

## **2020 CALIFORNIA INSURANCE DIVERSITY SURVEY TEMPLATE LETTER & FORM to DIVERSE SUPPLIERS**

California Department of Insurance – Insurance Diversity Initiative



www.insurance.ca.gov/diversity



CA.IDS@insurance.ca.gov

### TEMPLATE LETTER TO DIVERSE SUPPLIER

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<b>NOTE:</b> This draft form letter was developed in response to insurance company requests. Use of this template is <u>not</u> mandatory and is intended to serve as a guide.
INSURANCE COMPANY LETTERHEAD
Date
Name Company Address City, State, Zip
Dear [insert contact or company name]:
[Insurance company] is collecting data from our suppliers in order to comply with California Insurance Code section 927 et. seq. that requires insurance companies to report to the California Department of Insurance about the diversity of our supply chain and procurement efforts.
The California Insurance Diversity Survey (CAIDS) requests information from insurance companies regarding procurement practices with diverse suppliers from the years 2018 and/or 2019.
In order for [insurance company] to report our data, we respectfully request that you return the enclosed form by [date] to [company email/physical address].
If you have any questions, please contact [name + contact].
Sincerely,
Name Title
Enclosures



PART 1

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### TEMPLATE FORM TO DIVERSE SUPPLIER

A. Check all designations that apply to your business, below:			
☐ Women Business Enterprise (WBE)	☐ Lesbian, Gay, Bisexual, Transgender Business Enterprise (LGBTBE)		
☐ Minority Business Enterprise (MBE)			
☐ African American	<ul><li>☐ Multi-Certified Business Enterprises (MCBE)</li><li>- Check all that apply.</li></ul>		
☐ Asian/Pacific Islander	□ WBE		
☐ Hispanic/Latino	□ MBE		
☐ Native American	□ DVBE		
☐ Multi-Ethnic	□ VOBE		
☐ Disabled Veteran Business Enterprise (DVBE)	□ LGBTBE		
☐ Veteran Owned Business Enterprise (VOBE)			
B. Your company's <u>headquarters or a majority of your company's workforce</u> are located in:			
□ California			
C. NOTE: If you do not check one of the boxes above	e, check here   and you do not need to complete		
the rest of this form.			



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### TEMPLATE FORM TO DIVERSE SUPPLIER

#### PART 2

**Instructions:** If you checked off any boxes to Part I: sub-sections A or B of this form, please provide the following for each contract of goods/services your business provided to our insurance company during calendar year(s) 2018 and/or 2019.

YEAR	CONTRACT AMOUNT (\$)	TYPE OF GOOD OR SERVICE*

#### \*Types of good(s) or services include:

- Advertising/Marketing
- Claims Services
- Facilities
- Financial/Investment services
- Human Resources
- Information Technology
- Legal Services
- Office Supplies
- Print Services

- Professional Services
  - Include: Actuarial services
  - Do Not Include: Legal Services
- Real Estate
- Telecom
- Travel/Entertainment
- Other Please specify: