

ERM-14 FORM—CONFIDENTIAL REQUEST FOR OWNERSHIP INFORMATION

Effective 01 Dec 2003

All items must be answered completely or the form may be returned.

The following confidential ownership statements may be used only in establishing premiums for your insurance coverages. Your workers compensation policy requires that you report ownership changes, and other changes as detailed below, to your insurance carrier in writing within 90 days of the change. If you have questions, contact your agent, insurance company, or the appropriate rating organization. Once completed, this form must be submitted to the rating organization by you, your insurance carrier(s), or your agents. If this form does not provide the means to explain the transaction, enter as much information on the form as possible and supplement the form with a narrative on the employer's letterhead, signed by an owner, partner, or executive officer.

Section A—Transaction and Entity Information

Check all that apply	Type of Transaction Columns A, B, and C referenced below are found in Section B.	Effective Date Enter effective date of transaction	Reported Date Enter date reported in writing to your insurance provider
	Name and/or legal entity change —Complete column A for former entity and column B for newly named entity. Complete Type of Entity portion for each entity to reflect such change.		
	Sale, transfer or conveyance of all or a portion of an entity's ownership interest —Complete column A for ownership before the change and column B for ownership after the change.		
	Sale, transfer or conveyance of an entity's physical assets to another entity that takes over its operations —Complete column A for the former entity and column B for the acquiring entity.		
	Merger or consolidation (attach copy of agreement) —Complete columns A and B for the former entities and column C for the surviving entity.		
	Formation of a new entity that acts as, or in effect is, a successor to another entity that: (a) Has dissolved (b) Is non-operative (c) May continue to operate in a limited capacity.		
	An irrevocable trust or receiver, established either voluntarily or by court mandate —Complete column A before the change and column B after the change.		
	Determination of combinability of separate entities —Complete a separate column in Section B for each entity to be reviewed for common ownership (attach additional forms if necessary).		

ENTITY 1—Complete Column A on Page 3

Complete Name of Entity (including DBA or TA) _____

Risk ID _____ **FEIN** _____

Type of Entity (check all that apply) **Carrier** _____ **Policy #** _____ **Eff. Date** _____

- | | | | | |
|-----------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Temporary Labor Service | <input type="checkbox"/> School District | <input type="checkbox"/> Irrevocable Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Publicly Traded | <input type="checkbox"/> For Profit | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Domestic Corporation | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> State Agency | <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Charitable Organization |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Association (including unincorporated) | <input type="checkbox"/> County Agency | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Franchise |
| <input type="checkbox"/> Sub-Chapter S-Corp | <input type="checkbox"/> Employee Leasing | <input type="checkbox"/> Municipality | <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> ESOP |

Primary Address

Street _____ City, State, Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

Contact Name _____ Web Site _____

Mailing Address (if different than Primary Address) _____

Additional Location(s) _____

ENTITY 2—Complete Column B on Page 3

Complete Name of Entity (including DBA or TA) _____

Risk ID _____ **FEIN** _____

Type of Entity (check all that apply) **Carrier** _____ **Policy #** _____ **Eff. Date** _____

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|-----------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Temporary Labor Service | <input type="checkbox"/> School District | <input type="checkbox"/> Irrevocable Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Publicly Traded | <input type="checkbox"/> For Profit | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Domestic Corporation | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> State Agency | <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Charitable Organization |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Association (including unincorporated) | <input type="checkbox"/> County Agency | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Franchise |
| <input type="checkbox"/> Sub-Chapter S-Corp | <input type="checkbox"/> Employee Leasing | <input type="checkbox"/> Municipality | <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> ESOP |

Primary Address

Street _____ City, State, Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

Contact Name _____ Web Site _____

Mailing Address (if different than Primary Address) _____

Additional Location(s) _____

ENTITY 3—Complete Column C on Page 3

Complete Name of Entity (including DBA or TA) _____

Risk ID _____ **FEIN** _____

Type of Entity (check all that apply) **Carrier** _____ **Policy #** _____ **Eff. Date** _____

- | | | | | |
|-----------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Temporary Labor Service | <input type="checkbox"/> School District | <input type="checkbox"/> Irrevocable Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Publicly Traded | <input type="checkbox"/> For Profit | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Domestic Corporation | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> State Agency | <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Charitable Organization |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Association (including unincorporated) | <input type="checkbox"/> County Agency | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Franchise |
| <input type="checkbox"/> Sub-Chapter S-Corp | <input type="checkbox"/> Employee Leasing | <input type="checkbox"/> Municipality | <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> ESOP |

Primary Address

Street _____ City, State, Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

Contact Name _____ Web Site _____

Mailing Address (if different than Primary Address) _____

Additional Location(s) _____

Section B—Ownership

- Have any of these entities operated under another name in the last four years? Yes No
- Are any of the entities **currently** related through common majority ownership to any entity not listed on the front of the form? Yes No
- Have any of these entities been **previously** related through common majority ownership to any other entities in the last four years?
 Yes No
- If you answered Yes to questions 1, 2, or 3 above, provide additional information, indicating which question(s) your answer references:
 1 2 3

Name of Business	Principal Location	Carrier and Policy Number	Effective Date
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- Were the assets and/or ownership interest (all or a portion) of this entity acquired from a previously existing business? Yes No
If yes, you must provide complete ownership information for the prior owner in column A and ownership information for the new owner in column B.
- If this is a partial sale, transfer, or conveyance of an existing business (i.e., sale of one or more plants or locations):
 - Explain what portion or location of the entire operation was sold, transferred, or conveyed.

- Was this entity insured under a separate policy from the remaining portion? Yes No
If not, specify the entities with which it was combined:

7. Did the legal status of this entity change? Yes No
 If yes, you must complete the Type of Entity portion for each entity to reflect such change.
8. Is this transaction a result of bankruptcy? Yes No
 If yes, please indicate under which Chapter the bankruptcy was filed. _____

Corporations—List all names of owners of 5% or more of voting stock and number of shares owned. Submit shareholder proposal if transaction involved exchange of stock.

Partnerships—List each partner and appropriate share in the profits. If the entity is a limited partnership, list name(s) of each general partner(s).

Other—If no voting stock, list members of board of directors or comparable governing body.

Information	Column A	Column B	Column C
	Enter name used in Section A for Entity 1 Entity 1	Enter name used in Section A for Entity 2 Entity 2	Enter name used in Section A for Entity 3 Entity 3 If applicable, use this column for multiple combinations or entities resulting from mergers and consolidations
Name of Entity			
Ownership See reference above to ownership information required for corporations, partnerships, and other entities.			
Total Ownership Interest or Number of Shares			

NOTE: If your business has changed significantly to result in a change to the primary (governing) classification and the process and hazard of the operation have also changed, contact your agent, insurance company or rating organization for additional information.

Section C—Additional Information

Please include any additional information you believe pertinent to the transaction detailed above that cannot be expressed due to the format of this form. If there is not enough space below, attach the information on the entity's letterhead, signed by an owner, partner, or executive officer.

Section D—Did You Remember to . . .

- Indicate the type of transaction, check all that apply, and include transaction and notification dates?
- Complete all necessary entity information? **Note:** You can use more forms if the number of entities exceeds three.
 - Entity name
 - Risk identification number (if you know it)
 - Federal Employer Identification Number (FEIN)
 - Type of entity
 - Primary address, telephone, and other contact information
 - Mailing address and additional locations if applicable
- Fill out the ownership table completely?
 - Include the names of the entities as listed in Section A?
 - Include all owners, partners, board of director members, members and/or manager of LLCs, general partners of LPs, or any other comparable governing body?
 - Include percentage of ownership for each owner, partner, board of director member, member and/or manager of LLCs, general partner of LPs, or any other comparable governing body?
- Answer questions 1 through 8?

Section E—Certification

This is to certify that the information contained on this form is complete and correct.

All forms will be returned if this Certification Section is incomplete.

Name of person completing form: _____

Check which entity or entities the signer represents: Entity 1 Entity 2 Entity 3 Other _____

_____ Signature of Owner, Partner, Member, or Executive Officer	_____ Title	_____ Carrier
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_____ Print name of above signature	_____ Date	_____ Carrier Address
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Section F—For Rating Organization Use Only

Associate/automated _____

Date received _____

Date complete _____

Assessment—form complete? What is missing? _____

Ruling _____

Revisions necessary—Yes/No _____

Revisions complete and mailed—Yes/No/NA _____

Rating Effective Date impacted—Yes/No—if Yes, which ones? _____

Risk ID impacted—list all impacted, any deactivated? Indicate deactivated #s _____

All carriers/rating organizations notified? _____