

ELIGIBILITY QUESTIONNAIRE

BROKER-DEALER ERRORS AND OMISSIONS

LIABILITY INSURANCE



Email your completed form to patrick.c.toole@mercer.com or sanjiv.sabade@mercer.com. Or, fax it to 515.365.0375 or 515.365.0985.

Broker-Dealer Firm Name		CRD#	
Street Address	City	State	ZIP
Contact Name	Telephone	Fax	
Contact Email			
Total Number of Registered Representatives _____		Number of Customer Complaints in Past Five Years _____	
Number of Independent Contractor Reg. Reps. Residing in NY State _____		<i>For one or more complaints, details of each complaint are needed.</i>	

1 Expiration Date of Current E&O Insurance

Month Day Year

2 Who is your Current E&O Insurance Carrier?

3 Recent Year's Annual Revenue (a) Broker-Dealer \$ _____ (b) Affiliated RIA \$ _____ (c) Affiliated Life Agency \$ _____
(d) Affiliated Advisory/Consulting Firm \$ _____ (e) Other (please explain _____) \$ _____

4 Percentage of Revenue Breakdown of Broker-Dealer Services

A. _____% Trading/Sale to Retail Investors of:

_____ % Stocks _____ % Futures _____ % Life Ins. _____ % Bonds _____ % Options _____ % Reg. LPs/REITs

_____ % Mutual Funds/ETFs _____ % Annuities _____ % Private LPs/REITs

B. _____ % Trading of Stocks to Institutional Investors

C. _____ % Trading of Bonds to Institutional Investors

D. _____ % Wholesale to BDs/RIAs. Please indicate the types of wholesale products sold _____

E. _____ % Specialty Insurance (e.g. COLI/BOLI/PPLI/PPVA/Life Settlements). Indicate insurance type _____

F. _____ % Consulting & Investment Banking. Please indicate the types of securities involved and/or services provided _____, types of clients _____, types of investors _____

Add → A+B+C+D+E+F = 100% Total

Attach a specimen client contract/engagement letter for each consulting and investment banking service.

5 If affiliated RIA exists, please list the percentage of RIA accounts that are discretionary _____ %.

Breakdown of RIA discretionary assets: Stocks _____ % Bonds _____ % Options _____ % ETFs _____ % Mutual Funds _____ %

Futures _____ % Other (indicate the security type _____ and _____ %)

6 Is any individual employed by or contracted with any of the entities referenced in Question 3 above aware of an incident or a matter that may lead to a possible complaint or claim against such individual or such entity?

Yes (Please attach details of each incident or matter. Note: Such prior knowledge is excluded by a new insurance company.)

No

X Name of Authorized Officer

X Signature

X Date