W Insurance™

Supplier Diversity Program

A. Company Information

Thank you for your interest in W Insurance's Supplier Diversity Program. Please provide the following information for your business:

Legal Company Name:		Tax ID:
Company Address:		
City:	State:	Zip:
Contact Person:		
Phone: ( ) -	Fax: ( ) -	Email:
Home Page:		
Date Established:	Number of Employees:	Annual Sales: $

B. Ownership and Control

Please provide the name, ownership interest and classification* of all owner(s):

Name	Ownership Interest	Classification*
	%	
	%	
	%	

Please provide the name and classification* of all person(s) who manage and control the daily operations of the business:

Name	Classification*

* For each individual named above, please indicate whether the individual qualifies as a minority, woman, person with a disability, veteran, disabled veteran, or lesbian, gay, bisexual, or transgender (LGBT) person. For minorities, please specify whether the individual is an African American, Hispanic American, Native American or Asian Pacific American.

C. Classification

W Insurance recognizes minority, women, LGBT, veteran, disabled veteran, and disability-owned business enterprises, defined as follows:

"Minority business enterprise" means a business enterprise, physically located in the United States or its trust territories, that is at least 51 percent owned by a minority group or groups, or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more minority groups, and whose management and daily business operations are controlled by one or more of those individuals. "Minority" includes African Americans, Hispanic Americans, Native Americans, and Asian Pacific Americans.

"Women business enterprise" means a business enterprise physically located in the United States or its trust territories, that is at least 51 percent owned by a woman or women, or in the case of any publicly owned business at least 51 percent of the stock of which is owned by one or more women, and whose management and daily business operations are controlled by one or more of those individuals.

"LGBT business enterprise" means a business enterprise that is 51 percent owned, managed, operated, and controlled by one or more lesbian, gay, bisexual, or transgender (LGBT) individuals, has been legally formed in the United States, and exercises independence from any non-LGBT business enterprise.

"Veteran business enterprise" means a business enterprise physically located in the United States or its trust territories that is at least 51 percent owned by one or more veteran groups or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by one or more veteran groups, and whose management and daily business operations are controlled by one or more of those individuals.

"Disabled veteran business enterprise" has the same meaning as defined in subparagraph (A) of paragraph (7) of subdivision (b) of Section 999 of the Military and Veterans Code, or any successor provision. Disabled veteran business enterprise certification eligibility requirements shall be consistent with those imposed by the Department of General Services, and this section applies only to those disabled veteran business enterprises certified by the Department of General Services.

"Disability-owned business enterprise" means a business enterprise physically located in the United States or its trust territories, that is at least 51 percent owned by a person or persons with a disability or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by one or more persons with a disability, and whose management and daily business operations are controlled by one or more of those individuals.

D. Certification

Please provide the following information regarding the certification of your business enterprise:

Organization:	
Certificate Number:	Expiration Date:

We accept certifications from the following organizations:

- National Minority Supplier Development Council (NMSDC) nmsdc.org
- Women's Business Enterprise National Council (WBENC) wbenc.org
- California Department of General Services, Disabled Veteran Business Enterprises (DGS) dgs.ca.gov
- California Public Utilities Commission (CPUC) cpuc.ca.gov
- National Gay & Lesbian Chamber of Commerce (NGLCC) nglcc.org
- Disability:IN disabilityin.org
- National Veteran Owned Business Association (NaVOBA) navoba.org
- Local, State and Federal Government Agencies

We also recognize businesses classified as diverse businesses.

E. Type of Business

In the space provided, please describe the types of products and services your company provides. Providing this information will allow us to easily access your information from our database:

If you would like to provide any additional information or marketing material with your application, please include it with this completed form. **After completing this form, please sign below and return with a copy of your business certificate to:**

W Insurance Company
P.O. Box 82867
San Diego, CA 92138-9492
Attn: Supplier Diversity Office

Email: supplierdiversity@w-insurance.com

I hereby certify the information provided in this application is current and complete to the best of my knowledge as of the date of the signature below. Any change in the ownership of the business or change in classification of the business will be promptly reported to W Insurance. Receipt of this application and certification does not guarantee a contract with W Insurance. All completed applications will be reviewed and kept on file for future consideration. Electronic submission of this form is optional. For information about the types of personal information we collect and how we use it, visit our Privacy Policy at w-insurance.com.

Signature: Signature Required	Date:
Print Name:	Title: