Company Diversity Program (CDP) 2011 Data Call Instructions

California Insurance Commissioner Dave Jones requests that insurance companies participate in a voluntary special-purpose data call to assess insurer supplier diversity practices. All admitted insurers that wrote in excess of one hundred million dollars ($100,000,000) in California premiums for experience year 2010 are encouraged to report.

A. Please complete the following attached forms:

1) **Company Diversity Program (CDP) -2011 Acknowledgement form** (.pdf file)
   Due date: December 13th, 2011

   Please note: You may acknowledge the receipt of this Circular for your group of companies with the **same** contact person for this data call.

2) **Company Diversity Program (CDP) -2011 Report Form** (.pdf file)
   Due date: January 6th, 2012

   Please note: This report may be completed by your group of companies with the **same** contact person for this data call.

   Both forms above are to be submitted to the California Department of Insurance by **e-mail**, using the e-mail buttons provided on each form.

B. Attached are instructions for completing the form.

C. Contacts
   1) Form Submission: Debra Buenconsejo at BuenconsejoD@insurance.ca.gov
   2) Form Instructions: Sukh Randhawa at RandhawaS@insurance.ca.gov

We would greatly appreciate your participation in this data call on supplier diversity, and welcome your feedback.

Submit by Email | Print Form

CALIFORNIA DEPARTMENT OF INSURANCE
California Organized Investment Network (COIN)
Company Diversity Program (CDP-2011)

ACKNOWLEDGEMENT RECEIPT OF CIRCULAR

This form will acknowledge your company's receipt of the CDP-2011 Circular on reporting your company's diversity program.

THIS FORM IS DUE NO LATER THAN December 13, 2011.

All admitted insurers that write in excess of one hundred million dollars ($100,000,000) in California premiums for experience year 2010 are encouraged to report.

The CDP-2011 Report is due January 6, 2012.

COMPANY INFORMATION

Company/Group Name

NAIC Number **Group Number**

Mailing Address

City

State **ZIP Code**

Person responsible for CDP Report

Title

E-Mail Address **Fax Number**

Telephone Number **Extension**

Company Officer Name

Title

Date Completed

Please list below the affiliated companies and their NAIC codes that had over $100M in 2010 that will submit a report.

NAIC CODE	COMPANY NAME	NAIC CODE	COMPANY NAME

Instructions for Completing the Supplier Diversity Call

Your participation in this supplier diversity data call will help the California Department of Insurance to assess insurer procurement programs. For questions regarding these instructions, please contact Sukh Randhawa at Sukhbir.Randhawa@insurance.ca.gov or 916-492-3529.

Section A (Information to be made publicly available):

1. Provide the full state name in which your company is headquartered (no abbreviations).

2. Indicate if your company already has a Diversity Statement. If yes, please submit a PDF attachment with the statement.

3. The number of people whom serve on your corporate governing board. Indicate the number whom are Women, Latino, African-American, Asian Pacific Islander, Native American, or Disabled Veterans.

4. Indicate whether your company received any type of diversity award in the last 3 years. (Yes or No)

5. To share additional information about your company's diversity efforts, choose "Yes" and attach.

6. List the dollar amount of your company's total philanthropic contributions in 2010.

7. Provide text on how your company categorizes your philanthropy.

8. Indicate whether your company has a supplier diversity program. Choose "Yes" or "No" or "Plan to initiate in next 12 months."

9. In which are of your company (department/division/unit) is the supplier diversity program based?

10. Who leads supplier diversity (full name and title)? Provide the link to your supplier diversity web page.

11. If your company requires diverse firms to be certified, indicate all certifications it accepts.

Section B (Information to be used for internal research purposes only, and will not be released publicly on a company or group basis):

1. The number of years your supplier diversity program has been in existence.

2. Dollar amount of your company's procurement in 2010.

3. Dollar amount of your company's procurement spent in California in 2010. If your organization does not track these figures by state, please select the "Don't Track" box.

4 a. Dollar amount your company spent with diverse firms in 2010. If your company does not tract these figures, select the "Don't Track" box.

4 b. Dollar amount of your company spent by type of procurement nationally (direct vs. subcontracting or tier 2) and business enterprise type). If your company does not individually track these dollar amounts select the "Don't Track" box.

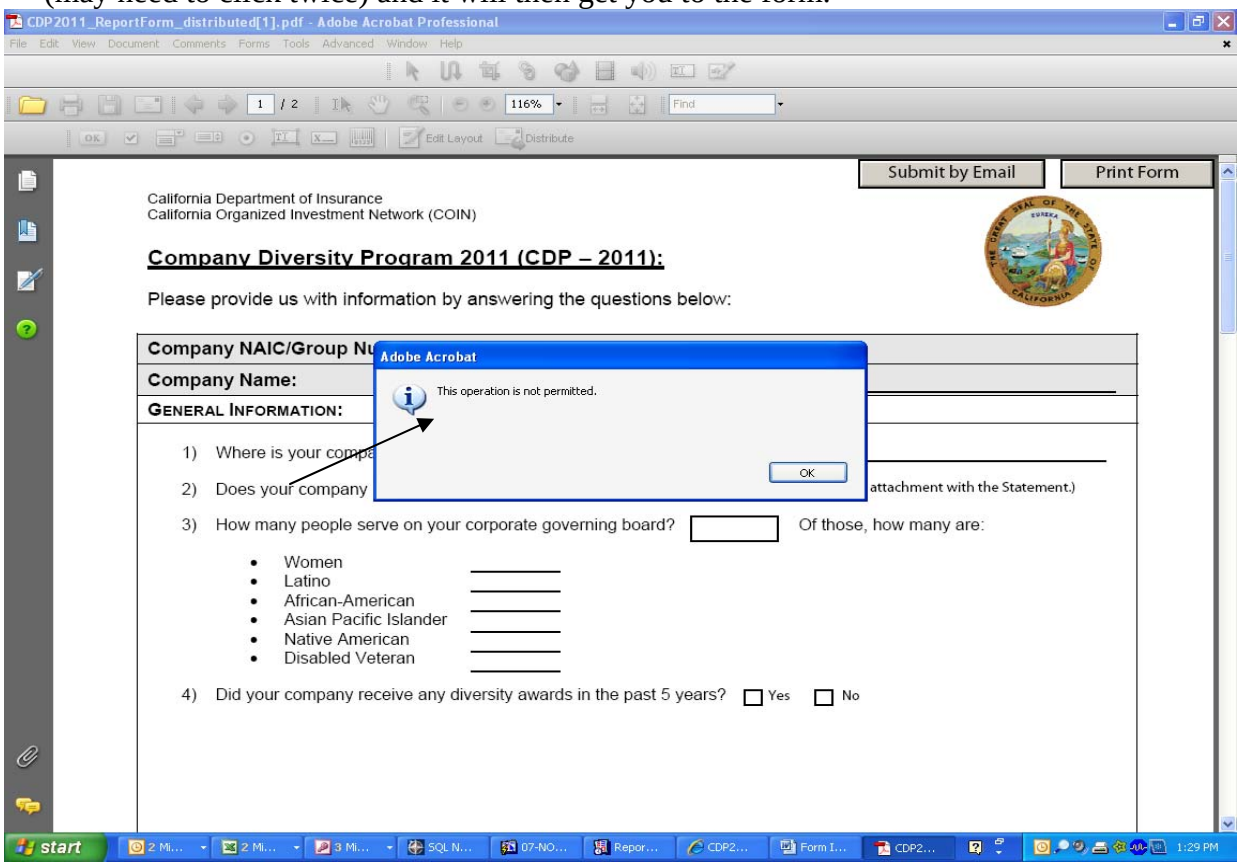
5 a. Indicate whether your company has a program to contract with diverse legal counsel, investment firms, and/or media/advertising firms.

5 b. If so, provide the dollar amount of the total value of your company's contracts with diverse legal counsel, investment firms, and/or media/advertising firms in 2010.

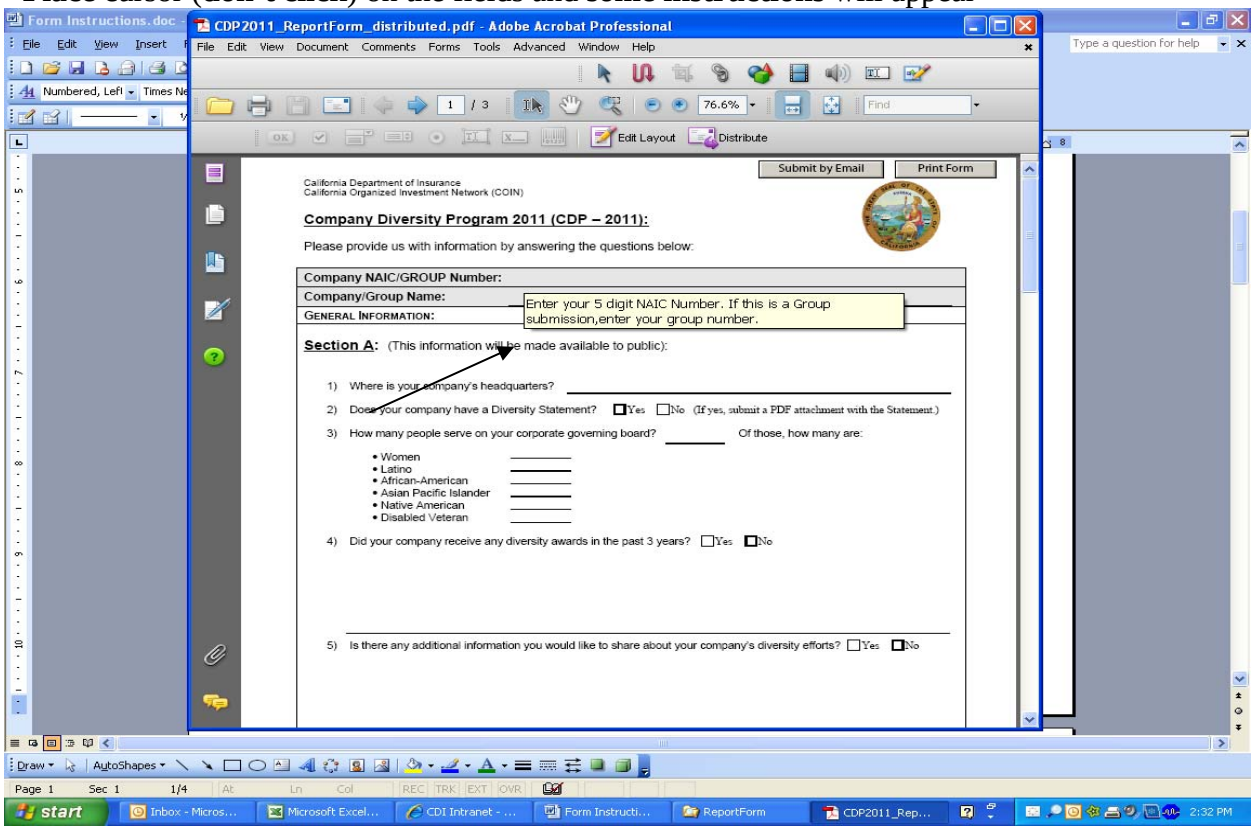
Thank you for taking the time to complete this survey.

Form Instructions:

1.) **Double click** on the attached forms.
   - If you encounter a message screen ("**This operation is not permitted**" as shown below, just click **ok** (may need to click twice) and it will then get you to the form.

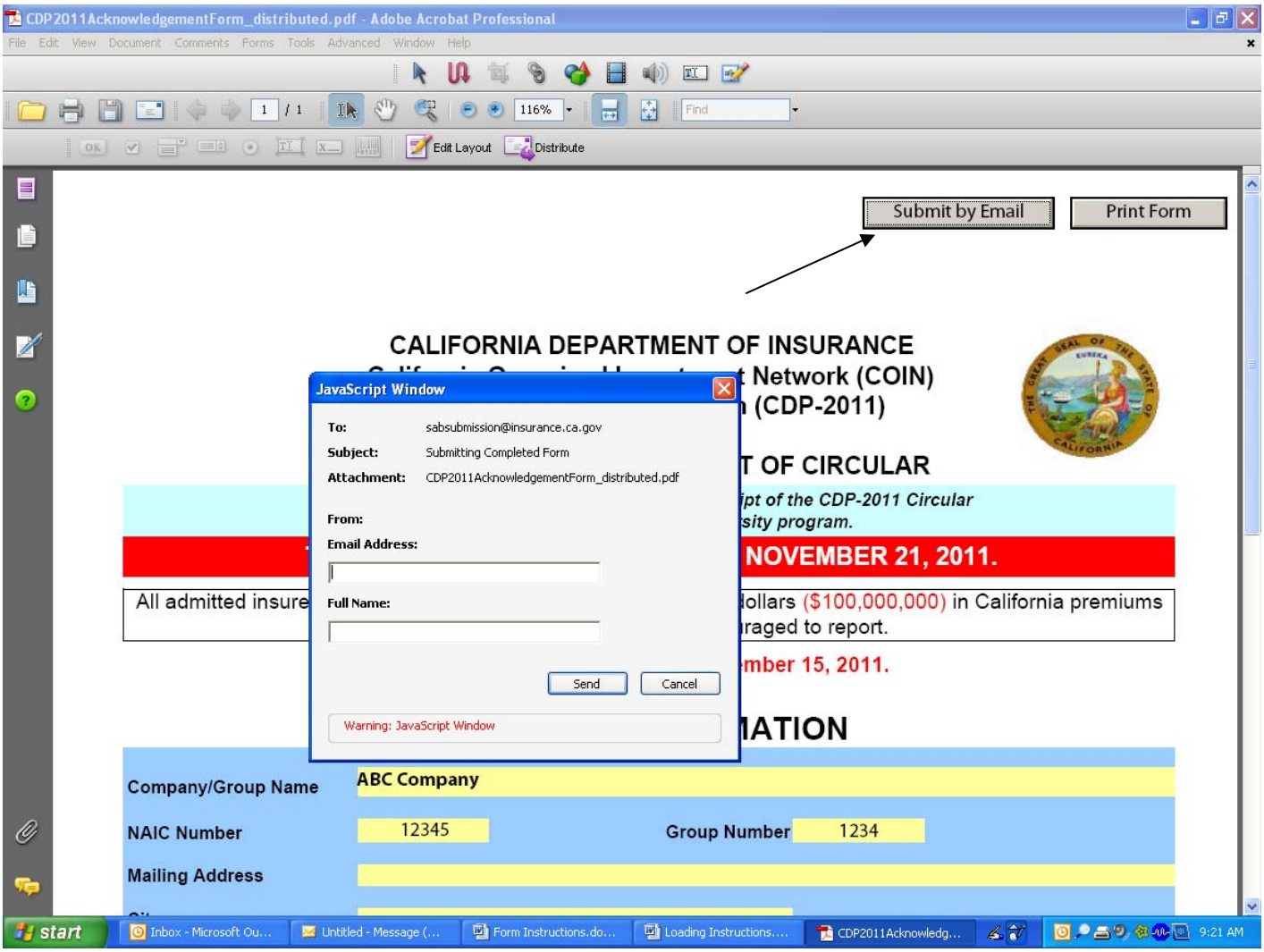


2.) Complete the form by entering information on the fields.
   - **Place** cursor (**don't click**) on the fields and **some instructions** will appear



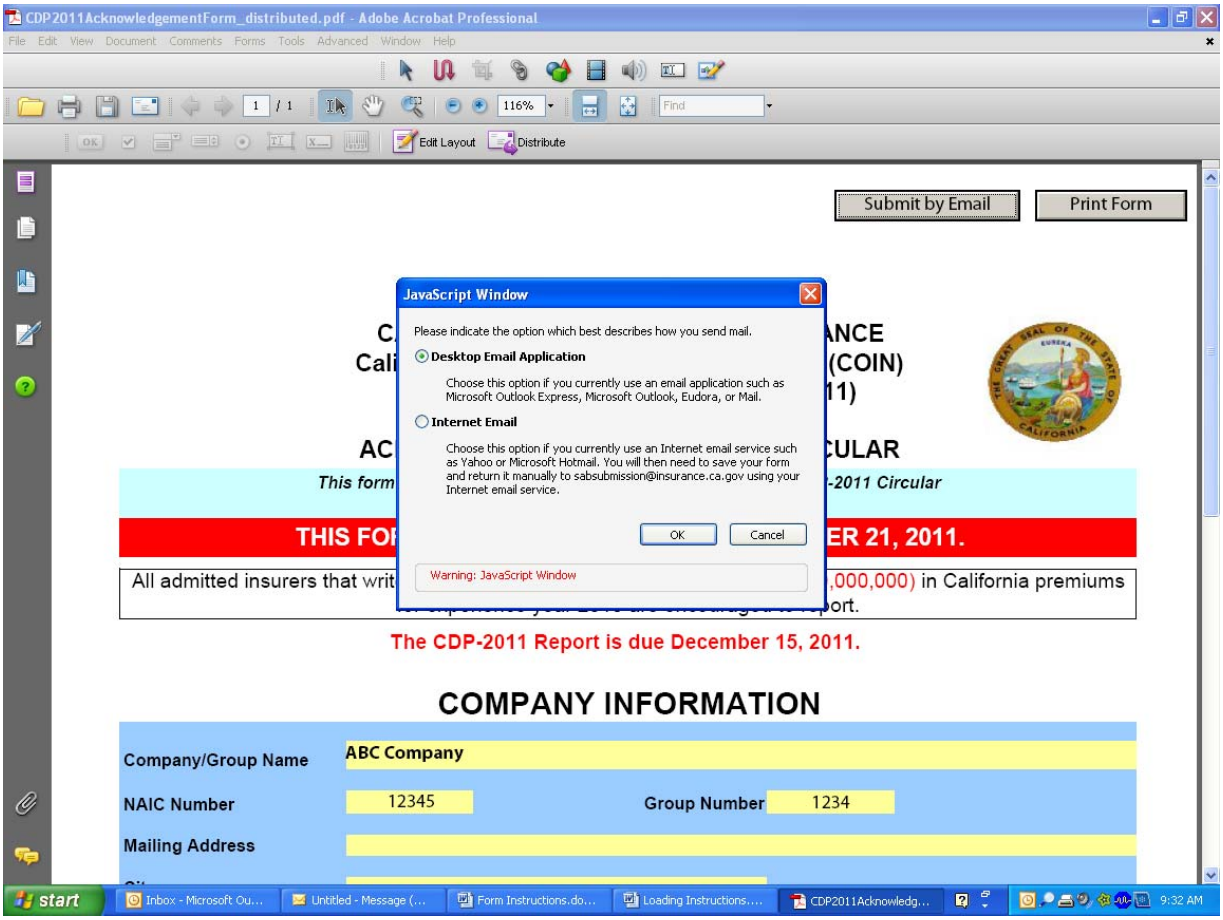
3.) After completing the form, click the "**Submit by Email**" button

- A message screen will appear as shown below:
  - **Type** your Email address and Full Name.

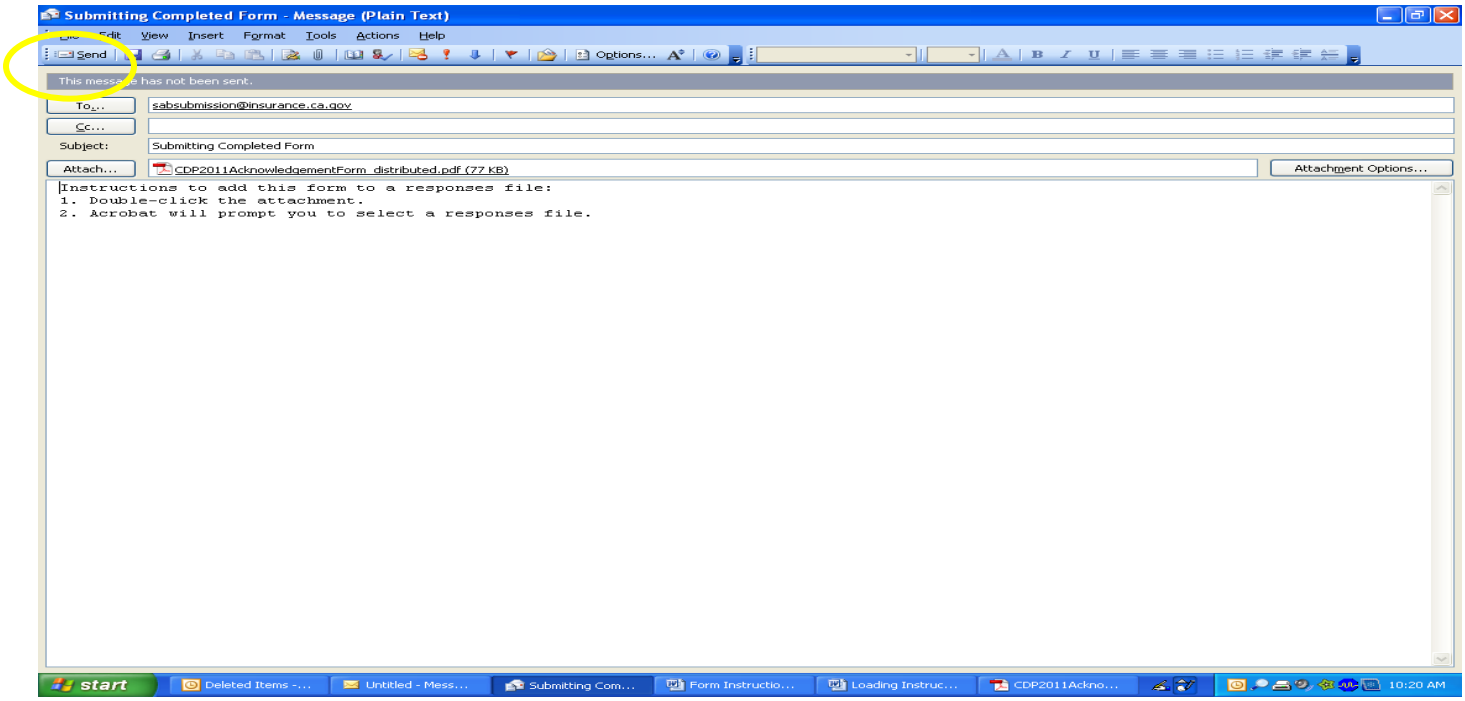


4) Click "**Send**" button to submit the form to Department of Insurance (submissions@insurance.ca.gov).

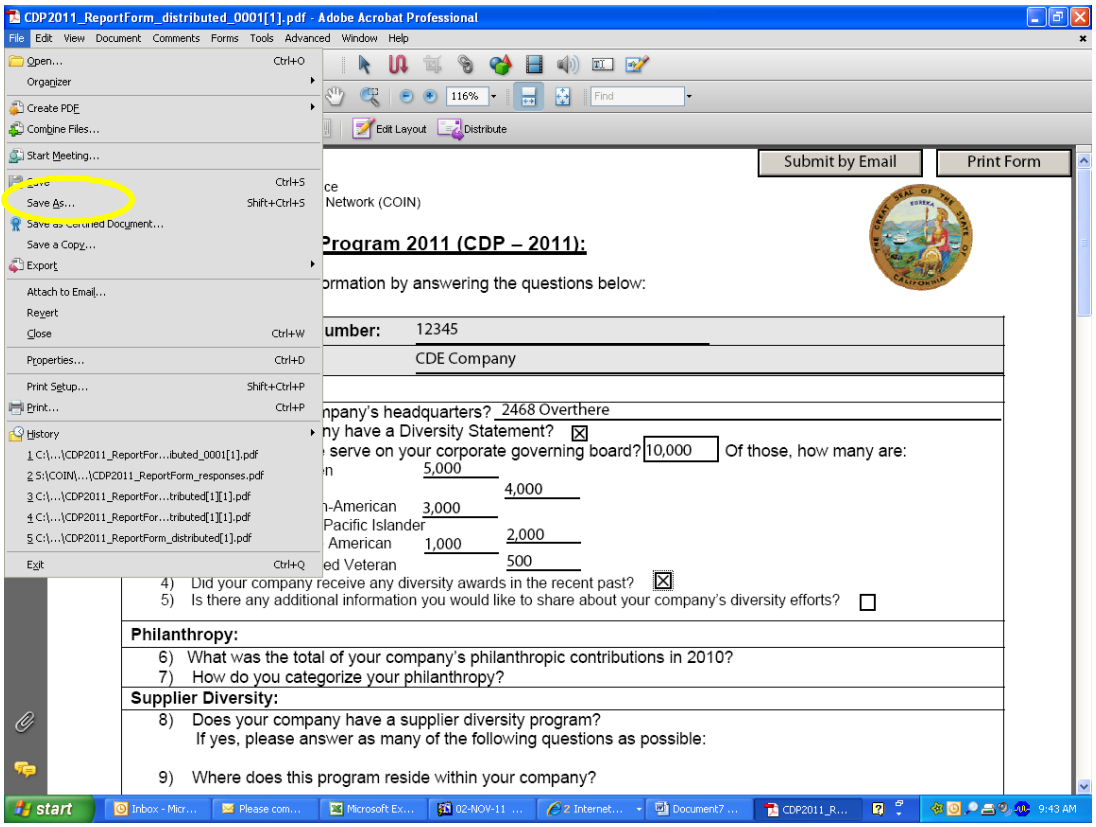
5) A message screen will appear once the “Send” button is clicked, as shown below:
- Click the circle for your applicable e-mail application.
- Click the “OK” button.



6) If you get a message screen as shown below, click “**Send**” (upper left corner), to submit the form to Department of Insurance.



7) Don’t forget to save your forms.



Company Diversity Program 2011 (CDP – 2011):

Please provide us with information by answering the questions below:

Company NAIC/GROUP Number: _____

Company/Group Name: _____

GENERAL INFORMATION:

Section A: (This information will be made available to public):

1) Where is your company's headquarters? _____

2) Does your company have a Diversity Statement? ☐Yes ☐No (If yes, submit a PDF attachment with the Statement.)

3) How many people serve on your corporate governing board? _____ Of those, how many are:

- Women _____
- Latino _____
- African-American _____
- Asian Pacific Islander _____
- Native American _____
- Disabled Veteran _____

4) Did your company receive any diversity awards in the past 3 years? ☐Yes ☐No

5) Is there any additional information you would like to share about your company's diversity efforts? ☐Yes ☐No

Philanthropy:

6) What was the total of your company's philanthropic contributions in 2010? $ ☐

7) In which three to five areas does your company focus its philanthropy?

Supplier Diversity:

8) Does your company have a supplier diversity program? ☐Yes ☐No ☐ Plan to initiate in next 12 months.
If yes, please answer as many of the following questions as possible:

9) Where does this program reside within your company? _____

Company Diversity Program 2011 (CDP – 2011):

Please provide us with information by answering the questions below:

Supplier Diversity: (continued)

10) What is the name and title of the leader, and the website of your supplier diversity program?

Name and Title: _____ Link: _____

11) What certifications does your company accept to certify diverse firms (check as many as apply):

- ☐ National Minority Supplier Diversity Council (NMSDC)
- ☐ Women's Business Enterprise National Council (WBENC)
- ☐ National Gay and Lesbian Chamber of Commerce (NGLCC)
- ☐ California Public Utilities Commission (CPUC)
- ☐ California Department of General Services (DGS), Small Business
- ☐ California Department of General Services (DGS), Disabled Veteran Business Enterprise

Company Diversity Program 2011 (CDP – 2011):

Please provide us with information by answering the questions below:

Section B: (This information will be used for internal research purposes only, and will not be released publicly on a company or group basis.):

1) How long has your supplier diversity program been in existence? (In years) _____

2) What was your total procurement spent in 2010? $ _____ ☐ Don't track

3) How much of that is with California-based suppliers? $_____ ☐ Don't track

4a) How much did your company spend with diverse firms in 2010? $ _____ ☐ Don't track

4b) Include the following information as it relates to your company's national supplier diversity results:

a. Direct	$ _____	☐ Don't track
b. Subcontracting or Tier 2 spend	$ _____	☐ Don't track
c. Minority Business Enterprise	$ _____	☐ Don't track
c1. Latino	$ _____	☐ Don't track
c2. Asian/Pacific Islander	$ _____	☐ Don't track
c3. African American	$ _____	☐ Don't track
c4. Native American	$ _____	☐ Don't track
d. Women's Business Enterprise	$ _____	☐ Don't track
e. Disabled Veteran Business Enterprise	$ _____	☐ Don't track
f. Veteran Business Enterprise	$ _____	☐ Don't track
g. Small Business Enterprise	$ _____	☐ Don't track
h. Hub Zone Business Enterprise	$ _____	☐ Don't track

5a) Does your company have a program to contract with diverse legal counsel, investment firms or media/advertising firms? ☐ Yes ☐ No

5b) If yes, what is the Total value of these contracts in 2010? $ _____