#### 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: <u>December 13<sup>th</sup>, 2011</u>

*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 6<sup>th</sup>, 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

Form Submission: Debra Buenconsejo at <u>BuenconsejoD@insurance.ca.gov</u>
 Form Instructions: Sukh Randhawa at <u>RandhawaS@insurance.ca.gov</u>

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

## 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 Nun	nber
Telephone Number	Extensio	n
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 <u>Sukhbir.Randhawa@insurance.ca.gov</u> 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.

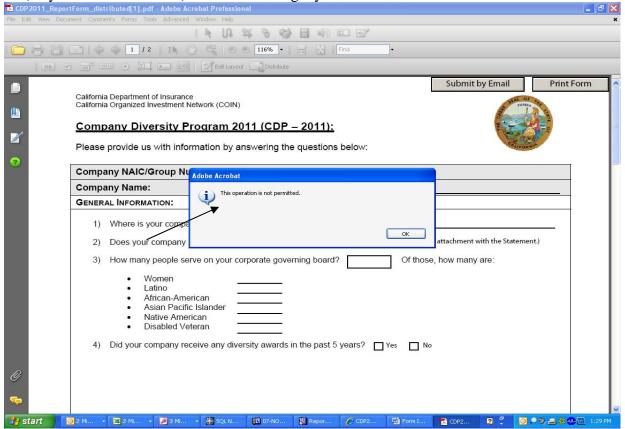
Section B (Information to be used for internal research purposes only, and will not be released publicly on a company or group basis):

- 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

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### 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.

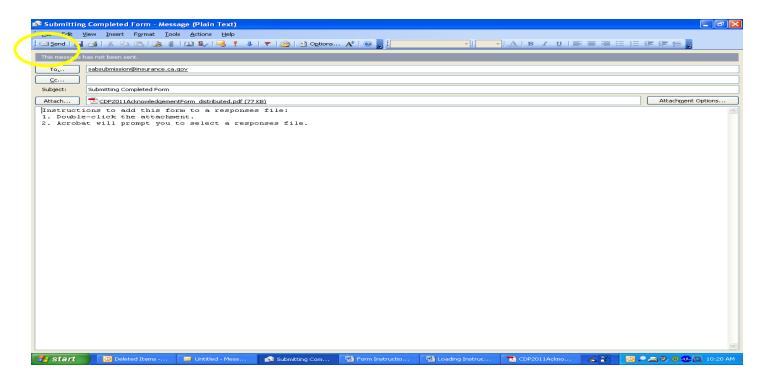
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4) Click "Send" button to submit the form to Department of Insurance (<u>submissions@insurance.ca.gov</u>).

- 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.

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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.

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## Company Diversity Program 2011 (CDP – 2011):



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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     Latino     African-American     Asian Pacific Islander     Native American     Disabled Veteran		
4) Did your company receive any diversity awards in the past 3 years? $\Box$ Yes $\Box$ No		
5) Is there any additional information you would like to share about your company's diversity efforts? Tyes 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)	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 (chec	k 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 B	usiness Enterprise			

## Company Diversity Program 2011 (CDP – 2011):



Please provide us with information by answering the questions below:

<b>Section B:</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	n 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 firm	as in 2010? \$	Don't track	
4b)	Include the following information as it relates to your	company's national supplier d	iversity 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	
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5a)	Does your company have a program to contract wi media/advertising firms?	th diverse legal counsel, inves	stment firms or	
5b)	If yes, what is the Total value of these contracts in	2010? \$		