



# FOXHALL

CAPITAL MANAGEMENT, INC.

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## Solicitor Agreement Due Diligence Questionnaire

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Please complete and return this questionnaire even if all answers are no.

Please direct all replies and questions to: Michael Zielinski  
Foxhall Capital Management, Inc.  
35 Old Tavern Road  
2<sup>nd</sup> Floor  
Orange, CT 06477  
Phone: 203-891-8377  
[mzielinski@foxhallcapital.com](mailto:mzielinski@foxhallcapital.com)

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### A. During the last 3 years, has the Company or affiliated entities or any of its officers, principals or control persons:

(1) Been the subject of any state, federal, regulatory, criminal or bankruptcy proceedings or investigations?

no yes (attach details)

(2) Been subject to any adverse financial events or received notice of potential liabilities?

no yes (attach details)

(3) Made any changes to E&O insurance or fidelity bonding coverage?

no yes (attach details)

(4) Made a claim or notice of claim on E&O/D&O insurance coverage?

no yes (attach details)

(5) Hired or terminated any key personnel such as members of the Executive Committee, Investment Committee, senior vice presidents, senior staff or analysts?

no yes (attach details)

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### B. Please attach:

1) Up-to-date copy of E&O/D&O insurance coverage (copy of policy declaration page).

2) Copies of:

- (a) Advisory program documents
- (b) Form ADV, Parts I and II
- (c) Name, address, phone, fax, website

3) List of current custodians. \_\_\_\_\_

4) Assets Under Management and number of accounts for the following:

Company Name	Assets Under Management	# of Accounts	# of Registered Reps	# of IARs (Series 65)

5) Please provide details on any plans to expand number of IARs (organic growth, expected % growth in 1, 3, 5 years, etc).

6) What type of wholesaling support do you expect from Foxhall?

7) When is your national meeting?



***(This section must be signed and completed.)***

**I represent and warrant that the information provided in connection with this request is accurate and complete to the best of my knowledge.**

Signed: \_\_\_\_\_

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

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

Firm: \_\_\_\_\_

Date: \_\_\_\_\_