



**BROKER-DEALER AND INVESTMENT ADVISOR
E&O QUESTIONNAIRE / REQUEST FOR INDICATION**

Name of Applicant-Broker Dealer			
Name of Applicant -Investment Advisor		Address	
City	State	Zip	Contact Name
Telephone ()	Fax Number ()		Contact Title

1. Do you carry E&O insurance? Yes No
- If no, why? _____
- If yes, when does your policy renew? _____
- Who is your Insurer and Broker? _____

2. What is your business mix?

BROKER DEALER		
Total Stocks:		%
Any Unlisted Stocks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Penny Stocks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Bonds:		%
Investment Grade:	_____ %	
"Junk":	_____ %	
Unregistered Stocks & Bonds:		%
Option Contracts:		%
Future Contracts:		%
Mutual Funds:		%
Any Hedge Funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total LTD Partnerships:		%
Any Unregistered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1031 Exchanges (Real Estate)		%
Total Annuities:		%
Variable	_____ %	
Fixed	_____ %	
Life, Health & Disability:		%
Life Insurance:	_____ %	
Health & Disability Ins.	_____ %	
Other: (Specify):	_____	%
TOTAL:		100%
Number of Registered Representatives? _____		

INVESTMENT ADVISOR	
Name the top 5 business sectors and/or products in which your clients' assets are invested.	
Business Sector:	
1. _____	%
2. _____	%
3. _____	%
4. _____	%
5. _____	%
Product Profile (Describe & indicate if fixed or variable)	
1. _____	%
2. _____	%
3. _____	%
4. _____	%
5. _____	%
Domestic _____ % International _____ % = 100%	
Assets Under Management \$ _____	
Institutional _____ %	Individual _____ %
# Clients _____	# Clients _____
Do you maintain custody of funds or securities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Investment Advisors? _____	

4. How long have you been in business? _____
5. Have you had a claim within the past 3 years? Yes No

PLEASE FAX TO CALSURANCE FAX: (714) 367-7829

Telephone: (888) 848-4955

E-mail: bd@calsurance.com