



**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 _____