

Broker/Dealer Questionnaire

City of

Firm:	
Date Established:	
Main Office:	
Representative:	
Primary Dealer?	
Qualified HU Business?	
Seat on the NYSE?	
Publicly Traded? Which Exchange?	
Member NASD?	
SIPC Insured?	
Equity Position:	
Annual Revenues:	
Agency Selling Group Memberships:	
Pertinent Rankings:	
Representative Public-Sector Clients:	
Revision Date of Investment Policy:	
Date Certification Received:	