as an MGA. Why did you choose this model?

As an MGA, we can impact both distribution and underwriting using the unique data we have about the business. Zeguro's platform is all about simplifying cyber security and cyber insurance for SMBs. Being an MGA gives us the ability to seamlessly combine those and make cyber insurance easy to understand and buy.

5. How do you think about the economics of your business, particularly from the perspective of customer acquisition costs and lifetime customer value?

We have two revenue drivers – the SaaS Cyber Safety™ platform and cyber insurance. This combined approach gives us a great ACV compared to pure SMB cyber insurance plays. Furthermore, it increases stickiness.

Interview with Zeguro (cont.)

zeguro

Exclusive Co-CEO Interview – Sidd Gavirneni

Published December 2019

6. What does the competitive landscape look like for SMB cyber insurance? How does Zeguro stand out?

As of now, the SMB market is largely underserved by brokers and insurance companies, allowing us the opportunity to personalize and deliver a product that is specifically suited for the SMB space. Zeguro is unique in that it offers a combination of a technology platform for prevention and minimization of cyber risk as well as insurance for 100% cyber safety. Many other companies offer one or the other. With Zeguro's hybrid solution, users of the cyber safety platform enjoy reduced cyber insurance premiums, much like good drivers enjoy lower car insurance premiums.

7. You've raised both venture and strategic funding. How did you choose your investors and what should we expect next on the capital raising front?

Investors are part of our team. To that extent, we wanted to bring in investors who are knowledgeable, know the insurance industry, and can be strategic partners. Mosaik Partners' FinTech experience, and the strategic partnerships from HSB/Munich Re and QBE were a great fit for our seed round. We do plan to go for our Series A in the next few months.

8. Can you share any key business metrics with us?

Unfortunately, we cannot share any specifics at this time. However, since the launch of our product in all 50 states, customers are growing rapidly. This is also enabling us to better understand the cyber security posture of SMBs for better risk mitigation and for better underwriting.

Interview with Zeguro (cont.)

zeguro **Exclusive Co-CEO Interview – Sidd Gavirneni** *Published December 2019*

9. What are the biggest challenges you face in running a cyber insurance startup?

Insurance is fun, but not easy. Unlike most SaaS consumer products, both cybersecurity and cyber insurance need to work well for customers. This need for perfection is what makes our job harder, but also satisfying. To add to that, SMBs still need some education on the need for cyber insurance. There are quite a few macro trends (regulation, contractual requirements) that are making it easier.

10. What is the long-term vision for the Company?

Zeguro's long-term vision is to empower every organization to withstand the digital unknown. In the near-term, we are focusing on the SMB market, which is underserved when it comes to cybersecurity resources and capabilities. This will enable us to connect real-time inside-out cybersecurity data with claims data to have statistically relevant risk and pricing models. Cyber insurance should be the most connected form of insurance, and we will make sure that it is.

FT Partners – Focused Exclusively on FinTech

FT Partners Research – Transaction Profiles Published in 2019

- Bright Health Raises $635 million in Series D Financing
- wefox Group Raises $110 million in Series B Financing
- Duck Creek Technologies Rasies $120 million in Financing
- Applied Systems Acquires Indio
- Aon Acquires CoverWallet
- PolicyBazaar Raises $150 million in Financing from Tencent
- Next Insurance Raises $250 million in Series C Financing
- Root Insurance Rasies $350 million in Series E Financing
- Prudential Acquires Assurance for $3.5 billion
- Huize Files for its IPO
- Ethos Raises $60 million in Series C Financing
- FINEOS Raises Approximately $143 million in its IPO
- Roper Technologies Acquires iPipeline for $1.63 billion
- Hippo Raises $100 million in Series D Fianncing
- Collective Health Raises $205 million in Financing
- Snapsheet Raises $29 million in Series E Financing
- Roalition Raises $40 million in Series B Financing
- Health IQ Raises Approximately $55 million in Series D Financing
- Palomar Completes its IPO Raising $84 million
- Applied Systems Acquires TechCanary
- Lemonade Raises $300 million in Series D Financing
- Willis Towers Watson Acquires TRANZACT for up to $1.4 billion
- wefox Group Raises $125 millioin in Series B Financing
- CoverHound Raises $58 millino in Series D Financing

Click cover to view

FT Partners – Focused Exclusively on FinTech

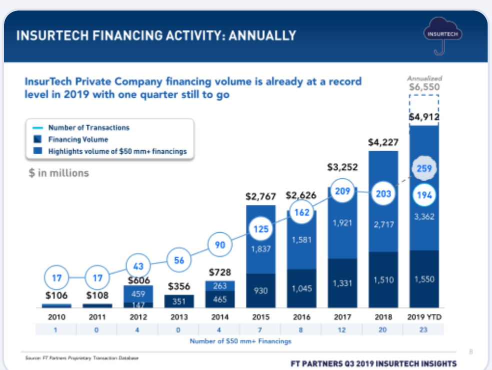
FT Partners Research – Quarterly InsurTech Insights

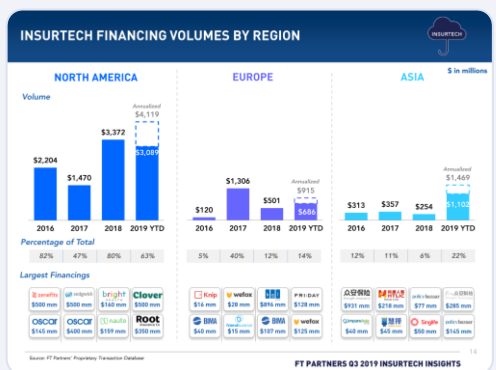
Q3 2019 InsurTech Insights

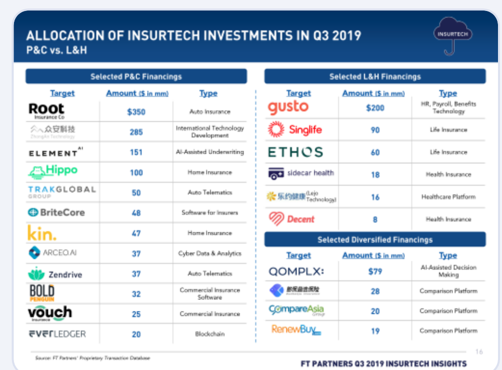
Click pictures to view report

Highlights of the report include:

- 2019 and historical InsurTech financing and M&A volume and deal count statistics
- Largest InsurTech financings and M&A transactions in 2019 YTD
- Most active InsurTech investors
- Corporate VC activity and strategic investor participation
- Other industry, capital raising and M&A trends in InsurTech







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Leading Advisor Across the InsurTech Landscape

Insurance Distribution

Financial Technology Partners LP
FTP Securities LLC
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ASSURANCE
on its sale to
Prudential
for total consideration of up to
$ 3,500,000,000

Consumer Protection Plans

Financial Technology Partners LP
FTP Securities LLC
is pleased to announce its role as exclusive strategic and financial advisor to
square trade
in its sale to
Allstate
for total consideration of
$ 1,400,000,000

Wholesale Brokerage

Financial Technology Partners LP
FTP Securities LLC
is pleased to announce its exclusive role as sole strategic and financial advisor to
AmWINS Group, Inc.
in its growth recapitalization by
NMC New Mountain Capital LLC
valued at approximately
$ 1,300,000,000

Telematics / Connected Car Solutions

Financial Technology Partners LP
FTP Securities LLC
is pleased to announce its exclusive role as sole strategic and financial advisor to
AUTOMATIC
in its sale to
SiriusXM Satellite Radio
for total consideration of approximately
$ 115,000,000

Small Business Insurance

Financial Technology Partners LP
FTP Securities LLC
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NEXT Insurance
on its Series C financing from
Munich RE
for total consideration of
$ 250,000,000

Homeowners Insurance

Financial Technology Partners LP
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LENNAR
in its minority investment in
Hippo
with participation from new and existing investors
for total consideration of
$ 70,000,000

Small Business Insurance

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is pleased to announce its exclusive role as sole strategic and financial advisor to
insureon
in its equity capital raise led by
OAK HC/FT
for total consideration of
$ 31,000,000

Virtual Claims

Financial Technology Partners LP
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is pleased to announce its role as exclusive strategic and financial advisor to
snapsheet
in its Series E financing with new investors
sedgwick, State Auto Labs, Nationwide
with participation from
TOLA Capital
for total consideration of
$ 29,000,000

Auto Finance and Insurance Solutions

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SAFE-GUARD
on its sale to an Affiliate of
Goldman Sachs

Sales Automation Software

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INSURANCE TECHNOLOGIES
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Zywave Insurance Solutions
to
AURORA CAPITAL PARTNERS

Personal Lines Insurance Distribution

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Goji
in its sale to
Seeman Holtz Property & Casualty

P&C Claims

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FTP Securities LLC
is pleased to announce its exclusive role as sole strategic and financial advisor to
enservio
in its sale to
Solera

Small Business Insurance

Financial Technology Partners LP
FTP Securities LLC
is pleased to announce its role as exclusive strategic and financial advisor to
coverwallet
on its sale
AON

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FT Partners Advises Assurance on its Sale to Prudential Financial

Overview of Transaction

- On September 5, 2019, Prudential Financial (NYSE:PRU) announced that it has signed a definitive agreement to acquire Assurance IQ ("Assurance")
- The acquisition includes total upfront consideration of $2.35 billion and an additional earnout of up to $1.15 billion in cash and equity, contingent upon the Company achieving multi-year growth objectives
- Launched in 2016, Assurance is the fastest growing direct-to-consumer InsurTech platform in history
  - Using a combination of advanced data science and human expertise, Assurance matches buyers with customized solutions spanning life, health, Medicare and auto insurance, giving them options to purchase entirely online or with the help of a technology-assisted live agent

Significance of Transaction

- Assurance will add a large and rapidly growing direct-to-consumer channel to Prudential's financial wellness businesses, significantly expanding the total addressable market of both companies
- Both companies will draw on respective capabilities to create a new, end-to-end engagement model geared to better serve customers
- The transaction is the largest strategic InsurTech exit in history and represents one of the fastest multi-billion dollar tech exits, as the Company was only founded in February 2016
- Assurance was funded entirely by its founders, highlighting FT Partners' ability to help under-the-radar FinTech companies achieve optimal outcomes

FT Partners' Role

- FT Partners served as exclusive strategic and financial advisor to Assurance and its board of directors
- This transaction highlights FT Partners' deep domain expertise in the InsurTech space, and its successful track record generating highly favorable outcomes for high growth FinTech companies globally

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FTP Securities LLC

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ASSURANCE

on its sale to

Prudential

for total consideration of up to

$3,500,000,000

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FT Partners Advises SquareTrade in its Sale to Allstate

Overview of Transaction

- On November 28, 2016, SquareTrade announced its $1.4 billion all-cash strategic sale to the Allstate Corporation
- Headquartered in San Francisco, CA, SquareTrade offers top-rated protection plans trusted by millions of consumers for electronics and appliances
  - SquareTrade's branded products are sold through major retailers
- Allstate is the largest publicly held personal lines property and casualty insurer in America serving more than 16 million households nationwide
- More details available in Allstate's transaction press release and investor presentation

Significance of Transaction

- This transaction expands Allstate's protection offering to consumer electronics, connected devices and appliances
- SquareTrade substantially increases Allstate's customer relationships while providing both strong near-term and long-term growth opportunities

FT Partners' Role

- FT Partners served as exclusive strategic and financial advisor to SquareTrade and its Board of Directors
- This transaction demonstrates FT Partners' continued leadership position as the "advisor of choice" to the highest quality FinTech companies
- FT Partners represented SquareTrade in its $238 million strategic growth investment with Bain Capital and Bain Capital Ventures
- FT Partners also recently represented Bain Capital Ventures' portfolio company Enservio in its sale to Solera demonstrating our long-term trusted relationship

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FTP Securities LLC

is pleased to announce its exclusive role as sole strategic and financial advisor to

square trade™

in its sale to

Allstate®

for total consideration of

$ 1,400,000,000

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FT Partners Advises Next Insurance on its $250 million Series C Financing

Overview of Transaction

- On October 7, 2019, Next Insurance announced that it has raised $250 million in its Series C funding round from Munich Re
- Founded in 2016 and headquartered in Palo Alto, CA, Next Insurance is the leading digital insurance company for small businesses
  - Revolutionizing traditional insurance processes, Next Insurance utilizes advanced technology to offer the industry's most innovative small business insurance policies
- Munich Re is one of the world's leading providers of reinsurance, primary insurance, and insurance-related risk solutions
- In May 2018, Next Insurance announced its status as a licensed insurance carrier, allowing the Company to write policies independently, as well as to have more freedom over underwriting, setting of prices, and configuration of policies

Significance of Transaction

- The Series C round brings Next Insurance's total funding to $381 million in just over three years, with a valuation of over $1 billion
- The new funds will continue to help Next Insurance grow its team, develop its technology, and accelerate customer growth
- Additionally, the investment allows Munich Re to expand its footprint in the small and medium-sized business insurance market in the United States

FT Partners' Role

- FT Partners served as exclusive strategic and financial advisor to Next Insurance and its Board of Directors
- FT Partners also advised Next Insurance on its $83 million Series B financing in 2018
- This transaction underscores the long-term nature of many of FT Partners' relationships as well as our successful track record generating highly favorable outcomes for leading InsurTech companies

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is pleased to announce its role as exclusive strategic and financial advisor to

NEXT INSURANCE

on its Series C financing from

Munich RE

for total consideration of

$250,000,000

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FT Partners Advises Lennar on its Investment in Hippo

Overview of Transaction

- On November 14, 2018, Lennar Corporation ("Lennar") announced it has co-led a $70 million minority investment in Hippo with Felicis Ventures, along with participation from all major existing shareholders
  - The investment brings the total amount of funding raised by Hippo to $109 million
- Lennar Corporation (NYSE:LEN) is the one of the leading homebuilders in the United States
- Headquartered in Mountain View, CA, Hippo is a leading property and casualty InsurTech start-up, offering homeowners insurance as well as a number of more specialized products
- Hippo has helped cut premium costs for its customers by up to 25%, seen policy sales grow by 30% month over month, and now covers more than $25 billion in total property value
  - Hippo is accessible to more than 50% of the US homeowner population, and that number is expected to increase to over 60% by the end of 2018

Significance of Transaction

- With the new funding, Hippo will accelerate growth while continuing to deliver a modernized home insurance product that includes world-class customer experience on a national scale
- The transaction also offers a clear path for Lennar to continue to streamline the home buying experience for its customers

FT Partners' Role

- FT Partners served as exclusive strategic and financial advisor to Lennar
- This transaction underscores FT Partners' deep FinTech expertise and its continued success in providing buy side advisory to top-tier strategic investors

Financial Technology Partners LP
FTP Securities LLC

is pleased to announce its role as exclusive strategic and financial advisor to

LENNAR

in its minority investment in

Hippo

with participation from new and existing investors

for total consideration of

$70,000,000

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FT Partners Advises Snapsheet on its Series E Financing

Overview of Transaction

- On May 20, 2019, Snapsheet announced it has raised $29 million in Series E financing from new investors Nationwide, Sedgwick and State Auto Labs, with participation from Tola Capital
  - Existing investors Liberty Mutual Strategic Ventures, F-Prime Capital, OCA Ventures, and an affiliate of USAA also participated in the round
- Headquartered in Chicago, IL, Snapsheet is a leading provider of virtual claims technology for the personal and commercial insurance marketplace
- Since its founding in 2010, Snapsheet has used its technology to digitally transform claims workflows for over 75 clients and their customers

Significance of Transaction

- This financing will allow Snapsheet to accelerate the delivery of its SaaS claims platform for all lines of property and casualty, further invest in advanced analytics capabilities, and expand its team to serve clients globally
- With this round, Snapsheet has raised a total of $71 million in financing

FT Partners' Role

- FT Partners served as sole strategic and financial advisor to Snapsheet and its board of directors
- This transaction underscores FT Partners' deep InsurTech domain expertise and its successful track record generating highly favorable outcomes for high growth FinTech companies globally

Financial Technology Partners LP
FTP Securities LLC

is pleased to announce its role as exclusive strategic and financial advisor to

snapsheet

in its Series E financing with new investors

sedgwick STATE AUTO LABS Nationwide

with participation from

TOLA CAPITAL

for total consideration of

$29,000,000

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FT Partners Advises CoverWallet on its Sale to Aon

Overview of Transaction

- On November 20, 2019, Aon (NYSE:AON) announced that it has signed a definitive agreement to acquire CoverWallet
- Launched in 2015, CoverWallet is a leading technology company reinventing the multi-billion dollar commercial insurance market for small businesses
- Powered by deep analytics, thoughtful design, and state-of-the-art technology, the Company provides an easy way to understand, buy, and manage business insurance online
- CoverWallet offers a wide variety of commercial coverages to small businesses with numerous carrier partners nationwide
- The transaction is expected to close during the first quarter of 2020, after which the CoverWallet organization will go to market as CoverWallet, an Aon company

Significance of Transaction

- CoverWallet will add large and rapidly growing direct-to-consumer and business-to-business channels to Aon's small commercial insurance businesses, significantly expanding the total addressable market of both companies
- The acquisition provides Aon with additional access to the fast-growing, $200+ billion premium digital insurance market for small and medium-sized businesses, as well as the opportunity to leverage CoverWallet's platform and digital, design, technology and data science capabilities already deployed at scale
- Additionally, CoverWallet provides Aon with an experienced team and deep expertise in productizing technology in financial services

FT Partners' Role

- FT Partners served as exclusive strategic and financial advisor to CoverWallet and its board of directors
- This transaction highlights FT Partners' deep domain expertise in the InsurTech space, and its successful track record generating highly favorable outcomes for high growth FinTech companies globally

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coverwallet

on its sale to

AON

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FT Partners Advises Lennar on its Sale of NATC and NATIC

Overview of Transaction

- On December 6, 2018, Lennar Corporation ("Lennar") announced its wholly-owned subsidiary North American Title Group (NATG) plans to combine its underwriter and the majority of its retail title business with States Title. The deal received regulatory approval and became effective on January 7th, 2019
  - States Title has acquired NATG's underwriter, North American Title Insurance Company (NATIC), and a majority of the retail business of NATG's national title agency, North American Title Company (NATC)
  - The newly combined company will continue to operate under the North American Title brand led by States Title CEO, Max Simkoff, and Lennar has assumed a substantial minority equity ownership stake
- NATC's builder business and a portion of its retail business remains with Lennar and operates as CalAtlantic Title, while around two-thirds of NATG's current associates have been transferred to States Title
- Lennar Corporation (NYSE:LEN) is one of the nation's leading builders of quality homes
- States Title is a San Francisco-based title insurance and escrow platform that uses predictive analytics to streamline the underwriting, settlement, and closing processes of purchasing a home
- North American Title Group (NATG) is one of the largest real estate settlement service providers in the U.S.

Significance of Transaction

- The combination accelerates the growth of States Title and its vision, enabling the Company to better serve home buyers and sellers across the U.S. by leveraging its proprietary technology and analytics to create a modern real estate closing experience
- The transaction is consistent with Lennar's strategy to align itself with leading technology innovators in order to streamline and enhance the overall customer experience

FT Partners' Role

- FT Partners served as exclusive strategic and financial advisor to Lennar
- FT Partners also recently advised Lennar on its co-lead investment in home insurance innovator Hippo's $70 million financing round
- This transaction underscores FT Partners' deep FinTech expertise and its continued success in providing advisory services to world class organizations

Financial Technology Partners LP
FTP Securities LLC

is pleased to announce its role as exclusive strategic and financial advisor to

LENNAR®

in its sale of

NORTH AMERICAN TITLE COMPANY
Like Clockwork®

&

NATIC®
NORTH AMERICAN TITLE INSURANCE COMPANY

to

states title

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FT Partners Advises Goji on its Sale to Seeman Holtz

Overview of Transaction

- On November 13, 2018, Goji announced it has been acquired by Seeman Holtz Property & Casualty ("SHPC")
- Headquartered in Boston, MA, Goji operates an online analytics and data-driven distribution platform for personal lines of insurance that matches clients with the right coverage at the best prices, through an integrated network of national insurance carriers
  - Goji is a licensed insurance agency in 41 states that writes policies for clients on behalf of insurance carriers
- SHPC will integrate Goji's technology platform throughout its divisions and verticals to optimize operational efficiency, better address clients needs and increase production
- This acquisition marks SHPC's 50th acquisition

Significance of Transaction

- Through the acquisition, Goji's clients will gain access to the 400+ carrier relationships and the 50 state agent licenses of SHPC
- SHPC will continue to expand its access to more digital marketing channels and partnerships, further enhancing its online digital marketing and customer acquisition capabilities

FT Partners' Role

- FT Partners served as exclusive strategic and financial advisor to Goji
- FT Partners previously advised Goji on its $15 million financing in November 2017
- This transaction highlights FT Partners' strong expertise across the InsurTech landscape

Financial Technology Partners LP
FTP Securities LLC

is pleased to announce its role as exclusive strategic and financial advisor to

Goji

in its sale to

Seeman Holtz Property & Casualty

FINANCIAL TECHNOLOGY PARTNERS

The Only Investment Bank Focused Exclusively on Financial Technology

FT Partners – Focused Exclusively on FinTech

Award-Winning Investment Banking Franchise Focused on Superior Client Results

LendIt

2018	Top Investment Bank in FinTech

Institutional Investor

Institutional Investor Annual Ranking

2018	Steve McLaughlin Ranked #1 for the Second Year in a Row on Institutional Investor's FinTech 40 List
2017	Ranked #1 on Institutional Investor's FinTech 40 List
2015 & 2016	Ranked Top 5 on Institutional Investor's FinTech 35 List
2006 – 2008	Consecutively Ranked (2006, 2007 and 2008) among the Top Bankers on Institutional Investor's "Online Finance 40"

The Information

2016	Ranked #2 Top Technology Investment Banker on The Information's "Silicon Valley's Most Popular Dealmakers"

2019 - 2004 ANNUAL AWARDS WINNER

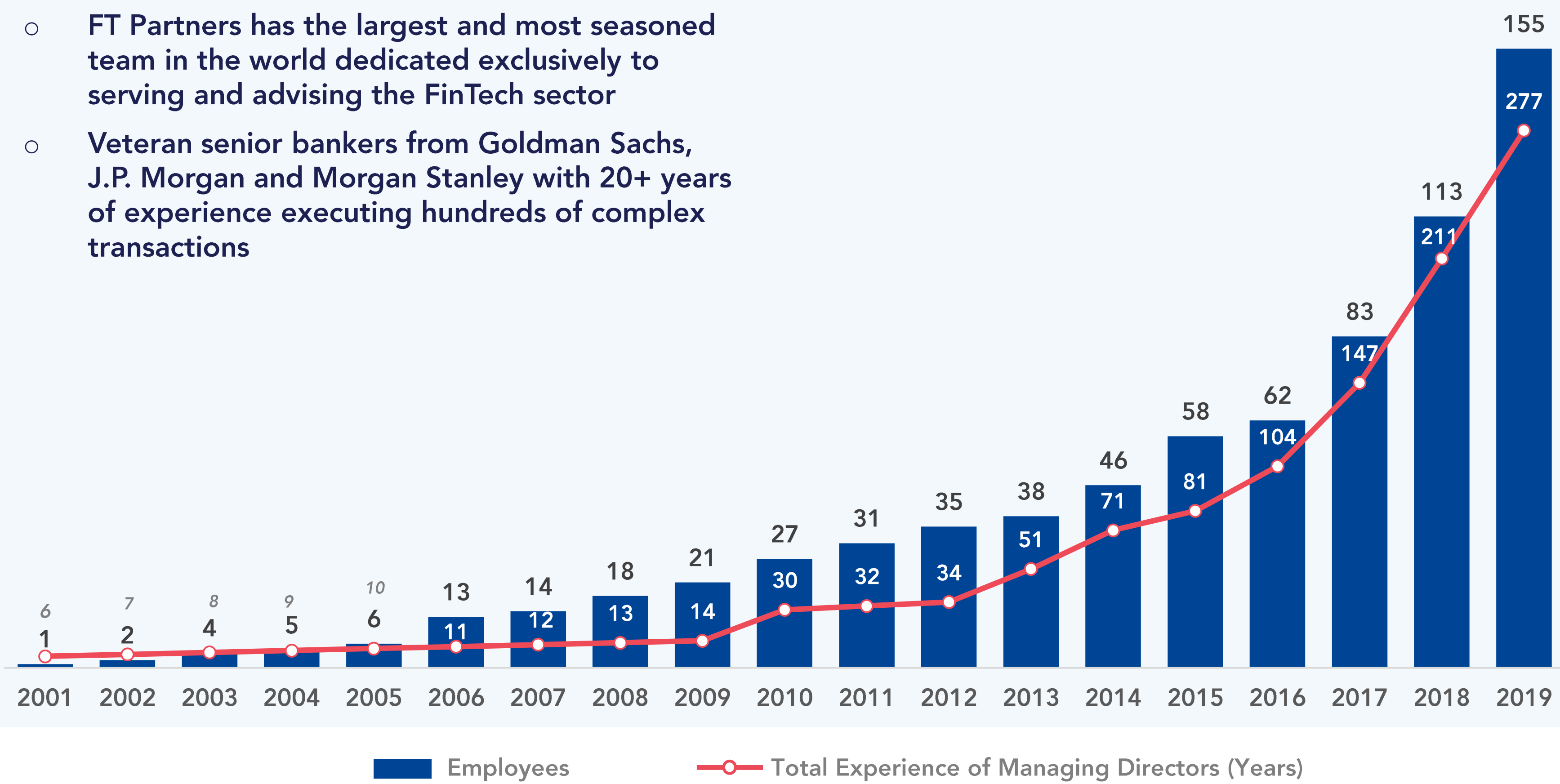
M&A Advisor Awards

2019	Technology Deal of the Year	**2012**	Professional Services Deal of the Year, $100 mm+
2018	Corporate / Strategic Deal of the Year	**2011**	Boutique Investment Bank of the Year
2018	Cross Border Deal of the Year	**2011**	Deal of the Decade
2017	Investment Banker of the Year	**2010**	Upper Middle Market Deal of the Year, $500 mm+
2016	Investment Banking Firm of the Year	**2010**	IT Services Deal of the Year, Below $500 mm
2016	Cross Border Deal of the Year	**2010**	Cross-Border Deal of the Year, Below $500 mm
2015	Dealmaker of the Year	**2007**	Dealmaker of the Year – Steve McLaughlin
2015	Technology Deal of the Year	**2007**	Business to Business Services Deal of the Year
2014	Equity Financing Deal of the Year	**2007**	Computer & Information Tech Deal of the Year, $100 mm+
2014	Professional Services Deal of the Year, $100 mm+	**2007**	Financial Services Deal of the Year, $100 mm+
2012	Dealmaker of the Year	**2004**	Investment Bank of the Year

FT Partners – Focused Exclusively on FinTech

The Largest FinTech Advisory Practice in the World

- FT Partners has the largest and most seasoned team in the world dedicated exclusively to serving and advising the FinTech sector
- Veteran senior bankers from Goldman Sachs, J.P. Morgan and Morgan Stanley with 20+ years of experience executing hundreds of complex transactions



Average Experience of Managing Directors (Years)

6	7	8	9	10	11	12	13	14	15	16	17	17	18	16	17	18	19	20

FT Partners – Focused Exclusively on FinTech

The FT Partners Senior Banker Team

Name / Position	Prior Background	Experience / Education	Years of Experience
Steve McLaughlin *Founder, CEO and Managing Partner*	Goldman Sachs	• Formerly with Goldman Sachs in New York and San Francisco from 1995-2002 • Formerly Co-Head of Goldman Sachs' Financial Technology Group (#1 market share) • Wharton M.B.A.	***25***
Mohit Agnihotri *Managing Director*	J.P.Morgan	• Formerly Managing Director and Global Head of Payments Investment Banking at J.P. Morgan • Wharton M.B.A	***18***
Kate Crespo *Managing Director*	Raymond James	• Formerly with Raymond James' Technology & Services investment banking • 13+ years of FinTech transaction execution experience • Dartmouth M.B.A.	***18***
Larry Furlong *Managing Director*	Goldman Sachs	• Formerly with Goldman Sachs in New York, London and Los Angeles from 1995-2004 • Wharton M.B.A.	***24***
Osman Khan *Managing Director*	A&M, PwC	• Formerly Managing Director and Head of FIG M&A at Alvarez & Marsal • 15+ years FIG deal, consulting and assurance experience at PwC • 40 Under 40 M&A Advisor Award Winner in 2013	***23***
Randall Little *Managing Director*	J.P.Morgan	• 12 years as FIG / Capital Markets FinTech investment banker at J.P. Morgan • 10 years as financial services technology consultant at Sun Microsystems and Ernst & Young • NYU Stern M.B.A. (MBA w/Distinction)	***23***
Andrew McLaughlin *Managing Director*	Deloitte.	• 20+ years experience executing / implementing financial and operational strategy • Formerly with Deloitte Consulting	***14***
Amar Mehta *Managing Director*	J.P.Morgan	• Formerly with J.P. Morgan's Technology (FinTech & Technology Services) team in New York • 7+ years of FinTech transaction execution experience • MBA from IIM-K (India), Bachelor's in Computer Engineering from NTU (Singapore)	***15***
Mike Nelson *Managing Director*	SunTrust	• Formerly head of FinTech M&A at SunTrust Robinson Humphrey • Kellogg M.B.A.	***20***
Timm Schipporeit *Managing Director*	Morgan Stanley Index Ventures	• Formerly with Morgan Stanley as Senior Executive Director of European Technology Investment Banking Team in London • Formerly a Venture and Growth Investor focused on FinTech at Index Ventures	***17***
Greg Smith *Managing Director*	Merrill Lynch J.P.Morgan	• Formerly award winning Equity Research Analyst at Merrill Lynch, J.P. Morgan and Hambrecht & Quist • 20+ years of experience covering FinTech as both an Analyst and Investment Banker	***24***
Tim Wolfe *Managing Director*	Goldman Sachs	• Formerly with Goldman Sachs from 2000-2002 • 40 Under 40 M&A Advisor Award Winner 2013 • Harvard M.B.A.	***18***