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.**

PURPOSE (Check One)

☐ **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**
Name of Business Provide legal name of entity.			
Primary Address Street, City, State, Zip			
Legal Status			
Ownership **Corporations**: List names of all owners of 5% or more of voting stock and number of shares owned. **Partnerships:** List each general partner and appropriate share in profits. **Other**: 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%			
FEIN			
Change Effective Date			
Policy Number			
Policy Effective Date			

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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

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