

CALIFORNIA DEPARTMENT OF INSURANCE 2015 INSURER SUPPLIER DIVERSITY SURVEY

	Report Type:	Group	Group / N	NAIC Code:	922		
Gro	oup / Company Name:	ICW Group					
	Our com	pany / group ente	ers into contracts to procure	goods or services in	n California.		
	•		•				
1.	Does your company / gr	roup have a supplie	er diversity policy statement?		YES		
	a supplier diversity policy statement is any language that refers to the company's / group's policies in regards to upplier diversity, with the goal of procuring goods and services from diverse businesses						
	If yes, provide the supplier diversity policy statement below:						
	ICW Group's purchasing goals. When applicable, ICW Group will make efforts to identify diversity vendors as defined according to California bill AB 53 Section 927 definitions (see Attachment E, Exhibit A) as a source of potential vendors from which to purchase goods and services or to compete in request for proposals. All vendors are encouraged to register and provide updates to their pertinent information, including diversity status, by contacting ICW Group's PVMS department. Additionally, all newly contracted vendors will be required to complete the Attachment No. 3 to the ICW Group Agreement (see Attachment E, Exhibit B) as a means of gathering and maintaining diversity status information.						
- Provide a list of all documents in which the statement can be				. website, co. / group	report, board charter, etc	c.):	
	Internal documents (Policies, RFXs, supplier questionnaires)						
	- If the state is available online, provide link here:						
			next 12 months, provide a timel letails available at this time (i.e.				
	If no, please explain wh	ıy:					
		•					
2.	Does your company / gr	roup have a supplic	er diversity program?	NO, but will be crea	ating one within the next	t 12	
	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 overv	view of the program	m:				

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.):

We are in the mist of finalizing the program. Looking to have formal criteria in place by the end of 2015 with how the company approaches engagements with diversity suppliers.

3.

If no, please explain why:						
Does your company / group conduct outreach specifically to diverse businesses? NO						
If yes, respond to parts a, b, c, d, and e below.						
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:						
c. Check below all outreach and communication practices in which your company / group engages:						
EVENT – 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
☐ 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:
d. Explain how, and to what extent, these strategies and practices have been successful in establishing relationships with
diverse businesses:
Does your co. / group require and/or encourage its primary suppliers to subcontract with diverse businesses? YES
If yes:
a. Do you track procurement spend with Tier 2 diverse suppliers? NO
b. Please explain: Through discussions with our primary suppliers we encourage them to use diverse businesses. We continue to
review how to include more specific actions to encourage and seek MBEs.
Does your co. / group set internal targets or goals in regards to its supplier diversity statement and / or program? NO
If yes, please explain:
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:
We continue to develop a formal diversity program within the company. our MBE spend from 2013 to 2014 has more than doubled. We have completed a supplier diversity statement since the 2013 Insurer Supplier Diversity Survey.
Additional Comments:

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PRIMARY CON	TACT						
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SECONDARY C	ONTACT						
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Mailing Address	11455 El Camino Real, San Diego, CA, 92130						
GENERAL CONTACT							
Contact Name:							
Title:							
Phone Number:							
Email Address:							
Mailing Address							
	LICT OF COMPANIES INCLUDED IN THIS DEPORT						
	LIST OF COMPANIES INCLUDED IN THIS REPORT Company Name	Common NAIC Nombo					
nsurance Company	Company NAIC Numbe 27847						
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Explorer Insurance	40029						
Explorer American	24635						

8. Points of contact for the company's / group's supplier diversity operations for diverse business enterprises: