



Political Campaign Insurance Application

General Information

Legal Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Candidate Name: _____

Contact: _____
Phone: _____ Fax: _____
Email: _____

Organization Structure: ___ Individual ___ Corporation ___ LLC ___ Other _____
Status: ___ Incumbent ___ Challenger
Party Affiliation: ___ Democrat ___ Republican ___ Independent ___ Other _____
Political Race: ___ Governor ___ Senate ___ House ___ Other _____

Estimated Annual Expenditure: _____

Physical Campaign Office Locations:

1. _____
2. _____
3. _____
4. _____

*I am interested in obtaining quotes for the following coverages:

- ☐ Property
- ☐ General Liability
- ☐ Hired & Non-owned Auto
- ☐ Crime

Property Section

Location 1 (address): _____

Contents Limit : _____

Computer Limit: _____

Building Age: _____ Leased Square Footage: _____

Building Construction: ☐ Joisted Masonry ☐ Frame ☐ Concrete & Steel

Building Sprinklered ☐ Yes ☐ No

Alarm System: ☐ Yes ☐ No

Location 2 (address): _____

Contents Limit : _____

Computer Limit: _____

Building Age: _____ Leased Square Footage: _____

Building Construction: ☐ Joisted Masonry ☐ Frame ☐ Concrete & Steel

Building Sprinklered ☐ Yes ☐ No

Alarm System: ☐ Yes ☐ No

Location 3 (address): _____

Contents Limit : _____

Computer Limit: _____

Building Age: _____ Leased Square Footage: _____

Building Construction: ☐ Joisted Masonry ☐ Frame ☐ Concrete & Steel

Building Sprinklered ☐ Yes ☐ No

Alarm System: ☐ Yes ☐ No

Location 4 (address): _____

Contents Limit : _____

Computer Limit: _____

Building Age: _____ Leased Square Footage: _____

Building Construction: ☐ Joisted Masonry ☐ Frame ☐ Concrete & Steel

Building Sprinklered ☐ Yes ☐ No

Alarm System: ☐ Yes ☐ No

Liability Section

1. Estimated number of campaign sponsored events _____
2. Will vendors and/or third-parties add you as an additional insured? ☐ Yes ☐ No
3. How many paid employees / staff does the committee have now? _____
4. Estimated number of volunteers _____
5. Are there procedures in place for hiring and firing staff and volunteers? ☐ Yes ☐ No
6. Do you own or lease or plan to own or lease any watercraft, docks or floats, or aircraft? ☐ Yes ☐ No
7. Do you operate or plan to operate any day care facilities? ☐ Yes ☐ No
8. Do you have a formal, written safety / security plan? (if yes, please attach.) ☐ Yes ☐ No
9. Do you plan to hire outside security for your fund raising events? ☐ Yes ☐ No
- If yes, do they provide you with hold harmless agreements? ☐ Yes ☐ No
10. Any armed security? ☐ Yes ☐ No

Are there additional insured that need to be added to the policy? ☐ Yes ☐ No

If so, please provide the following:

Additional Insured #1 _____
Address _____
Relationship (ex. Landlord) _____

Additional Insured #2 _____
Address _____
Relationship (ex. Property Manager) _____

Additional Insured #3 _____
Address _____
Relationship _____

Hired & Non-Owned Automobile Coverage

This policy only covers employees of the campaign and will not respond to volunteers' use of vehicles.

1. If you lease or hire vehicles designed to hold 15 or more passengers, will you also lease a driver to operate them? ☐ Yes ☐ No
2. Does the committee obtain driving records of employees authorized to rent or lease automobiles on behalf of the committee? ☐ Yes ☐ No
3. Does the committee purchase comprehensive auto liability, inclusive of collision coverage from the rental agency with renting/leasing autos? ☐ Yes ☐ No
4. Does the committee require evidence of insurance for employees using their own vehicles to conduct campaign business? ☐ Yes ☐ No
5. Does the committee require a minimum level of coverage for employee owned vehicles being used to conduct campaign business? (A minimum limit of \$300,000 is required) ☐ Yes ☐ No

Crime Section

Employee Dishonesty Limit: _____

Forgery & Alteration Limit: _____

Money & Securities – Inside Premises Limit: _____

Money & Securities – Outside Premises Limit: _____

Computer Fraud Limit: _____

1. Prior to funds transfer, does the financial institution verify authenticity of the transfer with an employee of the committee other than the one conducting the transfer? ☐ Yes ☐ No
2. Are hard copies of funds transfer confirmations received and reconciled? ☐ Yes ☐ No
3. What is the largest single amount that can be transferred? _____
4. Are detailed records of bank deposits maintained? ☐ Yes ☐ No
5. Is countersignature of checks required? ☐ Yes ☐ No
If No, who is authorized to sign: _____
6. Are bank accounts reconciled by someone not authorized to deposit or withdraw? ☐ Yes ☐ No
7. Is there an audit by: ☐ CPA ☐ Public Accountant ☐ Staff ☐ Other: _____
8. Audit Frequency: ☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Other: _____
9. Number of Employees who handle money: _____

Loss Information

Please list any claims during the past three years:

Property Claims: ☐ None ☐ Yes (list below)

Liability Claims: ☐ None ☐ Yes (list below)

Crime Claims: ☐ None ☐ Yes (list below)

Automobile Claims: ☐ None ☐ Yes (list below)

Applicant Signature

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature, Title, and Date

Print Applicant's Name

NOTE: The premiums for this policy are fully earned as of the inception date of coverage.

Insurance Agent Information – to be completed by Agent

Agency: _____
Contact: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____
Fax: _____
Email: _____