RATING BOARD COMBINABLE ID: _____

RATING BOARD ANALYST: _____

ERM-14 FORM—CONFIDENTIAL REQUEST FOR OWNERSHIP INFORMATION

All items must be answered completely or the form may be returned.

The following confidential ownership statements will be used only in establishing premiums for your insurance coverage's. 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 Rating Board. Once completed, this form must be submitted to the Underwriting Department of the Rating Board by you, your insurance carrier(s), or your agent(s). If this form does not provide the means to explain the transaction, 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.

Section A—Transaction and Entity Information

Check all that apply	Type of Transaction Columns A, B, and C referenced below are found in Section B.	Effective Date Enter effective date of transaction	Report Date Enter date reported in writing to your insurance provider
	Name and/or legal entity change—Complete column A for former entity and column B for newly named entity. Complete Type of Entity portion for each entity to reflect such change.		
	Sale, transfer or conveyance of all or a portion of an entity's ownership interest—Complete column A for ownership before the change and column B for ownership after the change.		
	Sale, transfer or conveyance of an entity's physical assets to another entity that takes over its operations—Complete column A for the former entity and column B for the acquiring entity.		
	Merger or consolidation (attach copy of agreement)— Complete columns A and B for the former entities and column C for the surviving entity.		
	Formation of a new entity that acts as, or in effect is, a successor to another entity that: (a) Has dissolved (b) Is non-operative (c) May continue to operate in a limited capacity.		
	An irrevocable trust or receiver, established either voluntarily or by court mandate—Complete column A before the change and column B after the change.		
	Determination of combinability of separate entities— Complete a separate column in Section B for each entity to be reviewed for common ownership (attach additional forms if necessary).		

ENTITY 1—Complete Column A on Page 3

Complete Name of Entity (including DBA or TA) _____

Risk ID _____ **FEIN** _____

Type of Entity (check all that apply) **Carrier** _____ **Policy #** _____ **Eff. Date** _____

☐ Sole Proprietorship	☐ Limited Partnership	☐ Temporary Labor Service	☐ School District	☐ Irrevocable Trust
☐ Partnership	☐ Limited Liability Corporation	☐ Publicly Traded	☐ For Profit	☐ Religious Organization
☐ Domestic Corporation	☐ Joint Venture	☐ State Agency	☐ Not for Profit	☐ Charitable Organization
☐ Foreign Corporation	☐ Association (including unincorporated)	☐ County Agency	☐ Non-Profit	☐ Franchise
☐ Sub-Chapter S-Corp	☐ Employee Leasing	☐ Municipality	☐ Revocable Trust	☐ ESOP

Primary Address

Street _____ City, State, Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

Contact Name _____ Web Site _____

Mailing Address (if different than Primary Address) _____

Additional Locations(s) _____

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ENTITY 2—Complete Column B on Page 3

Complete Name of Entity (including DBA or TA) _____

Risk ID _____ **FEIN** _____

Type of Entity (check all that apply) **Carrier** _____ **Policy #** _____ **Eff. Date** _____

☐ Sole Proprietorship	☐ Limited Partnership	☐ Temporary Labor Service	☐ School District	☐ Irrevocable Trust
☐ Partnership	☐ Limited Liability Corporation	☐ Publicly Traded	☐ For Profit	☐ Religious Organization
☐ Domestic Corporation	☐ Joint Venture	☐ State Agency	☐ Not for Profit	☐ Charitable Organization
☐ Foreign Corporation	☐ Association (including unincorporated)	☐ County Agency	☐ Non-Profit	☐ Franchise
☐ Sub-Chapter S-Corp	☐ Employee Leasing	☐ Municipality	☐ Revocable Trust	☐ ESOP

Primary Address

Street _____ City, State, Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

Contact Name _____ Web Site _____

Mailing Address (if different than Primary Address) _____

Additional Locations(s) _____

ENTITY 3—Complete Column C on Page 3

Complete Name of Entity (including DBA or TA) _____

Risk ID _____ **FEIN** _____

Type of Entity (check all that apply) **Carrier** _____ **Policy #** _____ **Eff. Date** _____

☐ Sole Proprietorship	☐ Limited Partnership	☐ Temporary Labor Service	☐ School District	☐ Irrevocable Trust
☐ Partnership	☐ Limited Liability Corporation	☐ Publicly Traded	☐ For Profit	☐ Religious Organization
☐ Domestic Corporation	☐ Joint Venture	☐ State Agency	☐ Not for Profit	☐ Charitable Organization
☐ Foreign Corporation	☐ Association (including unincorporated)	☐ County Agency	☐ Non-Profit	☐ Franchise
☐ Sub-Chapter S-Corp	☐ Employee Leasing	☐ Municipality	☐ Revocable Trust	☐ ESOP

Primary Address

Street _____ City, State, Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

Contact Name _____ Web Site _____

Mailing Address (if different than Primary Address) _____

Additional Locations(s) _____

Section B—Ownership

1. Have any of these entities operated under another name in the last four years? ☐ Yes ☐ No
2. Are any of the entities **currently** related through common majority ownership to any entity not listed on the front of the form? ☐ Yes ☐ No
3. Have any of these entities been **previously** related through common majority ownership to any other entities in the last four years? ☐ Yes ☐ No
4. If you answered Yes to questions 1, 2, or 3 above, provide additional information, indicating which question(s) your answer references? ☐ **1** ☐ **2** ☐ **3**

Name of Business	Principal Location	Carrier and Policy Number	Effective Date

5. Were the assets and/or ownership interest (all or a portion) of this entity acquired from a previously existing business? ☐ Yes ☐ No
   If yes, you must provide complete ownership information for the prior owner in column A and ownership information for the new owner in column B.
6. If this is a partial sale, transfer, or conveyance of an existing business (i.e., sale of one of more plants or locations):
   a. Explain what portion or location of the entire operation was sold, transferred, or conveyed.

   _____

   b. Was this entity insured under a separate policy from the remaining portion? ☐ Yes ☐ No
   If not, specify the entities with which it was combined:

   _____

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7. Did the legal status of this entity change? ☐ Yes ☐ No
   If yes, you must complete the Type of Entity portion for each entity to reflect such change.
8. Is this transaction a result of bankruptcy? ☐ Yes ☐ No
   If yes, please indicate under which Chapter the bankruptcy was filed. _____

Corporations—List all names of owners of 5% or more of voting stock and number of shares owned. Submit shareholder proposal if transaction involved exchange of stock.

Partnerships—List each partner and appropriate share in the profits. If the entity is a limited partnership, list name(s) of each general partner(s).

Other—If no voting stock, list members of board of directors or comparable governing body.

Information	Column A	Column B	Column C
	Enter name used in Section A for Entity 1 **Entity 1**	Enter name used in Section A for Entity 2 **Entity 2**	Enter name used in Section A for Entity 3 **Entity 3** If applicable, use this column for multiple combinations or entities resulting from mergers and consolidations
Name of Entity			
Ownership See reference above to ownership information required for corporations, partnerships, and other entities.			
Total Ownership Interest or Number of Shares			

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 have also changed, contact your agent, insurance carrier or the Rating Board for additional information.

Section C—Additional Information

Please include any additional information you believe pertinent to the transaction detailed above that cannot be expressed due to the format of this form. If there is not enough space below, attach the information on the entity's letterhead, signed by an owner, partner, or executive officer.

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Section D—Did You Remember to . . .

- Indicate the type of transaction, check all that apply, and include transaction and notification dates?
- Complete all necessary entity information? **Note:** You can use more forms if the number of entities exceeds three.
- Entity name
- Risk identification number (if you know it)
- Federal Employer Identification Number (FEIN)
- Type of entity
- Primary address, telephone, and other contact information
- Mailing address and additional locations if applicable
- Fill out the ownership table completely?
- Include the names of the entities as listed in Section A?
- Include all owners, partners, board of director members, members and/or manager of LLCs, general partners of LPs, or any other comparable governing body?
- Include percentage of ownership for each owner, partner, board of director member, member and/or manager of LLCs, general partner of LPs, or any other comparable governing body?
- Answer question 1 through 8?

Section E—Certification

This is to certify that the information contained on this form is complete and correct.
All forms will be returned if this Certification Section is incomplete.

Name of person completing form: _____

Check which entity or entities the signer represents: ☐ Entity 1 ☐ Entity 2 ☐ Entity 3 ☐ Other _____

Signature of Owner, Partner, Member, or Executive Officer	Title	Carrier
Print name of above signature	Date	Carrier Address

Section F—For Rating Board Use Only

Associated/automated _____

Date received _____

Date complete _____

Assessment—form complete? What is missing? _____

Ruling _____

Revisions necessary—Yes/No/NA _____

Rating Effective Date impacted—Yes/No—if Yes, which ones? _____

Risk ID impacted—list all impacted, any deactivated? Indicate deactivated #s _____

All carriers/rating organizations notified? _____

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NEW YORK COMPENSATION INSURANCE RATING BOARD

INSTRUCTIONS FOR COMPLETING AN ERM-14 FORM

I. PURPOSE AND EFFECTIVE DATE OF CHANGE

a) **Combination of Separate Entities—**If two or more entities share common ownership (more than 50% common ownership in each entity) the experience must be combined for experience rating purposes and/or if two or more entities wish to be written on one policy.

Note:

1) Include the date interest was acquired in each entity.
2) If you wish to show non-combinability, list the ownership of each entity in the columns provided.

b) **Change of Ownership—**Required if there has been a change in the name of the entity, governing board, or ownership.

c) **Merger or Consolidation**

1) **Merger—**When two or more entities are merged into one surviving entity.
Note: Include the merger agreement.
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 names and locations of each entity before and after the change occurred.

b) **Policy Number—**List the policy number if available.

c) **Rating ID Number—**List the rating ID number if available.

d) **List—**The type of entity for each column.

e) **FEIN Number—**List the Federal Employer Identification Number.

f) **List—**The date the change was reported in writing to the carrier.

III. OWNERSHIP INFORMATION

a) **When listing ownership for each entity, remember:**

1) List all names of owners and their individual percentage of 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 of voting stock.
4) If an entity is other than a sole proprietor, partnership, or corporation, list all members of the governing board of each entity.
5) List the total shares of stock issued at the bottom of each column.
6) For trusts, specify if revocable or irrevocable along with the following:
   I. For revocable trusts, list the owners of the assets who make up the trust.
   II. For irrevocable trusts, list the trustees.

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.

c) **Change of Name/Ownership—**In Column A, list the name of the entity and ownership before the change; in column B, list the name of the entity and ownership after the change.

d) **Merger/Consolidation—**In Columns A and B, enter the names of the entities and the ownership of each entity involved; in column B, list the name of ownership of the remaining entity.

IV. SIGNATURE

The signature of the sole proprietor, partner, or executive officer must be included on the form. Please include the title and the date the form is signed.