

RACE, NATIONAL ORIGIN & GENDER FORM

COMMUNITY SERVICE STATEMENT

_____ Policyholder Number (for New Business Only)

This information is requested by the State of California in order to monitor the insurer's compliance with the law. All new policyholders are requested to voluntarily provide the following information.

No such information shall be used for purpose of underwriting or rating any policyholder.

Policyholder's Name and Address (to be provided in order to refer back to the policy)

Note: use additional forms if needed.

Policy Type

Fire Personal	___	Fire Commercial	___
Homeowners	___	Commercial Multi-Peril	___
Private Passenger Auto-Liability	<input checked="" type="checkbox"/>		

- If policyholder does not wish to provide the Department of Insurance with this information, please check here ___.

Check the Race or National Origin as it applies to the policyholder(s). For the purpose of completing this form, the policyholder is defined as: an individual spouse, domestic partner, or business partner(s) named on the policy.

	POLICYHOLDER			CO-POLICYHOLDER		
	MALE	FEMALE	BUSINESS	MALE	FEMALE	BUSINESS
African-American	___	___	___	___	___	___
American Indian or Alaskan Native	___	___	___	___	___	___
Asian/Pacific Islander	___	___	___	___	___	___
Latino	___	___	___	___	___	___
White	___	___	___	___	___	___
Other	___	___	___	___	___	___

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