

ELIGIBILITY QUESTIONNAIRE
BROKER-DEALER ERRORS AND OMISSIONS
LIABILITY INSURANCE



MERCER

MAKE TOMORROW, TODAY

7861601

Email your completed form to insuranceinfo.service@mercer.com or fax it to 515-365-3005.

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
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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 _____