CITY OF INGLEWOOD
BROKER/DEALER QUESTIONNAIRE

1. Name of Firm

2. Address
   (Local) ____________________________
   (National Headquarters) ____________________________

3. Telephone No. ( ) ____________________________ ( )
   (Local) ____________________________ (National Headquarters) ____________________________

4. Primary Representative:  Manager/Partner-in-Charge:
   Name ____________________________ Name ____________________________
   Title ____________________________ Title ____________________________
   Telephone No. ____________________________ Telephone No. ____________________________
   No. of Yrs in Institutional Sales ____________________________ No. of Yrs in Institutional Sales ____________________________
   Number of Years with Firm ____________________________ Number of Years with Firm ____________________________

5. Are you a primary dealer in U.S. Government Securities? [ ] YES [ ] NO
   If so, for how long has your firm been a primary dealer? ____________________________

6. Are you a Broker instead of a Dealer, i.e., You DO NOT own positions of Securities? [ ] YES [ ] NO

7. What was your firm’s total volume in U.S. Government and agency securities trading last year?
   Firm-wide $ ____________________________ Number of transaction ____________
   Your local office $ ____________________________ Number of transaction ____________

8. Which instruments are offered regularly by your local desk?
   [ ] T-bills
   [ ] T-notes/bonds
   [ ] Agencies (specify)
   [ ] ________________
   [ ] ________________
   [ ] Repurchase Agreement
   [ ] BAs (domestic)
   [ ] BAs (foreign)
   [ ] Commercial paper
   [ ] CDs
   [ ] Medium Term Notes
   [ ] Other (specify)

9. What makes your firm stand out above the rest, what do you specialize in? ____________________________
   __________________________________
   __________________________________
10. Please provide your **Wiring** and **Delivery** instructions. Who audits these fiduciary systems? __________

11. What reports, transactions, confirmations and other paper trail would we receive? ________________

12. Identify all personnel who will be trading with or quoting securities to our City employees.

   **Name** | **Title** | **Telephone No.**
   -------- | -------- | ----------------
   (       ) | (       ) |
   (       ) | (       ) |
   (       ) | (       ) |
   (       ) | (       ) |
   (       ) | (       ) |
   (       ) | (       ) |

   (ATTACH RESUMES OF ALL THE ABOVE PERSONS)

13. Which of the above personnel have read our City’s investment policy?

14. Please indicate which agents of your firm’s local offices currently are licensed, certified, or registered, and by whom.

   **Agent** | **Licensed or registered by**
   ---------- | --------------------------
   ________________________________ | __________________________
   ________________________________ | __________________________
   ________________________________ | __________________________
   ________________________________ | __________________________
   ________________________________ | __________________________
   ________________________________ | __________________________
15. Please identify your public-sector clients in our geographical area who are most comparable to our City.

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16. Have any of your public-sector clients ever sustained a loss on a securities transaction arising from a misunderstanding or misrepresentation of the risk characteristics of the instrument? If so, explain.

17. Has your firm ever been subject to a regulatory or state or federal agency investigation for alleged improper, fraudulent, disreputable or unfair activities related to the sale of government securities or money market instruments? Have any of your employees ever been so investigated? Explain.

18. Has public-sector client ever claimed in writing that your firm was responsible for investment losses? Explain.

19. Has your firm consistently complied with the Federal Reserve Bank’s capital adequacy guidelines? Include certified documentation of your current capital adequacy as measured by Federal Reserve standards.

20. Please provide certified financial statements and other indicators regarding your firm’s capitalization. In addition, an audited financial statement must be provided within 120 days of your fiscal year-end.

21. Do you participate in the SIPC insurance program? If not, explain.

22. Please include samples of research reports or market information that you firm regularly provides to public-sector clients.
23. What training would you provide to our employees and investment officers?

24. What portfolio information do you require from your clients?

25. How many and what percentage of your transactions failed last month? ____________________________
   Last year? ____________________________

26. Describe the precautions taken by your firm to protect the interests of the public when dealing with governmental agencies as investors.

27. Enclose a complete schedule of fees and charges for various transactions.

-CERTIFICATION-

I hereby certify that I have personally read the investment policies and objectives of the City of Inglewood and have implemented reasonable procedures and a system of controls designed to preclude imprudent investment activities arising out of transaction conducted between our firm and the City of Inglewood. All sales personnel will be routinely informed of your investment objectives, horizon, outlook, strategies and risk constraints whenever we are so advised. We will notify you immediately by telephone and in writing in the event of a material adverse change in our financial condition. We pledge to exercise due diligence in informing you of all foreseeable risks associated with financial transactions conducted with our firm. I attest to the accuracy of responses to your questionnaire.

Signed: ____________________________ Date: ____________________________

(Countersigned by company president or person in charge of government securities operations.)

This Broker/Dealer Questionnaire was duly affirmed by the Authority of the City Council of the City of Inglewood on the ________ day of _________ 2002.

Mayor

Attest: City Clerk