



**CITIZENS PROPERTY INSURANCE CORPORATION**  
**VENDOR DIVERSITY DECLARATION FORM**

**Instructions:** To complete this form, it must be: (1) executed by a representative authorized by Vendor; and, (2) accompanied by a current certification provided by the Florida Department of Management Services, Office of Supplier Diversity for a declaration of Minority Business Enterprise (MBE) or Veteran Business Enterprise (VBE). Citizens, at its sole election, may independently verify a Vendor's declaration at any time.

Vendor (Business Entity Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Address (incl. City, State, Zip Code): \_\_\_\_\_

FEIN / EIN: \_\_\_\_\_ Florida Department of State Document Number: \_\_\_\_\_

Vendor Diversity Categories		
<i>Check (X) the appropriate box(es) below to declare Vendor's diversity category. More than one box may be checked.</i>		
Florida Business Enterprise (FBE)	Vendor must have or maintain its primary corporate/home office in Florida.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Florida Small Business Enterprise (FSBE)	Vendor must have or maintain its primary corporate/home office in Florida <b>and</b> be a "small business" as defined by Section <a href="#">288.703(6)</a> , Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If declaring as a VBE or MBE below, provide the current certification from the Florida Department of Management Services, Office of Supplier Diversity.</i>		
Veteran Business Enterprise (VBE)	Vendor must be a "certified veteran business enterprise" as defined by Section <a href="#">295.187(3)(a)</a> , Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minority Business Enterprise (MBE)	Vendor must be a "certified minority business enterprise" as defined by Section <a href="#">288.703(1)</a> , Florida Statutes.	<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> American Woman

By my signature below, I certify that I am an authorized representative of Vendor and that the information and declaration herein are true and complete to the best of my knowledge. Knowingly submitting false information on this form may be punishable under [Section 837.06](#), Florida Statutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_