



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 513-335-2128 for assistance
 Thank you for the opportunity to serve your E&O needs!
 InterWeb Insurance Services