



**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, **only** if submitting as an individual company. Otherwise, leave both fields blank.

If this is an individual company submission, check here:

COMPANY NAME: _____
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 group 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

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 Box B is checked, **STOP HERE!**

PART 1: NARRATIVE

1. Does your company / group have a **supplier diversity policy statement**?

- Yes
 No, but will be creating one within the next 12 months
 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:

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- Provide a list of all documents in which the statement can be found (i.e. website, company / group report, board charter, etc.):

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- If the statement 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:
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- c. Check below all outreach and communication practices in which your company / group engages:

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

- Host matchmaking
- 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.)
- Ethnic media outlets
- Social media; please specify: _____
- 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.

- 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:

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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:

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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:

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

1. Primary Contact Name

Email Address

Title

Mailing Address

Phone Number

2. Secondary Contact Name

Email Address

Title

Mailing Address

Phone Number

3. General Contact Name

Email Address

Title

Mailing Address

Phone Number

9. Type of Submission: Initial Resubmission

10. Date Completed: _____