

## North Carolina Rate Bureau ERM-14 Confidential Request for Ownership Information

The following ownership statements may be used only in establishing premiums for your Workers Compensation and Employers Liability insurance coverages; otherwise this information will be maintained in confidence. 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 carrier, or the North Carolina Rate Bureau (Bureau). Once completed, this form must be submitted to the Bureau by you, your agent, or your insurance carrier. If this form does not provide the means to explain the transaction(s), 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. If you need assistance completing this form, contact the Bureau at 919-582-1056 or via e-mail at [wcinfo@ncrb.org](mailto:wcinfo@ncrb.org).

**Note:** This form is for North Carolina policyholders to report ownership changes pertaining to their North Carolina business entities. Any entity with exposure in multiple states should complete the national version of the ERM-14 form and submit it to the National Council on Compensation Insurance, Inc. (NCCI) for review. The national ERM-14 form can be accessed on NCCI's website at [www.ncci.com](http://www.ncci.com).

### Section 1- Type of Transaction

Check all that apply.

*\*If multiple changes are being reported and they did not occur on the same date, complete a separate ERM-14 for each transaction.*

- Name and/or Legal Entity Change**  
*A change has occurred to the name and/or legal status of the entity.*  
NOTE: DBA Name changes are not considered ownership changes and do not need to be reported to the Bureau.
- Sale, transfer, or conveyance of all or a portion of an entity's ownership interest**  
*A change has occurred to the ownership of the entity.*
- Sale, transfer, or conveyance of an entity's physical assets to another entity that takes over its operations**  
*An entity sells or transfers its assets to another entity, and the acquiring entity takes over the operations of the selling/transferring entity. The entity or business name may or may not be sold or transferred with the other assets.*
- Merger or consolidation (Attach copy of articles of merger or articles of consolidation)**  
*Two or more entities combine to form a single entity.*
- Formation of a new entity that acts as, or in effect is, a successor to another entity**  
*A new entity is formed or replaces an entity that has dissolved, or a new entity is formed and the prior entity has ceased operations or operates in a limited capacity.*
- Irrevocable trust or receiver**  
*A change has occurred to the entity, either voluntarily or by court mandate, that requires the entity to be put in a trust or receivership.*
- Determination of combinability of separate entities**  
*Two or more entities have common ownership and may be combinable for experience rating purposes.*

\*Effective date of change(s): \_\_\_\_\_

\*Date Reported to the Insurance Carrier: \_\_\_\_\_

### Section 2- Narrative

Provide a brief description of the changes that have occurred. Include any additional information you believe pertinent to the transaction(s) reported on this form.

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**Section 3- Ownership Detail of Each Entity**

Provide details below for each entity involved in the ownership change transaction(s). This must include entity information for "before" the change and "after" the change. If more than 3 entities are involved in the change, use additional copies of page 2.

*Col. I = Ownership before change*  
*Col. II = Ownership after change*

*or*  
*Col. I & II = Ownership before change*  
*Col. III = Ownership after change*

<b>Information</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>Name of Entity</b>			
<b>Entity Information:</b> <ul style="list-style-type: none"> <li>• Address</li> <li>• Phone Number</li> <li>• E-mail Address</li> <li>• Website</li> <li>• Primary Contact</li> </ul>			
<b>Entity FEIN</b>			
<b>Insurance Carrier Name</b>			
<b>Policy Number</b>			
<b>Type of Entity</b> (Corporation, Partnership, Individual, LLC, etc.)			
<b>Ownership</b>  List all owners, members, partners, officers, etc., along with a percentage of ownership or shares of voting stock.  If no "owners" or voting stock, provide list of board of directors or comparable governing body.			
<b>Total Ownership Interest or Number of Shares</b>			

**Person completing form:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Section 4- Certification**

The person signing below certifies that the information contained in this form is complete and correct.

**Entity Owner, Partner, Member, or Executive Officer:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Entity Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_