



(703) 683-6601 • bhoward@clarkeandsampson.com

## CampaignPro<sup>SM</sup> Supplemental Application

Please complete in addition to ACORD applications.

Agency name \_\_\_\_\_ Agency code (if known) \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_ Web address \_\_\_\_\_

Submission Date \_\_\_\_\_

Quote Due Date \_\_\_\_\_

Policy Effective Date \_\_\_\_\_

### RISK INFORMATION

*Please attach a completed copy of FEC Form One: Statement of organization authorized committee sections for the principal campaign committee and all authorized committees formed pursuant to 2 U.S.C. 432(e), et seq.*

Name of Principal Campaign Committee \_\_\_\_\_

Organizational structure  Joint venture  Corporation/LLC  Other \_\_\_\_\_

FEC Committee ID# \_\_\_\_\_

Name of Treasurer \_\_\_\_\_ Phone number \_\_\_\_\_

Treasurer email address \_\_\_\_\_ Website address \_\_\_\_\_

Name, phone number, and email address of employee responsible for insurance matters if different from the Treasurer:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Email address \_\_\_\_\_ Website address \_\_\_\_\_

### Candidate Information

Name \_\_\_\_\_

Status  Incumbent  Challenger (please check only one)

Political Race  Governor  House  Senate  District: \_\_\_\_\_

Party Affiliation  Democrat  Independent  Republican  Other: \_\_\_\_\_

Amount of Funds expected to be raised for the election cycle \$ \_\_\_\_\_

Street address of Primary Campaign Office \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Street address of Additional Campaign Office \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

*Please attach completed ACORD applications for all locations.*

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*Authorized Committees*

1. List all authorized committees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Identify those that are joint committees – do any joint committees have insurance coverage? If so, please describe (type, limits, carrier, etc.):

\_\_\_\_\_  
\_\_\_\_\_

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**Liability Section**

1. How many paid employees / staff does the committee have now? \_\_\_\_\_

2. Estimated number of volunteers \_\_\_\_\_

3. Are there procedures in place for hiring and firing staff and volunteers?  Yes  No

4. Has the applicant adopted both anti-sexual harassment and anti-discrimination policies?  Yes  No

5. If you answer yes to questions 3 or 4 above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any losses or claims related to sexual abuse, sexual molestation allegations, discrimination or negligent hiring since you were formed?  Yes  No

7. Have you entered, or do you plan to enter, into any hold harmless agreements?  Yes  No  
If yes, please attach a copy of any such agreements.

8. Do you plan to take the product of others and repackage it for your promotional purposes?  Yes  No

If you answered yes to any of the questions 6-8, please explain:

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9. Do you own or lease or plan to own or lease any watercraft, docks or floats, or aircraft?  Yes  No
10. Do you own or lease parking space?  Yes  No
11. Do you operate or plan to operate any day care facilities?  Yes  No
12. Do you plan to loan or lease any machinery or equipment to third parties?  Yes  No
13. Have any vandalism or property crimes occurred or been attempted on your premises since you owned / leased them?  
If yes, please explain:

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14. Do you have a formal, written safety / security plan? (if yes, please attach.)  Yes  No
15. 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  
Any armed security?  Yes  No

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### Hired & Non-Owned Automobile Coverage

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

1. Please provide the Name and Title of employees authorized to rent or lease automobiles on behalf of the committee (attach additional sheets if necessary):
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2. If you lease or hire vehicles designed to hold 15 or more passengers, will you also lease a driver to operate them?  Yes  No
3. Does the committee obtain driving records of employees authorized to rent or lease automobiles on behalf of the committee?  Yes  No
4. Does the committee purchase comprehensive auto liability, inclusive of collision coverage from the rental agency with renting/leasing autos?  Yes  No
5. Does the committee require evidence of insurance for employees using their own vehicles to conduct campaign business?  Yes  No
6. Does the committee require a minimum level of coverage for employee owned vehicles being used to conduct campaign business? (*Market recommends personal vehicles require minimum underlying coverage of at least \$300,000*)  Yes  No

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## Crime Section

1. Are social security numbers verified for those employees / volunteers handling funds?  Yes  No
2. Does applicant transfer any funds via phone or fax?  Yes  No
3. 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
4. Are hard copies of funds transfer confirmations received and reconciled?  Yes  No
5. What is the largest single amount that can be transferred? \_\_\_\_\_
6. Are detailed records of bank deposits maintained?  Yes  No
7. Are suspicious transactions reviewed and investigated?  Yes  No

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## Special Events Section

1. Estimated number of campaign sponsored events \_\_\_\_\_
2. Who on your campaign staff is responsible for obtaining and maintaining the certificate of insurance from vendors and/or third-parties?  
\_\_\_\_\_
3. Will vendors and/or third-parties add you as an additional insured?  Yes  No
4. Who is responsible for managing all campaign sponsored events?  
\_\_\_\_\_

**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:

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Applicant's Signature

Title

Date

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Print Applicant's Name