

INSTRUCTIONS FOR COMPLETING AN ERM-14 FORM

I. PURPOSE AND EFFECTIVE DATE OF CHANGE

A. COMBINATION OF SEPARATE ENTITIES

1. Two or more entities sharing common ownership (more than 50% common ownership in each entity).
2. Entities may be combined for experience rating if two or more entities wish to be written on one policy.

Note: Include the date interest was acquired in each entity.

B. CHANGE OF OWNERSHIP- Necessary if there has been a change in the name of the entity, governing board or ownership.

Note: Include the date the change occurred.

C. MERGER OR CONSOLIDATION

1. Merger - When two or more entities are merged into one surviving entity.
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 name and location of each entity before and after the change occurred.
- B. POLICY NUMBER - List the carrier, policy number and effective date if available.
- C. RATING ID NO. - List the rating ID number (Bureau file number) if available.
- D. LEGAL STATUS - List the type of entity for each column.

III. OWNERSHIP INFORMATION

A. When listing ownership for each entity, remember:

1. List all names of owners and their individual 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 voting stock.
4. If an entity is other than a sole proprietor, partnership or corporation, list the governing board of each entity.
5. List the total shares of stock issued at the bottom of each column.

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. Complete back of form regarding employee retention.

C. CHANGE OF NAME/OWNERSHIP - In Column A list the name of the entity ownership before the change. In Column B list the name of the entity and ownership after the change. Complete back of form regarding employee retention.

D. MERGER/CONSOLIDATION - In Columns A and B enter the names of the entities and the ownership of each entity involved. In Column C, list the name and ownership of the remaining entity. Complete back of form regarding employee retention.

IV. SIGNATURE

The signature of the sole proprietor, partner or executive officer must be included on the form. Please state title.

The following confidential ownership statements may be used only in establishing premiums for your insurance coverages. It is extremely important that all questions be answered completely. 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 company, or the appropriate rating organization. Submit the completed form to the rating organization.

PURPOSE (Check One)

- Name change only**
Complete column A for former entity and column B for newly named entity
Complete only questions 1, 2 and 3 on page 2
- Combination of separate entities**
Complete a separate column for each entity related through common ownership (attach additional forms if necessary)
- Sale, Transfer or conveyance of ownership interest**
Complete column A for ownership before the change and column B for ownership after the change
- 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**
Complete column A
- Sale, Transfer or conveyance of an entity's physical assets to another entity which takes over its operations**
Complete column A for the former entity and column B for the acquiring entity
- Voluntary or court-mandated establishment of a trustee or receiver, excluding a debtor in possession, a trustee under a revocable trust or a franchisor**
Complete column A for ownership prior to the change, and column B for the trustee or receiver established

INFORMATION	A	B	C
Name and Street Address of Entity (P.O. Box Numbers are not acceptable)			
Legal Status of Entity (Corporation, Partnership, Sole Proprietor, Trustee, Receiver, Individual, Other)			
Ownership Corporations - List 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 general partner and appropriate share in the profits. (If limited partnership, list name of general partner.) Other - If no voting stock, list members of board of directors or comparable governing body.			
* Total shares of voting stock issued.			
Date of Ownership Change, Acquisition, or Combinability			
Carrier, Policy Number and Effective Date			
Experience Rating Identification Number (Carrier Use only)			

- 1. Has this entity operated under another name in the last four years? _____
- 2. Is the entity **currently** related through common majority ownership to any entity not listed on the front of the form? _____
- 3. Has the entity been **previously** related through common majority ownership to any other entities in the last four years? _____

If you answered yes to 1, 2, or 3 above, 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, you must provide complete ownership information on the prior owner in Column A and ownership information on the new owner in Column B on the reverse side of this form.

- 5. If this is a partial sale, transfer, or conveyance of an existing business (i.e., sale of one or 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? _____ 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 of these states 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 have also changed, contact your agent, insurance company or rating organization for additional information.

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

Name of Insured: _____

Name of person completing form: _____

Date this ownership change was reported in writing to your insurance carrier: _____

_____ Signature of Owner, Partner or Executive Officer	_____ Title	_____ Carrier
---	----------------	------------------

_____ Print name of above signature	_____ Date	_____ Carrier Address
--	---------------	--------------------------