

PART 1

Check all designations that apply to your business below:

- Women Business Enterprise (WBE)
- Minority Business Enterprise (MBE)
 - African American
 - Asian/Pacific Islander
 - Hispanic/Latino
 - Native American
 - Multi-Ethnic
- Disabled Veteran Business Enterprise (DVBE)
- Lesbian, Gay, Bisexual, Transgender Business Enterprise (LGBTBE)
- Multi-Certified Business Enterprises (MCBE)
 - WBE
 - MBE
 - DVBE
 - LGBTBE

NOTE: If you do not check one of the boxes above, check here and you do not need to complete the rest of the survey.

Your company's headquarters are located in:

- California
- District of Columbia
- Minnesota
- New York
- Oregon
- Washington

PART 2

If you answered yes to any of the questions above, please provide the following for each contract of goods/services your business provided to our insurance company during Calendar Year 2015:

CONTRACT AMOUNT	TYPE OF GOOD/SERVICE*

*Types of goods/services include:

- Advertising/Marketing
- Claims Services
- Facilities
- Financial/Investment services
- Human Resources
- Information Technology
- Legal Services
- Office Supplies
- Print Services
- Professional Services
- Real Estate
- Telecom
- Travel/Entertainment
- Other

○ Please specify: _____