

## REQUEST FOR OWNERSHIP INFORMATION—ERM-14 FORM

The purpose of this **confidential** form is to obtain ownership information to assist in calculating premium for your workers compensation insurance policy. Your 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. **Incomplete information or a missing signature may result in a delay in processing.**

The ownership information required on this ERM-14 Form can also be submitted in narrative form on the letterhead of the employer, signed by an owner, partner, member, or executive officer.

### Section A—Contact Information

Name of person completing this form \_\_\_\_\_ Your Employer \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to business entity reporting ownership information \_\_\_\_\_

### Section B—Transaction Information

Type of Transaction (check one)	Transaction Effective Date
<input type="checkbox"/> <b>Name and/or legal entity change</b> The name and/or legal status of the entity has changed. DBA name changes do not need to be reported.	
<input type="checkbox"/> <b>Sale, transfer, or conveyance of all or a portion of an entity's ownership interest</b> Complete or partial sale of the business entity's ownership interest.	
<input type="checkbox"/> <b>Sale, transfer, or conveyance of an entity's physical assets to another entity that takes over its operations</b> An entity's assets have been sold or transferred. The acquiring entity has taken over the operations, and the selling entity retained its legal business name.	
<input type="checkbox"/> <b>Merger or consolidation</b> Two or more entities have merged or combined to form a single entity.	
<input type="checkbox"/> <b>Formation of a new entity that acts as, or in effect is, a successor to another entity that:</b> (Select one) <input type="checkbox"/> Has dissolved <input type="checkbox"/> Is nonoperative <input type="checkbox"/> May continue to operate in a limited capacity	
<input type="checkbox"/> <b>Formation of a new entity</b> A new entity has formed that is not a successor to another entity. Report this change only to determine combinability with another entity.	
<input type="checkbox"/> <b>An irrevocable trust or receiver, established either voluntarily or by court mandate</b> A change has occurred to the business, either voluntarily or by court mandate, requiring the entity to be put in a trust or receivership.	
<input type="checkbox"/> <b>Determination of combinability of separate entities</b> Two or more entities may need to be combined or separated based on their ownership interest.	

### Section C—Description of Transaction(s)

Include a brief description of the transaction(s) selected above. Attach additional information on the employer's letterhead, if needed.

- If this is a partial sale, transfer, or conveyance of an existing business (e.g., sale of one or more plants or locations), explain what portion or location of the entire operation was sold, transferred, or conveyed.
- If any of the entities that underwent a change in ownership were related through common ownership to any other entity before the transaction described above, list the entities and their current owners' names and percentages of ownership below.

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## Section D—Business Entity Information

Copies of this page may be submitted for transactions with more than three entities.

<b>Entity Information</b>	<b>Entity 1</b> Entity <b>before</b> the change or to determine combinability with another entity	<b>Entity 2</b> Entity <b>after</b> the change or to determine combinability with another entity	<b>Entity 3</b> Entity <b>after</b> a merger or consolidation or to determine combinability with another entity
<b>1. Name of Business</b> Provide the legal name of the business entity.			
<b>2. Primary Address</b> (Street, City, State, Zip)			
<b>3. Legal Status</b> (See examples in item 4 below)			
<b>4. Ownership</b> List names of individual owners, partners, etc. and percentages of ownership (if applicable). Ownership should total 100%. <ul style="list-style-type: none"> <li>– <b>Sole Proprietorship:</b> Owner</li> <li>– <b>Corporation:</b> Owner(s) and percentages of ownership</li> <li>– <b>General Partnership:</b> Partners and percentages of ownership</li> <li>– <b>Limited Partnership:</b> General partners and percentages of ownership</li> <li>– <b>Limited Liability Company:</b> Members and percentages of ownership</li> <li>– <b>Revocable Trust:</b> Grantor(s)</li> <li>– <b>Irrevocable Trust:</b> Trustee(s)</li> <li>– <b>Other:</b> If no voting stock, list members of board of directors or comparable governing body</li> </ul>			
<b>5. FEIN</b>			
<b>6. Risk ID Number</b>			
<b>7. Policy Number</b>			
<b>8. Policy Effective Date</b>			
<b>9. Contact Name</b>			
<b>10. Contact Phone/Email</b>			

## Section E—Certification

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

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

\_\_\_\_\_  
Business Name

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

\_\_\_\_\_  
Date