

BROKER QUESTIONNAIRE

1. Name and Address of Broker's Main Office:

Account Executive Name: _____

Legal Name: _____

d.b.a. _____

Street Address: _____

City: _____ CA Zip _____

Phone No: _____ Fax No: _____

2. Broker was founded (date): _____ as

() a corporation, under the laws of _____

() a partnership, fictitious name files _____

() a sole proprietorship, fictitious name _____

- Corporations attach a copy of your Article of Incorporation.
- Partnership attach a copy of the filed fictitious name statement and any Partnership, fictitious agreement(s).
- Individual Proprietorship, if doing business under a fictitious name attach a copy of the filed fictitious name statement.

3. Owner(s):

• NAME : _____

SSN: _____ DOB: _____ % and TYPE of OWNERSHIP : _____

• NAME : _____

SSN: _____ DOB: _____ % and TYPE of OWNERSHIP : _____

- For each owner, a signed Credit Authorization Form must be completed and provided.

If additional copies of Authorization Forms are required, please photocopy the blank form.

4. Principle Officers:

• NAME : _____

TITLE: _____ AREAS OF RESPONSIBILITY : _____

• NAME : _____

TITLE: _____ AREAS OF RESPONSIBILITY : _____

5. Licensed California Real Estate Broker:

- License Number _____ Expires: _____
- Please provide a copy of current Broker's License
- Has your firm ever been the subject of disciplinary action by the DRE?
() NO () YES -If yes, please attach a detailed explanation.

6. Amount of Error and Omission coverage carried: \$ _____

- Name and address of underwriter : _____

- Deductible clause? () NO () YES Amount \$ _____
- Are any officers or employees excluded from the Error and Omission coverage?
() NO () YES - If yes, please attach a detailed explanation.

7. Please list at least three lenders for which you have acted as an agent or broker.

Lender: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Lender: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Lender: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

8. Tax Reporting

- Complete, sign and return W-9 form.

9. Banking Information:

Bank Name: _____ Contact: _____

Address: _____

Phone Number: _____ Avg. Balance: \$ _____

Bank Name: _____ Contact: _____

Address: _____

Phone Number: _____ Avg. Balance: \$ _____

I/We have completed this Questionnaire for the above firm, and certify that the above statements are true. I/We also authorize American Capital Funding to provide credit information to others. I/We on behalf of the above firm expressly authorize American Capital Funding to verify the accuracy of these statements.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____