

CALIFORNIA RACE, NATIONAL ORIGIN & GENDER FORM

Community Service Statement Philadelphia Indemnity Insurance Company Bala Cynwyd, PA

Policyholder Number (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
Homeowners
Private Passenger Auto- Liability

Fire Commercial
Commercial Multi Peril

- 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 s defined as: individual, spouse, domestic partner, or business partner (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