



**RACE, NATIONAL ORIGIN & GENDER FORM  
COMMUNITY SERVICE STATEMENT  
TOPA INSURANCE COMPANY**

**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 purposes 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	_____		

- *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 partners(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	_____	_____	_____	_____	_____	_____

For Topa use only: Policy No: PC/SMP \_\_\_\_\_