

**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.

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 _____

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? _____

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
800 East Overland, Room 406
El Paso, Texas 79901-2407