***Broker-Dealer Questionnaire***

***If additional space is required for your response, a supplemental form may be used. Please cross-reference your response on both forms.***

1. Name of firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Is your firm registered as a Broker-Dealer to do business in New York State?

 Yes [ ]  No [ ]

3. Number of years in existence \_\_\_\_\_

4. Firm classification:

[ ] Broker

[ ] Dealer

[ ] Both

5. Describe your firm’s corporate legal structure and ownership:

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

6. Have there been any changes in your firm's ownership in the past five years?

Yes [ ]  No [ ]

If so, please explain:

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

7. Provide your firm’s corporate office contact information:

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

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

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. If different from above, provide your firm’s local office contact information:

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

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

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Is your firm designated as a primary dealer by the Federal Reserve?

 Yes [ ]  No [ ]

If yes, how long has the firm been a primary dealer? \_\_\_\_\_\_\_\_\_\_ Months [ ]  Years [ ]

10. Is your firm registered with FINRA?

 Yes [ ]  No [ ]

11. Which of the following entities has the authority to oversee the operation of your firm, in terms of examinations, rules, and regulations? (Check all that apply)

[ ] FDIC

[ ] SEC

[ ] NYSE

[ ] FINRA

[ ] Comptroller of the Currency

[ ] Federal Reserve System

[ ]  Other, please specify (for NYS activity only)

12. Using the below table, provide the instruments of the Fixed Income Market your firm executed trades in over the past 12 months:



12a. Does your firm have direct access to Discount Windows? Please check all that apply.

[ ]  FHLB [ ]  FNMA [ ]  FHLMC

[ ]  FFCB [ ]  Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

13. DASNY primarily requires the use of delivery versus payment. Describe your firm’s normal process, including a description of reports, transactions, confirmation schedules, timing, safekeeping arrangements and auditing procedures. Attach samples of regularly provided statements, transaction reports, confirmations, and other documentation you provide customers (you may delete or hide any information deemed confidential):

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

14. Is your firm willing to perform trades that are “subject to close”, have a delayed settlement and require “guaranteed delivery”?

Yes [ ]  No [ ]

If yes,

Maximum dollar level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Max. # of days delayed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please specify which conditions you cannot adhere to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Does your firm have the ability to execute trades electronically with DASNY through Bloomberg’s ?

Yes [ ]  No [ ]

If yes, do you trade on: (check all that apply)

 [ ]  Fixed Income Trading (FIT) Platform

 [ ]  Money Market Offerings (BOOM) Platform

 [ ]  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_

If yes, and your firm has specific Terms and Conditions that DASNY must accept in order to be entitled on the system, please include, as an attachment, a copy of such terms with your submission.

16. Will your firm provide an electronic Bloomberg VCON (voice confirmation) trade ticket to DASNY for phone solicitations within 2 hours of the trade being executed?

Yes [ ]  No [ ]

17. Will your firm provide a confirmation statement via mail or email, no later than one business day after the execution of both electronic and voice trades?

Yes [ ]  No [ ]

Statements should include the following:

* Security Type and CUSIP Number
* Issue Date, Maturity Date, Settlement Date, Trade Date, Call Date, Pay Date
* Rating
* Coupon Rate
* Par Value and Price

18. How many and what percentage of your firm’s transactions relative to the instruments identified in Question 12 failed?

Last Month #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Year #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Provide the name of your clearing firm and the dollar amount of their equity: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Provide a detailed description of your firm’s disaster recovery plan:

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

21. Does your firm provide related services to its clients free of charge (e.g. periodic pricing, ratings information, research reports, market analysis, economic projections and newsletters)?

***(Note: DASNY will not consider such information as advice under the terms of the Municipal Advisor Rule.)***

Yes [ ]  No [ ]

If yes, please describe, and provide samples as attachments:

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

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22. Provide the following information for your firm’s most **current quarter** reports: (Note: Do not answer with “see financial report” as that will be construed as an unanswered question.)

* Debt/Equity %\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Net Capital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Minimum Net Capital Requirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total Liabilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total Stockholders’ Equity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Is your firm representing a parent corporation or a subsidiary of another corporation?

Yes [ ]  No [ ]

Provide audited financial statements and regulatory reports for the following most recent fiscal year end:

* Your firm
* Your firm’s parent corporation, if applicable
* All of your firm and your parent firm’s subsidiaries.

24. Provide a description of the capital line and trading limits that support/limit the office that would conduct business with DASNY. Include the name of each credit provider and period of time such lines are available:

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

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25. Provide an explanation of any failures to meet any debt covenants (financial or otherwise) under all past or currently existing debt or credit facilities that occurred over the past 5 years regardless of whether such failure resulted in default or acceleration of the debt:

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

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26. List all personnel in your firm who will receive compensation related to this account:

***Primary Representatives to Service the account***

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| # of years with firm |  |
| Telephone |  |
| Fax |  |
| Email |  |

\****Please attach a resume including certifications and securities licenses held.***

***Primary Representatives to Service the account***

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| # of years with firm |  |
| Telephone |  |
| Fax |  |
| Email |  |

***\*Please attach a resume including certifications and securities licenses held.***

***Manager/Partner-in-charge***

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| # of years with firm |  |
| Telephone |  |
| Fax |  |
| Email |  |

***\*Please attach a resume including certifications and securities licenses held.***

***Name(s) of other representatives to service the account***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Title |  |  |  |
| # of years with firm |  |  |  |
| Telephone |  |  |  |
| Fax |  |  |  |
| Email |  |  |  |

***\*Please attach a resume including certifications and securities licenses held.***

27. Provide at least three references for each representative included on this questionnaire. Include their most directly comparable public-sector clients (preferably in DASNY’s geographical area):

Name:

|  |  |  |  |
| --- | --- | --- | --- |
| Entity | Contact Person | Telephone | Client Since (Year) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Name:

|  |  |  |  |
| --- | --- | --- | --- |
| Entity | Contact Person | Telephone | Client Since (Year) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Name:

|  |  |  |  |
| --- | --- | --- | --- |
| Entity | Contact Person | Telephone | Client Since (Year) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

28. Provide a copy of the following reports:

* Financial Industry Regulatory Authority (FINRA) Broker Check Detailed Report for each representative listed in question 26.
* A FINRA Broker Check Summary report for the firm.

29. Has your firm complied with the SEC’s net capital requirements at all times during the last 10 years?

Yes [ ]  No [ ]

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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30. Has your firm ever been temporarily closed or prohibited from trading due to net capital inadequacy?

Yes [ ]  No [ ]

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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31. Since 2009, has your firm or any of its employee’s been subject to a regulatory, state, or federal agency investigation for alleged improper, fraudulent, disputable, or unfair activities related to the purchase or sale of any type of securities or investments?

 Yes [ ]  No [ ]

If yes, please explain, providing specific details relative to those individuals providing service to DASNY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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32. Have any of your firm’s senior managers or persons who will be responsible for our relationship been sanctioned, fined or otherwise cited by the SEC, NASD, FINRA or other regulatory body?

Yes [ ]  No [ ]

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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33. Has any public or government client ever claimed or sustained a loss on a securities transaction arising from a misunderstanding or misrepresentation of risk characteristics of the investment instrument as represented by your firm or any of its employees?

Yes [ ]  No [ ]

If yes, explain what caused these losses and what has been done to correct the problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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34. Does your firm participate in the Securities Investor Protection Corporation (“SIPC”) investor program?

Yes [ ]  No [ ]

If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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35. In addition to SIPC protection, do your customers receive any additional insurance coverage? Please

provide the level of Errors & Omissions coverage carried by your firm.

Yes [ ]  No [ ]

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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36. Does your firm qualify as a minority-owned or woman-owned business within NYS?

Yes [ ]  No [ ]

If yes, is your firm Certified and Registered with NYS?

Yes [ ]  No [ ]

36a. Does your firm qualify as a Service Disabled Veteran Owned Business (SDVOB) within NYS?

 Yes[ ]  No [ ]

If yes, is your firm Certified and Registered with NYS OGS?

 Yes[ ]  No[ ]

37. If your firm is not minority-owned or women-owned, is your firm a member of any organization that has adopted or recommended procedures to eliminate discrimination, to promote fair and equal employment practices, or to encourage diversity in the workplace?

Yes [ ]  No [ ]

List all such organization:

* National Association of Securities Professionals Yes [ ]  No [ ]
* Securities Industry Association Yes [ ]  No [ ]
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes [ ]  No [ ]
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes [ ]  No [ ]

38. Has your firm implemented any of the Diversity Initiatives recommended by those organizations?

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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39. Provide a breakdown of your fixed income trading department (professionals, clerical staff, traders, salespeople, etc.) along ethnic and gender lines: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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