

SUPPLIER DIVERSITY PROGRAM APPLICATION

Safeway Insurance is dedicated to being a leading provider of insurance products and services. This is achieved through our commitment to principled performance and our high professional standards. These are the expectations of our customers.

Since 1959, Safeway Insurance has reliably served our clients. Our goal, each and every day, is to exceed the expectations of all of our stakeholders: policyholders, producers, business partners, regulators, shareholders, the communities we serve, and our valued employees.

Safeway has always given consideration to any supplier, including minorities, women, and people with disabilities. Our goal has always been to provide high standards of quality, service, and price to our customers. In this endeavor we always consider any supplier (provided we have a need for such service) who benefits our customers and provides high standards of quality, service, and price.

INSTRUCTIONS

Upon completion of this form, please send electronically to the Supplier Diversity team at supplierdiversity@safewayins.com. Your business must be certified as minority-owned, veteran-owned or a person with a disability to participate in the Supplier Diversity Program. (In Illinois, see www.illinois.gov for certification information). In addition to your completed application, **a copy of your certificate should be enclosed**. If you are not currently certified or are in the process of obtaining certification, please forward your company information to our Team once the certification process is complete.

Legal Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Date Founded: (mm/dd/yyyy): _____

Annual Sales: _____

Number of Employees: _____

OWNERSHIP, please list the names and ownership interest of all majority owners.

Owner	Ownership
_____	_____
_____	_____
_____	_____

CLASSIFICATION (please select one)

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Women Owned |
| <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) | |

CERTIFICATION: Please provide the following information:

Organization: _____

Certification Number : _____

Expiration Date: (mm/dd/yyyy) _____

TYPE OF BUSINESS:

Please describe the products and/or services your company provides in the area below:

Along with your certificate, you may attach brochures or literature that describe your company's products and services.

The undersigned hereby certifies that the information provided above in this application is current, complete, and accurate as of the date below. The undersigned also acknowledges to provide notice should the business ownership or classification change during the life of the business.

Signature: _____

Print or typed name: _____

Title: _____

Date: _____

* Note: you will receive e-mail notification that your application has been received. If no immediate opportunities are available, your information will remain in the Supplier Diversity Database for one year. To continue business pursuits with Safeway Insurance after this time period, please forward a copy of your certification and a new application to our Supplier Diversity Team at supplierdiversity@safewayins.com.