

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

COMMUNITY SERVICE STATEMENT Topa Insurance Company

NEW BUSINESS POLICY NUMBER:

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.

Policyholder's Name	Address	City	State	Zip

POLICY TYPE

- | | |
|---|---|
| <input type="radio"/> Fire - Personal
<input type="radio"/> Homeowners
<input type="radio"/> Private Passenger Auto-Liability | <input type="radio"/> Fire - Commercial
<input type="radio"/> Commercial Multi-peril |
|---|---|

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 #1			POLICYHOLDER #2		
	Male	Female	Business	Male	Female	Business
African American	_____	_____	_____	_____	_____	_____
American Indian / Alaskan Native	_____	_____	_____	_____	_____	_____
Asian / Pacific Islander	_____	_____	_____	_____	_____	_____
Latino	_____	_____	_____	_____	_____	_____
White	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

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