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.

Sec	ction A—Contact Information	
Nan	ne of person completing this form Your Employer	
Pho	ne # Email Address	
Rela	ationship to business entity reporting ownership information	
Sec	ction B—Transaction Information	
Tv	pe 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.	
Inclu - If t	ction C—Description of Transaction(s) ude a brief description of the transaction(s) selected above. Attach additional information on the employer's let this is a partial sale, transfer, or conveyance of an existing business (e.g., sale of one or more plants or location or location of the entire operation was sold, transferred, or conveyed. any of the entities that underwent a change in ownership were related through common ownership to any oth	ons), explain what
	ansaction described above, list the entities and their current owners' names and percentages of ownership be	

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, Member, or Executive Officer Title Business Name					
Print name of above signature Date					



Instructions for Completing an ERM-14 Form

Information for All ERM-14s

I. **Page 1:** Mark the box(es) that correspond(s) to the ownership change(s). Provide the effective date of the change. Also, provide the date the change was reported to the insurance provider. See descriptions and instructions below for each type of change.

Name and/or legal entity change—A change occurred to the name or legal status of a business (e.g. change from LLC to INC, Jane Doe to ABC Roofing, Inc., etc.). Instructions: On page 1 Entity 1, fill in the information for the name and legal status of the business prior to the change. On page 2 Entity 2, fill in the information for the new business name and or legal status.

Sale transfer or conveyance of all or a portion of an entity's ownership interest—A change has occurred to the ownership of a business.

Instructions: On page 1 Entity 1, fill in the information for the business prior to the change. On page 2 Entity 2, fill in the new information for the business.

Sale transfer or conveyance of an entity's physical assets to another entity that takes over its operations—A business purchases another business—or purchases the assets and takes over the operation of a business—and the seller retains the legal business entity name.

Instructions: On page 1 Entity 1, fill in the information for the business that was sold. On page 2 Entity 2, fill in the information for the purchasing business.

Merger or consolidation (attach a copy of agreement)—Two or more businesses consolidate to form a single business.

Instructions: On page 1 Entity 1, fill in the information for one of the merging businesses. On page 2 Entity 2, fill in the information for another merging business. On page 2 Entity 3, fill in the information for the single remaining business after the merger is complete.

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 operate in a limited capacity—A new business is formed or replaces a business that has dissolved, or a new business is formed and the prior business is non-operative or operating in a limited capacity. Instructions: On page 1 Entity 1, fill in the information for the prior business. On page 2 Entity 2, fill in the information for the new business.

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.

Instructions: On page 1 Entity 1, fill in the information for the business prior to the change.
On page 2 Entity 2, fill in the new information for the business.

Determination of combinability of separate entities—Due to one of the above changes, one or more businesses may become combinable for experience rating purposes. See webinar "Basics of Experience Rating Ownership" for further details.

Instructions: Complete an ERM-14 for the change that occurred to require a determination of combinability (e.g., new entity formed, change in ownership, merger, etc.). After the first ERM-14 is complete, fill out a second ERM-14 for the combinability. On page 1 Entity 1, fill in the information for one of the businesses. On page 2 Entity 2, fill in the information for the second business. On page 2 Entity 3, fill in the information for the third business, if applicable. Submit both ERM-14s together.

- II. **Page 2:** Section B—Answer all questions, which continue on to page 3. If you answered yes to questions 1, 2, or 3, provide the ownership for each entity listed in addition to the information requested in question 4.
- III. **Page 3:** Provide the ownership information; include percentages of ownership for each business and each owner listed on the ERM-14. General partners are required for the following business: LP or LTD (Limited Partnership), FLP (Family Limited Partnership), and LLLP (Limited Liability Limited Partnership). Provide a narrative for the change that took place in *Section C*. A signed narrative can also be submitted on the insured's letterhead and submitted with the ERM-14.
- IV. Page 4: Fill in the information in Section E. The form must be signed by an owner, partner, member, or executive officer. Submit the form and supporting documents to NCCI by one of the following methods:

Email: modmail@ncci.com Fax: 561-893-1191

US Mail: 901 Peninsula Corporate Circle, Boca Raton, FL 33487-1362

Additional Information

- The ERM-14 is available on **ncci.com** in PDF format and can be accessed by clicking this link
- FEIN—refers to Federal Employer Identification Number
- Pages 2 and 3 can be photocopied as needed for more than three entities
- If you require additional space to explain the transaction or the change, please supplement the form with a narrative on the employer's letterhead, signed by an owner, partner, or executive officer
- After entering the information online, you must print the form in order to obtain the signature

Webinars

For your convenience, webinars that cover ownership and the ERM-14 form are available on **ncci.com**. Click the links below to access the webinars. You may also go to **ncci.com**, click **Education** and choose **Experience Rating** from the list. You will be brought to a page with a list of webinars. Select the following:

How to Complete the ERM-14 Form—Webinar on Demand
Basics of Experience Rating Ownership—Webinar on Demand



ERM-14 Form in PDF Format

The ERM-14 form is available to our customers in a PDF document that can be updated. You can electronically enter your information to report changes in ownership, name and/or legal status changes, or a combination of entities.

This is a filed and approved form. NCCI has protected the content in order to avoid any changes to the document. The form can only be printed; it cannot be saved to your system. **Please print a copy for your records.**

In order to access the online ERM-14 form, **Adobe**[®] **Reader**[®] must be installed on your computer. If you don't already have this software, you can download the latest version of **Adobe**[®] **Reader**[®] at no charge from www.adobe.com.

Helpful Hints for Completing the ERM-14 Form in the PDF Format

- To easily navigate through the form, use your mouse or **Tab** key. (Note: The **Enter** key will bring you to the end of the form.)
- Using your mouse, click the appropriate boxes for "check all that apply" categories
- You can enter information in the allotted space provided on the form. If the information you
 type exceeds the allotted space provided, not all of the information will be viewed on
 the form.