



INVESTAGUARD

Broker Dealer & Registered Investment Advisor E&O Questionnaire

| | | | |
|------------------------------------|-----------------|------------------|--|
| Firm Name | | Year Established | |
| Address | | | |
| City | State | Zip | |
| Contact Name | | Title | |
| Email | Phone | Fax | |
| Total Number of Professional Staff | + Support Staff | = Total Staff | |

| Type of Entity (Check all that apply) | Number of Professionals |
|--|---|
| <input type="checkbox"/> Retail Broker-Dealer | # <input type="text"/> Registered Reps # <input type="text"/> Tax Preparers/Bookkeepers |
| <input type="checkbox"/> Managing Broker-Dealer | # <input type="text"/> Investment Advisor Reps # <input type="text"/> Certified Public Accountants |
| <input type="checkbox"/> Registered Investment Advisor | # <input type="text"/> Financial Planners |
| <input type="checkbox"/> Insurance Agency | # <input type="text"/> Life Insurance Agents |
| <input type="checkbox"/> Tax & Accounting Practice | # <input type="text"/> Property/Casualty Agents |

Firm Revenues by Service or Product and Form of Compensation- Last 12 Months or Last Fiscal Year (Estimates are OK! This is not a formal application)

| Commission: | | Fee Income (RIA): | |
|--|-------------------------|--|-------------------------|
| Mutual Funds | \$ <input type="text"/> | Money Management – Non-discretionary | \$ <input type="text"/> |
| ETFs | \$ <input type="text"/> | Money Management – Discretionary | \$ <input type="text"/> |
| Stocks | \$ <input type="text"/> | Financial Planning | \$ <input type="text"/> |
| Bonds | \$ <input type="text"/> | Tax Preparation/Bookkeeping | \$ <input type="text"/> |
| Variable Annuities and Variable Life | \$ <input type="text"/> | Accounting Services | \$ <input type="text"/> |
| Investment Banking | \$ <input type="text"/> | Other Fee Income (Describe below) | \$ <input type="text"/> |
| Alternative Investments (Hedge Funds, REITs, LPs, DPPs, other illiquid products) | \$ <input type="text"/> | | |
| Life/Health, Disability and Fixed Annuities | \$ <input type="text"/> | | |
| Property/Casualty Insurance | \$ <input type="text"/> | | |
| Other Commission Income (Describe below) | \$ <input type="text"/> | Total Revenue (Commission + Fee Income) | \$ <input type="text"/> |

Assets under management or advisement (Registered Investment Advisor) AUM/AUA \$

Any other products/services (present, past or future) for which coverage is desired: Describe

Claim and E&O Questions

1. Has any claim, suit or arbitration been made against the firm or its professionals (past 5 years)? Yes No

2. Current E&O Coverage- Carrier Expiration Date Premium \$

Limit \$ Ded \$ (Please attach a copy of your current E&O policy and all endorsements)

3. Any special coverage needs or other requirements?

Email to Dee@InterWebInsurance.com or Call 804-761-6608 for assistance
 Thank you for the opportunity to serve your E&O needs!
 InterWeb Insurance Services