

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)
- ☐ Veteran Owned Business Enterprise (VOBE)
- ☐ Lesbian, Gay, Bisexual, Transgender Business Enterprise (LGBTBE)
- ☐ Multi-Certified Business Enterprises (MCBE)
- ☐ WBE
 - ☐ MBE
 - ☐ DVBE
 - ☐ VOB
 - ☐ 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
- ☐ Oregon
- ☐ Washington

PART 2

If you answered yes to any of the questions in Part 1, please provide the following for each contract of goods/services your business provided to our insurance company during Calendar Year 2016:

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
 - Included: Actuarial services
 - Not included: Legal Services
- Real Estate
- Telecom
- Travel/Entertainment
- Other
 - Please specify: _____