

**County of El Paso, Texas  
Broker/Dealer Questionnaire**

Name of Firm: \_\_\_\_\_

Name of Parent Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (800) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

Registered principal: \_\_\_\_\_

Title: \_\_\_\_\_

Account Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Backup Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Do you have an office of the firm for brokerage or other services located within our area? \_\_\_\_\_

Address of office \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has/have the representative(s) listed above been authorized by the firm to be the account representative(s) for the County of El Paso, Texas? \_\_\_\_\_

By Whom? \_\_\_\_\_

***Please provide a separate sheet of background information concerning the account representative(s) listed above.***

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How long has the direct representative been an institutional governmental securities broker? \_\_\_\_\_

How long has the direct representative been an institutional fixed-income broker? \_\_\_\_\_

Is your firm a member of NASD (National Association of Securities Dealers)? \_\_\_\_\_

If not, why? \_\_\_\_\_

Place an "X" by each regulatory agency that your firm is examined by and/or subject to its rules and regulations.

FDIC \_\_\_\_\_ SEC \_\_\_\_\_ NYSE \_\_\_\_\_ Federal Reserve System \_\_\_\_\_

Comptroller of Currency \_\_\_\_\_

Do you have full SIPC (Securities Investor Protection Corporation) insurance coverage? \_\_\_\_\_

***Please provide information on a separate sheet regarding additional coverage for your customers in case of default or failures.***

Does the firm have primary dealer status with the Federal Reserve Bank of New York? \_\_\_\_\_

How long has the firm had primary dealer status? \_\_\_\_\_

Are the firm and the account representative(s) registered with the Texas State Securities Commissioner? \_\_\_\_\_

Since? \_\_\_\_\_

Please provide references from at least four comparable public sector clients. We would prefer public sector clients located in the State of Texas, if possible.

Client Name \_\_\_\_\_

Address \_\_\_\_\_

Person to contact \_\_\_\_\_

Telephone Number \_\_\_\_\_ Length of relationship \_\_\_\_\_

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Client Name \_\_\_\_\_

Address \_\_\_\_\_

Person to contact \_\_\_\_\_

Telephone Number \_\_\_\_\_ Length of relationship \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_

Person to contact \_\_\_\_\_

Telephone Number \_\_\_\_\_ Length of relationship \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_

Person to contact \_\_\_\_\_

Telephone Number \_\_\_\_\_ Length of relationship \_\_\_\_\_

***The following section is to be completed by any firm that does not currently hold primary dealer status.***

In which market sectors does the local firm/desk specialize, if any? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please identify your most directly comparable public sector clients. \_\_\_\_\_

\_\_\_\_\_

How long has your firm been in business? \_\_\_\_\_

Are you a subsidiary of another firm? \_\_\_\_\_