

ELIGIBILITY QUESTIONNAIRE

BROKER-DEALER ERRORS AND OMISSIONS LIABILITY INSURANCE



Email your completed form to steve.miller@amba.info or sanjiv.sabade@amba.info.

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