

## INSTRUCTIONS FOR COMPLETING AN ERM-14 FORM

### **I. PURPOSE AND EFFECTIVE DATE OF CHANGE**

#### **A. COMBINATION OF SEPARATE ENTITIES**

1. Two or more entities sharing common ownership (more than 50% common ownership in each entity).
2. Entities may be combined for experience rating if two or more entities wish to be written on one policy.

*Note: Include the date interest was acquired in each entity.*

#### **B. CHANGE OF OWNERSHIP- Necessary if there has been a change in the name of the entity, governing board or ownership.**

*Note: Include the date the change occurred.*

#### **C. MERGER OR CONSOLIDATION**

1. Merger - When two or more entities are merged into one surviving entity.
2. Consolidation - When two or more entities are combined into an entirely new entity.

*Note: Include the date the merger or consolidation occurred.*

### **II. INFORMATION**

#### **A. NAME AND LOCATION OF ENTITY- Furnish both name and location of each entity before and after the change occurred.**

#### **B. POLICY NUMBER - List the carrier, policy number and effective date if available.**

#### **C. RATING ID NO. - List the rating ID number (Bureau file number) if available.**

#### **D. LEGAL STATUS - List the type of entity for each column.**

### **III. OWNERSHIP INFORMATION**

#### **A. When listing ownership for each entity, remember:**

1. List all names of owners and their individual ownership (each spouse's individual ownership must be listed).
2. If it is a partnership, list all general partners' names and their percentage of ownership.
3. If it is a corporation, list owners and their percentages of 5% or more voting stock.
4. If an entity is other than a sole proprietor, partnership or corporation, list the governing board of each entity.
5. List the total shares of stock issued at the bottom of each column.

#### **B. COMBINATION - Enter each entity to be combined in each of the columns. List complete ownership for all entities. Include the date ownership was acquired for each entity. Use as many columns or additional sheets as necessary. Complete back of form regarding employee retention.**

#### **C. CHANGE OF NAME/OWNERSHIP - In Column A list the name of the entity ownership before the change. In Column B list the name of the entity and ownership after the change. Complete back of form regarding employee retention.**

#### **D. MERGER/CONSOLIDATION - In Columns A and B enter the names of the entities and the ownership of each entity involved. In Column C, list the name and ownership of the remaining entity. Complete back of form regarding employee retention.**

### **IV. SIGNATURE**

The signature of the sole proprietor, partner or executive officer must be included on the form. Please state title.

## CONFIDENTIAL REQUEST FOR OWNERSHIP INFORMATION

The following confidential ownership statements may be used only in establishing premiums for your insurance coverages. It is extremely important all questions be answered completely. Your workers' compensation policy requires you report all ownership changes and other changes as detailed below to your insurance carrier in writing within ninety (90) days of the change. If you have questions, contact your agent & your insurance carrier or the appropriate rating organization. **Incomplete information or a missing signature may result in a delay in processing.**

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### PURPOSE

- Name or Entity Status Change Only**  
Complete Column A for former name and Column B for new name. Complete questions 1, 2, and 3 on page 2.
- Combination of Separate Entities**  
Complete a separate column for each entity related through common majority ownership. (Add forms if needed)
- Sale, Transfer or Conveyance of All or a Portion of an Entity's Ownership Interest**  
Complete column A for the ownership prior to the change and column B for the ownership after the change
- Merger or Consolidation**  
Complete columns A & B for the former entities and column C for the remaining entity
- Formation of a New Entity**  
Complete column A
- Sale, Transfer or Conveyance of an Entity's Physical Assets to Another Entity That Takes Over its Operations**  
Complete column A for the original entity and column B for the acquitting entity
- Irrevocable Trust or Receiver Established Voluntarily or by Court Mandate or Revocable Trust or Franchisor**  
Complete column A for ownership prior to the change and column B for the trustee or receiver established

Entity Information	A	B	C
<b>Name of Business</b> Provide legal name of entity.			
<b>Primary Address</b> Street, City, State, Zip			
<b>Legal Status</b>			
<b>Ownership</b> <b>Corporations:</b> List names of all owners of 5% or more of voting stock and number of shares owned. <b>Partnerships:</b> List each general partner and appropriate share in profits. <b>Other:</b> If no voting stock, list sole proprietor, members of LLC & percentage, members of boards of directors or comparable governing body. Ownership totals should equal 100%			
<b>FEIN</b>			
<b>Change Effective Date</b>			
<b>Policy Number</b>			
<b>Policy Effective Date</b>			

**CONFIDENTIAL REQUEST FOR OWNERSHIP INFORMATION**

- 1. Has this entity operated under another name in the last four years? \_\_\_\_\_
- 2. Is this entity **currently** related through common majority ownership to any entity not listed on page 1 of the form? \_\_\_\_\_
- 3. Has this entity been previously related through common majority ownership to other entity in the last four (4) years? \_\_\_\_\_

If you answered yes to question 1, 2, or 3, please provide the following information:

Name of Business	Principal Location	Carrier and Policy Number	Effective Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 4. Were the assets and/or ownership interest (all or a portion) of this entity acquired from a previously existing business? If yes, provide complete ownership information of the prior owner in column A and ownership information of the new owner in column B on the reverse side on page 1 of this form.
- 5. If this is a partial sale, transfer, or conveyance of an existing business (I.E. – sale of one or more than one location, etc.)
  - a. Explain what portion or location of the entire operations was sold, transferred, or conveyed. \_\_\_\_\_
  - b. Was this entity insured under a separate policy from the remaining portion? \_\_\_\_\_ If not, specify the entities with which it was combined: \_\_\_\_\_
- 6. If this entity has operations in Delaware or Pennsylvania, provide the number of employees from each state retained from the prior ownership \_\_\_\_\_ out of \_\_\_\_\_. Indicate the percentage or number retained out of the total from each of these states: \_\_\_\_\_ % \_\_\_\_\_ state.

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 also changed, contact your agent, insurance carrier or rating organization for additional information.

**CERTIFICATION**

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

Name of Insured: \_\_\_\_\_

Name of person completing the form: \_\_\_\_\_

Date this ownership change was reported in writing to your insurance carrier: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Partner or Executive Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Print name of above signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carrier Address