

CALIFORNIA DEPARTMENT OF INSURANCE INSURER SUPPLIER DIVERSITY SURVEY – 2015 (ISD-2015)

COVER PAGE

REPORTING AS A GROUP OR AS AN INDIVIDUAL COMPANY

NOTE: Enter Company Name and NAIC Number in the box directly below, <u>only</u> if submitting as an individual company. Otherwise, leave both fields blank.

If this is an *individual* company submission, check here: \Box

COMPANY NAIC NUMBER:

NOTE: Enter Group Company Name and Group Number in the box directly below, only if submitting as a

group. Otherwise, leave both fields blank.

If this is a <u>group</u> report, check here: 🗖

GROUP NAME:			
GROUP NAIC NUMBER:			

List below all companies in the group that meet the threshold to report: (greater than or equal to \$100M in 2013 and /or 2014)

COMPANY NAME	COMPANY NAIC NUMBER

STATEMENT: PROCUREMENT WITH CALIFORNIA SUPPLIERS

 \Box A. Check this box if your company / group **enter into contracts** to procure goods or services in California. If checked, please complete the remainder of the survey in its entirety.

□B. Check this box if your company / group **does not enter into contracts** to procure goods or services in California. This would satisfy the requirements of California Insurance Code Section 927 et al.

If <u>Box B</u> is checked, **STOP HERE!**

PART 1: NARRATIVE

 Does your company / group have a supplier diversity policy statement? □Yes

 \Box No, but will be creating one within the next 12 months \Box No

A supplier diversity policy statement is any language that refers to the company's / group's policies in regards to supplier diversity, with the goal of procuring goods and services from diverse businesses.

If yes, provide the supplier diversity policy statement below:

- Provide a list of all documents in which the statement can be found (i.e. website, company / group report, board charter, etc.):
- If the state is available online, provide link here: ______

If *no, but will be creating one within the next 12 months*, provide a timeline for when your company / group expects the policy statement to be completed and any other details available at this time (i.e. policy language, policy creation team, etc.):

If no, please explain why:

2. Does your company / group have a supplier diversity program?
Yes
No, but will be creating one within the next 12 months
No

A supplier diversity program is any formal plan and / or structure that has been setup specifically for the company / group to implement its supplier diversity policy statements.

If yes, provide an overview of the program:

If *no, but will be creating one within the next 12 months*, provide a timeline for when your company / group expects the program to begin and any other details available at this time (i.e. program plan, program director, etc.):

If no, please explain why:

3. Does your company / group conduct outreach specifically to diverse businesses? Yes No

If yes, respond to parts a, b, c, d, and e below.

- a. Share all company / group outreach and communication strategies and practices that are conducted specifically to diverse businesses. Specify what outreach is conducted specifically to California diverse businesses:
- b. Share any outreach and communication strategies and practices about supplier diversity conducted internally to company / group employees:
- c. Check below all outreach and communication practices in which your company / group engages:

EVENTS – seminars, meet-and-greets, summits, etc.

- □ Host matchmaking
- \Box Host supplier diversity events
- □ Internal Awards Program
- □ Participate in matchmaking
- □ Participate in supplier diversity events
- □ Sponsor matchmaking
- □ Sponsor supplier diversity events

Share the name of an event you attended / hosted that has best guided and / or influenced growth of your Supplier Diversity efforts:

MEDIA – advertising, announcements, interviews, webinars, etc.

□ Traditional media (newspaper, television commercial, etc.)

- \Box Ethnic media outlets
- Social media; please specify: ______
- \Box Trade publications

Share the name of a media group or outlet that has best guided and / or influenced growth of your Supplier Diversity efforts: _____

ORGANIZATIONS – membership, affiliation, sponsorship, etc.

- \Box Member of a certification agency
- □ Member of ethnic chamber of commerce

Member/affiliate of other organization, please specify: _______

Share the name of an organization that has best guided and / or influenced growth of your Supplier Diversity efforts:

PROGRAMS – mentorship, training, locator, etc.

- □ Diverse supplier registration portal
- □ Manage and run a supplier diversity mentorship program (in-house)
- □ Participate in a supplier diversity mentorship program
- □ Subscriber to a supplier locator program (or 3rd party service that identifies diverse suppliers)
- Operate a website dedicated to a Supplier Diversity Program Provide link here: ______
- □ Technical assistance / training program for diverse suppliers

Share the name of a program that has best guided and / or influenced growth of your Supplier Diversity efforts:

Other, please specify: ______

- d. Explain how, and to what extent, these strategies and practices have been successful in establishing relationships with diverse businesses:
- 4. Does your company / group require and/or encourage its primary suppliers to subcontract with diverse businesses? □Yes □No

If yes:

- a. Do you track procurement spend with Tier 2 diverse suppliers?

 Yes
 No
- b. Please explain:
- 5. Does your company / group set internal targets or goals in regards to its supplier diversity statement and / or program?

 Yes
 No

If yes, please explain:

- 6. Describe in detail any updates, progress, and / or best practices established by your company / group in the two years since the 2013 Insurer Supplier Diversity Survey was administered; include any awards or recognition received for Supplier Diversity work:
- 7. Additional Comments:

9.

8. Provide the most accurate and direct information for the primary, secondary, and general points of contact for your company / group's supplier diversity operations for interested diverse business enterprises:

1. Primary Contact Name						
Title Phone Number	Email Address Mailing Address					
. Secondary Contact Name						
Title	Email Address					
Phone Number	Mailing Address					
3. General Contact Name						
Title	Email Address					
Phone Number	Mailing Address					
9. Type of Submission:	Resubmission					
10. Date Completed:						