BIG i PARTICIPANT NOMINATION FORM

Submissions and questions can be directed to Nathan Riedel at nathan.riedel@iiaba.net or (202) 320-1502.

INSURANCE CAMPAIGN INSTITUTE®
April 5–6, 2027

THE HAY-ADAMS
WASHINGTON, DC

Nominee Name: _____

Address: _____

Cell Phone: _____ **Email:** _____

Party Affiliation: _____

Has the nominee formally filed a run for office? _____

If so, what is the office? _____

Does the nominee hold or have they previously help public office?

If yes, please describe:

Please describe the nominee's insurance experience and/or background:

Nominating Sponsor Information (i.e. State Executive/Lobbyist, Carrier Partner, etc.)

Name: _____

Affiliation/Company: _____

Cell Phone: _____ **Email:** _____

Does your state prevent or restrict corporate contributions to state/local candidates?

Yes _____ **No** _____ **Don't Know** _____ **If "Yes", please describe state limitations:**

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