



National Association of
Insurance and Financial Advisors
California
1451 River Park Drive Suite 175
Sacramento CA 95815-4520
(916) 646-8600
Fax (916) 646-8130
office@naifacalifornia.org
www.naifacalifornia.org



Candidate Information Form

Please complete and return this form to the NAIFA-California
Government Relations Chair (916) 646-8130 Fax

Candidate's Name _____ Date _____

District (Main City, Number and Senate or Assembly) _____

Incumbent? _____ Open Seat? _____

Challenger? _____

If there is a Challenger, Who is it? _____

Person Completing Form _____

Your Contact Information _____

Your Local Association _____

Association Office (if any) _____

1 **What is the Candidate's Background?** E.g. Has s/he ever ran for or held office before? Did s/he win? Has s/he ever worked in the insurance industry? Any other relevant information. _____

2 **Chance of Winning?** What do local political figures and/or the press say about the campaign and the candidate's chances of winning? Do you have any recent polling data? _____

3 **Views on Insurance Agent and Industry Issues?** Many times candidates will approach us stating that they are "pro-business" or "against excessive government regulation." This is a typical starting point but often of little use. Please probe such a candidate more deeply. **Specifically:** _____

a) **"Wall Street v. Main Street."** Often our most important legislative issues involve competing business interests. E.g., agent v. carrier or insurance v. banking. In such situations many "pro-business" candidates align themselves with the larger interest to the detriment of the agent community. _____

b) **Health Insurance.** Does the candidate understand the role of the agent in the delivery and service of health insurance? _____

c) **Tax Reform.** Does the candidate believe that the insurance industry carries its fair share of the tax burden? Are they for a "flat tax"? _____

d) **Other Insurance Issues.** E.g. Does the candidate favor state or federal regulation of the insurance industry?

4 **Other Information.** What other information can you provide to help IFAPAC make an informed decision on the candidate's request? _____

5 **Bottom Line:** Should IFAPAC contribute to this candidate? Why? _____

Please attach or supply any additional pages of relevant information to IFAPAC NAIFA-California.

Please complete and return this form to the
NAIFA-California Government Relations Chair (916) 646-8130 Fax