



1800 Ave of the Stars, 12<sup>th</sup> Floor, Los Angeles, CA 90067-4213  
Telephone (310) 201-0451 Fax (310) 552-1219

### Community Service Statement

# \_\_\_\_\_ Policy Number (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.

The information provided below will not impact underwriting or rating guidelines and shall not be used by any authority other than the State of California.

#### Policyholder Name and Address (provided in order to refer back to the policy)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address 1 : \_\_\_\_\_  
Street Address 1 : \_\_\_\_\_  
City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

#### Policy Type

Fire Personal  Homeowners   
Fire Commercial  Commercial Multi Peril   
Private Passenger Auto-Liability

#### Gender

Policyholder Gender Co-policyholder (if applicable)  
Male  Male   
Female  Female

#### Race

Policyholder Gender Co-policyholder (if applicable)  
African American  African American   
American Indian or Alaskan Native  American Indian or Alaskan Native   
Asian/Pacific Islander  Asian/Pacific Islander   
Latino  Latino   
Caucasian  Caucasian   
Other  Other

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