

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? _____

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If yes, which firm? _____

How long have the two firms been associated? _____

What was the firm's total volume in United States Treasuries and agencies for the last fiscal year?

Firm wide: \$ _____

This office: \$ _____

Is your firm an inventory dealer? _____

Do you take a position in securities that you sell or buy? _____

Does your firm comply with the SEC (Securities Exchange Commission) net capital guidelines on a continuous basis? _____ How much excess capital do you maintain? _____

Through which firm do you clear? _____

Do you clear on a fully disclosed basis, i.e., will the clearing firm be acting as principal on the transaction? _____

Please attach a separate sheet with your full delivery instructions.

Please return to:

Edward A. Dion
El Paso County Auditor
500 East San Antonio, Room 406
El Paso, Texas 79901-2407