



ATTACHMENT E

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 or a current certification from another governmental entity for a declaration of Minority Business Enterprise (MBE) or Veteran Business Enterprise (VBE).

Vendor (Business Entity Name): _____ Phone: _____

Address (incl. City, State, Zip Code): _____

FEIN / EIN: _____ Florida Department of State Document Number: _____

Table with 3 columns: Category, Description, and Yes/No checkboxes. Categories include Florida Business Enterprise (FBE), Florida Small Business Enterprise (FSBE), Veteran Business Enterprise (VBE), and Minority Business Enterprise (MBE).

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: _____