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
  ☐ VOBE
  ☐ 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:

<table>
<thead>
<tr>
<th>CONTRACT AMOUNT</th>
<th>TYPE OF GOOD/SERVICE*</th>
</tr>
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<tbody>
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*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:_________