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.

tion A—Contact Information			
ne of person completing this form Your Employer	Your Employer		
ne # Email Address			
tionship to business entity reporting ownership information			
tion B—Transaction Information			
ne of Transaction (check all that apply)	Transaction Effective Date		
Name and/or legal entity change The name and/or legal status of the entity has changed. DBA name changes do not need to be reported.			
Sale, transfer, or conveyance of all or a portion of an entity's ownership interest Complete or partial sale of the business entity's ownership interest.			
Sale, transfer, or conveyance of an entity's physical assets to another entity that takes over its operations 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.			
Merger or consolidation Two or more entities have merged or combined to form a single entity.			
Formation of a new entity that acts as, or in effect is, a successor to another entity that: (Select one) Has dissolved Is nonoperative May continue to operate in a limited capacity			
Formation of a new entity A new entity has formed that is not a successor to another entity. Report this change only to determine combinability with another entity.			
An irrevocable trust or receiver, established either voluntarily or by court mandate A change has occurred to the business, either voluntarily or by court mandate, requiring the entity to be put in a trust or receivership.			
Determination of combinability of separate entities Two or more entities may need to be combined or separated based on their ownership interest.			
de a brief description of the transaction(s) selected above. Attach additional information on the employer's let his is a partial sale, transfer, or conveyance of an existing business (e.g., sale of one or more plants or locati			
	ne # Email Address Your Employer etionship to business entity reporting ownership information etion B—Transaction Information Per of Transaction (check all that apply)		

Section D—Business Entity Information

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

Entity Information	Entity 1 Entity before the change or to determine combinability with another entity	Entity 2 Entity after the change or to determine combinability with another entity	Entity 3 Entity after a merger or consolidation or to determine combinability with another entity	
Name of Business Provide the legal name of the business entity.				
2. Primary Address (Street, City, State, Zip)				
3. Legal Status (See examples in item 4 below)				
4. Ownership List names of individual owners, partners, etc. and percentages of ownership (if applicable). Ownership should total 100%. - Sole Proprietorship: Owner				
Corporation: Owner(s) and percentages of ownership				
General Partnership: Partners and percentages of ownership				
 Limited Partnership: General partners and percentages of ownership 				
 Limited Liability Company: Members and percentages of ownership 				
- Revocable Trust: Grantor(s)				
- Irrevocable Trust: Trustee(s)				
 Other: If no voting stock, list members of board of directors or comparable governing body 				
5. FEIN				
6. Risk ID Number				
7. Policy Number				
8. Policy Effective Date				
9. Contact Name				
10. Contact Phone/Email				
Section E—Certification This is to certify that the information contained on this form is complete and correct.				
Signature of Owner, Partner, Mem	ber, or Executive Officer Title	Bus	iness Name	
rint name of above signature Date				