



**IFAPAC CANDIDATE QUESTIONNAIRE**  
(Please attach additional pages as necessary)

Person(s) Completing Form: \_\_\_\_\_

Your Chapter Position (if any): \_\_\_\_\_

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

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

Candidate PAC Committee: \_\_\_\_\_

Incumbent \_\_\_\_\_ Open Seat \_\_\_\_\_ Challenger \_\_\_\_\_  
Primary \_\_\_\_\_ General \_\_\_\_\_ Special \_\_\_\_\_ Runoff \_\_\_\_\_

State/District: \_\_\_\_\_

Party Affiliation: \_\_\_\_\_

Campaign Address: \_\_\_\_\_

Campaign Phone: \_\_\_\_\_

Campaign Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website URL: \_\_\_\_\_

Twitter Handle: \_\_\_\_\_

Facebook Page: \_\_\_\_\_

**Candidate Information**

Current employment: \_\_\_\_\_

Are they a current or former NAIFA Member? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you know when they joined? \_\_\_\_\_

If no, were they a member in the past? \_\_\_\_\_

Other associations they are a member of: \_\_\_\_\_

Name of business (if applicable): \_\_\_\_\_

Business address: \_\_\_\_\_

Have they ever been elected or appointed to public office? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, years of service and office(s): \_\_\_\_\_

NOTE: If he/she held state or local office, please provide the exact beginning and ending dates of each office the candidate has held.)

If no, have they ever run for an elected office? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, election year and office(s): \_\_\_\_\_

If they are elected to Congress, what are there top three priorities for the first term:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

If elected, on which committees would they most likely serve?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

What are the candidate's views on NAIFA's legislative issues? Specifically:

A) Tax status of insurance products (e.g., tax on inside buildup of life insurance/annuities):

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B) Tax incentives for individuals to buy long-term care insurance:

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C) Insurance regulation (state-based only or optional federal regulation for agents and/or companies):

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D) What improvements do you propose for the ACA?

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List names and titles of your NAIFA chapter leadership that agree with supporting their campaign:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

List any endorsements they've received:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

What do you perceive is the candidate's **REALISTIC** chance of winning?

1. \_\_\_\_\_  
\_\_\_\_\_

Is there current polling data? If so, please provide the most recent.

1. \_\_\_\_\_  
\_\_\_\_\_

Should IFAPAC make a contribution to this candidate?      Yes \_\_\_\_\_      No \_\_\_\_\_

(If yes, please indicate a recommended amount \$\_\_\_\_\_.)

Return this form to IFAPAC; 2901 Telestar Court; Falls Church, VA 22042; [ifapac@naifa.org](mailto:ifapac@naifa.org)  
or fax to 703-770-8151.

(Updated October 2020)