

California Race, National Origin and Gender Form



FARMERS

This section will be separated from the application prior to processing the application. No such information shall be used for the purpose of underwriting any applicant or policyholder.

- 1 Farmers Insurance Exchange
- 2 Truck Insurance Exchange

- 3 Mid-Century Insurance Company
- 4 Fire Insurance Exchange

Application Type

- 5 Fire-Personal
- 6 Homeowners
- 7 Private Passenger Auto-Liability

- 8 Fire-Commercial
- 9 Commercial Multi-Peril

Name _____
Named Insured No. 1

Named Insured No. 2

ZIP Code:

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Five Digit ZIP Code Required

In order to aid the Insurance Commissioner of the State of California to monitor the insurer's compliance with the law, all applicants are requested to provide the following information voluntarily. If the policyholder does not wish to provide the Department of Insurance with this information, please check here.

Please provide the gender, race and/or National Origin as it applies to the applicant:

	<i>Named Insured</i>											
	Male		Female		Business							
	No. 1	No. 2	No. 1	No. 2	No. 1	No. 2						
American Indian or Alaskan Native	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19	<input type="checkbox"/>
Asian or Pacific Islander	20	<input type="checkbox"/>	21	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>
African-American	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28	<input type="checkbox"/>	29	<input type="checkbox"/>	30	<input type="checkbox"/>	31	<input type="checkbox"/>
Latino	32	<input type="checkbox"/>	33	<input type="checkbox"/>	34	<input type="checkbox"/>	35	<input type="checkbox"/>	36	<input type="checkbox"/>	37	<input type="checkbox"/>
White	38	<input type="checkbox"/>	39	<input type="checkbox"/>	40	<input type="checkbox"/>	41	<input type="checkbox"/>	42	<input type="checkbox"/>	43	<input type="checkbox"/>
Other	44	<input type="checkbox"/>	45	<input type="checkbox"/>	46	<input type="checkbox"/>	47	<input type="checkbox"/>	48	<input type="checkbox"/>	49	<input type="checkbox"/>
Check here if you do not wish to provide this information to the Department of Insurance	50	<input type="checkbox"/>	51	<input type="checkbox"/>	52	<input type="checkbox"/>	53	<input type="checkbox"/>	54	<input type="checkbox"/>	55	<input type="checkbox"/>

Thank you for your help in gathering this information to aid the Insurance Commissioner of the State of California.