



2020 CALIFORNIA INSURANCE DIVERSITY SURVEY TEMPLATE LETTER & FORM to DIVERSE SUPPLIERS

California Department of Insurance – Insurance Diversity Initiative



www.insurance.ca.gov/diversity



CA.IDS@insurance.ca.gov

TEMPLATE LETTER TO DIVERSE SUPPLIER

NOTE: *This draft form letter was developed in response to insurance company requests. Use of this template is not 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 2018 and/or 2019.

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:

- | | |
|--|--|
| <input type="checkbox"/> Women Business Enterprise (WBE) | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender Business Enterprise (LGBTBE) |
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Multi-Certified Business Enterprises (MCBE)
- <i>Check all that apply.</i> |
| <input type="checkbox"/> African American | <input type="checkbox"/> WBE |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> MBE |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> DVBE |
| <input type="checkbox"/> Native American | <input type="checkbox"/> VOBE |
| <input type="checkbox"/> Multi-Ethnic | <input type="checkbox"/> LGBTBE |
| <input type="checkbox"/> Disabled Veteran Business Enterprise (DVBE) | |
| <input type="checkbox"/> Veteran Owned Business Enterprise (VOBE) | |

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.

