

ELIGIBILITY QUESTIONNAIRE

BROKER-DEALER ERRORS AND OMISSIONS LIABILITY INSURANCE



7130601

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

1 Expiration Date of Current E&O Insurance

Month Day Year

2 Who is your Current 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 (Total of a, b, c, d, e and f to equal 100%)

(a) Trading/Sale to Retail Investors of Stocks _____% Bonds _____% Mutual Funds/ETFs _____% Futures _____% Options _____%
Reg. LPs/REITs _____% Private LPs/REITs _____% Annuities _____% Life Ins. _____%

(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 _____ and _____%

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

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