

**CALIFORNIA DEPARTMENT OF INSURANCE
RACE, NATIONAL ORIGIN & GENDER FORM**

Applicable only to individuals, DBAs, sole proprietorships and single person corporations

Company Name _____

Application Number _____

Application Type - Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Fire - Personal | <input type="checkbox"/> Fire - Commercial |
| <input type="checkbox"/> Homeowners | <input type="checkbox"/> Allied Lines - Commercial |
| <input type="checkbox"/> Private Passenger Auto Liability | <input type="checkbox"/> Commercial Multi Peril |
| <input type="checkbox"/> Private Passenger Auto Physical Damage | <input type="checkbox"/> Other Liability |
| | <input type="checkbox"/> Commercial Auto Liability |
| | <input type="checkbox"/> Commercial Auto Physical Damage |

In order to aid the Insurance Commissioner of the State of California to monitor the insurer's compliance with the law, all applicants are requested to voluntarily provide the following information.

This section will be separated from the application prior to the insurer processing the application. No information shall be used for purposes of underwriting or rating any applicant or policyholder.

Applicant's Name, Address and ZIP Code (to be provided in order to refer back to the application):

Under this Regulation, Race or National Origin means one of the following categories. Please check the box for the combination that describes you:

CATEGORIES	APPLICANT		CO-APPLICANT	
	Male	Female	Male	Female
African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian (Oriental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian (Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino (Not Brazilian or Portuguese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information not provided by Applicant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use Additional Forms if More Than Two Applicants)