

## 2022 CALIFORNIA INSURANCE DIVERSITY SURVEY TEMPLATE LETTER TO DIVERSE SUPPLIERS

California Department of Insurance | Insurance Diversity Initiative

www.insurance.ca.gov/diversity

@ CA.IDS@insurance.ca.gov

## SAMPLE TEMPLATE LETTER TO DIVERSE SUPPLIER

NOTE: 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 2020 and/or 2021.

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



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## **TEMPLATE FORM TO DIVERSE SUPPLIER**

#### PART 1

## A. Check all designations that apply to your business, below:

Women Business Enterprise (WBE)	🗆 Lesbian, Gay, Bisexual, Transgender Business
Minority Business Enterprise (MBE)	Enterprise (LGBTBE)
🗆 African American	Multi-Certified Business Enterprises (MCBE) -
Asian/Pacific Islander	Check all that apply.
🗆 Hispanic/Latino	
□ Native American	
🗆 Multi-Ethnic	
Disabled Veteran Business Enterprise (DVBE)	
U Veteran Owned Business Enterprise (VOBE)	□ LGBTBE

## B. Your company's headquarters or a majority of your company's workforce are located in:

California

**C.NOTE:** If you *do not* check one of the boxes above, 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) 2020 and/or 2021.

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
- Wholesale Trade
  - Include: Personal Protective Equipment
- Other Please specify:\_\_\_\_\_