

ELIGIBILITY QUESTIONNAIRE

RIA E&O LIABILITY INSURANCE



Email your completed form to sanjiv.sabade@mercer.com or fax it to 515-365-3675.

Investment Advisory Firm's Name: _____

Affiliated Broker-Dealer Firm's Name: _____

Affiliated Insurance Agency's Name: _____

Business Address: _____

Contact Person: _____

Telephone Number 1: _____ Telephone Number 2: _____

Email Address: _____ Fax Number: _____

1. Current E&O Liability Insurance Information:

(a) Carrier: _____ (b) Expiration Date: _____

(b) Limit of Liability: _____ (d) Deductible: _____

2. Please provide Annual Revenue and Revenue Breakdown:

	Current Year: 20__	Next Year: 20__
Annual Total Revenue		
Annual Commission Revenue		
Annual Fee Revenue		
No. of Employee/Officer Investment/Insurance Professionals:		
No. of Independent Contractor Investment/Insurance Professionals:		

3. Provide a breakdown of Services Provided (Total to Equal 100%):

Discretionary Asset Management: _____%

Non-discretionary Asset Management: _____%

Referral to Third Party Money Managers: _____%

Insurance (including Fixed Annuities) Sales: _____%

Securities (including Variable Annuities) Sales: _____%

Other (Describe _____): _____%

Other (Describe _____): _____%

4. RIA Clients' Assets Breakdown (Total to Equal 100%.) List only the portion of the below products not held within Mutual Funds or ETFs.

Listed Stocks (including REITs/MLPs): ____% Mutual Funds ____% Non-Leveraged/Non-Inverse ETFs ____%

Penny Stocks ____% Leveraged/Inverse ETFs ____% Corporate/Municipal/Government Bonds ____% Options ____%

Futures ____% Asset-Backed Securities ____% Junk Bonds ____% Non-traded Securities (LPs/REITs/Hedge Funds/Structured Products, etc.) ____% Other (Describe _____) ____% Other (Describe _____) ____%

5. List the date and amount of All Trade Errors in Last 5 Years:

6. List the date and disputed amount of All Customer Complaints in Last 5 Years:

7. **Names and CRD No. of Investment/Insurance Professionals:** (A) _____

(B) _____ (C) _____ (D) _____

(E) _____ (F) _____ (G) _____

Name and Title of Person Completing This Questionnaire

Date

Program Administered by Mercer Health & Benefits Administration LLC
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