

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.

Section A—Contact Information

Name of person completing this form _____ Your Employer _____

Phone # _____ Email Address _____

Relationship to business entity reporting ownership information _____

Section B—Transaction Information

Type of Transaction (check one)	Transaction Effective Date
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Merger or consolidation Two or more entities have merged or combined to form a single entity.	
<input type="checkbox"/> Formation of a new entity that acts as, or in effect is, a successor to another entity that: (Select one) <input type="checkbox"/> Has dissolved <input type="checkbox"/> Is nonoperative <input type="checkbox"/> May continue to operate in a limited capacity	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Determination of combinability of separate entities Two or more entities may need to be combined or separated based on their ownership interest.	

Section C—Description of Transaction(s)

Include a brief description of the transaction(s) selected above. Attach additional information on the employer's letterhead, if needed.

- If this is a partial sale, transfer, or conveyance of an existing business (e.g., sale of one or more plants or locations), explain what portion or location of the entire operation was sold, transferred, or conveyed.
- If any of the entities that underwent a change in ownership were related through common ownership to any other entity before the transaction described above, list the entities and their current owners' names and percentages of ownership below.

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
1. 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%. <ul style="list-style-type: none"> – 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



Wisconsin Compensation Rating Bureau

ERM-14 Form Instructions

How to Submit

The ERM-14 Form is available on the wcrb.org Web site. Select the header menu labeled HELPFUL INFO then select FORMS. It is also available on the HOME page by selecting Carrier Forms, Agent Forms or Employer Forms. It can be submitted using one of the following options:

1. Electronic ERM-14

Select the Electronic ERM-14 link located on the FORMS page. Complete the form with all required information then click the SUBMIT button. A confirmation message will appear on the screen when the submit attempt is successful. The contact designated on the form will receive an email with a link to the submitted form and attachments, if any. The submit action automatically notifies WCRB to review the submission.

2. Hardcopy ERM-14 Form (PDF)

Select the Hardcopy ERM-14 link located on the FORMS page. Fill out the form, print, sign, and send to WCRB, with any attachments, via one of the following methods:

- Email: ownership.staff@wcrb.org
- Fax: 262-796-4400
- US Mail: WCRB
P.O. Box 3080 Milwaukee, WI 53201-3080

Sections to Be Completed

➤ Section A—Contact Information

This section is required to identify the person completing the form. Enter the person's name, employer, phone number, email address, and relationship to the business entity for which the ownership information is being reported.

➤ Section B—Transaction Information

This section is required to identify the type of change or transaction that occurred; one or more types of transactions may apply. Provide the date that each transaction occurred.

If the **formation of a new entity that acts as, or in effect is, a successor to another entity** applies, select one of the options that best describes the current status of the previous entity's operations. A successor entity:

- Is a new entity that has replaced another entity
- May operate under a new name and/or at a new location
- Has the same type of business operations as the previous entity

The **formation of a new entity** transaction applies when the new entity shares ownership interest with another entity. In this scenario, the **determination of combinability of separate entities** option must also be selected.

➤ Section C—Description of Transaction(s)

This section is required to describe the transaction(s) selected in Section B. If additional space is needed, attach a detailed description of the transaction(s) on the employer's letterhead, signed by an owner, partner, member, or executive officer. WCRB may request supporting documentation, if needed.

➤ Section D—Business Entity Information

Complete the information for each entity related to the transaction(s) selected in Section B. For transactions with more than three entities, make copies of page 2.

Examples of how to complete the Business Entity Information are provided below:

Transaction Type	How to Complete
Name and/or legal entity change	<ul style="list-style-type: none"> • Entity 1 column is for the entity <i>before</i> the change • Entity 2 column is for the entity <i>after</i> the change
Sale, transfer, or conveyance of all or a portion of an entity's ownership interest	
An irrevocable trust or receiver, established either voluntarily or by court mandate	
Sale, transfer, or conveyance of an entity's physical assets to another entity that takes over its operations	<ul style="list-style-type: none"> • Entity 1 column is for the <i>prior</i> entity • Entity 2 column is for the <i>acquiring</i> entity
Merger or consolidation	<ul style="list-style-type: none"> • Entity 1 and Entity 2 columns are for the <i>former</i> entities • Entity 3 column is for the <i>surviving</i> entity
Formation of a new entity that acts as, or in effect is, a successor to another entity that has dissolved, is nonoperative, or may operate in a limited capacity	<ul style="list-style-type: none"> • Entity 1 column is for the <i>former</i> entity • Entity 2 column is for the <i>new</i> entity
Formation of a new entity	<ul style="list-style-type: none"> • Entity 1 column is for the <i>new</i> entity to be reviewed for common ownership • Entity 2 column is for the <i>second</i> entity to be reviewed for common ownership
Determination of combinability of separate entities	<ul style="list-style-type: none"> • Entity 1 and Entity 2 columns are for the two entities to be reviewed for common ownership • Entity 3 column is for a third entity to be reviewed for common ownership (if applicable) <p>Report the change in ownership that occurred resulting in the request for a determination of combinability.</p>

1. **Name of Business:** Provide the complete legal name of each business entity. If the DBA name is provided, it should be in addition to, and not in place of, the legal name.
2. **Primary Address:** Provide the complete physical address of each business entity including the street address, city, state, and zip code.
3. **Legal Status:** Provide the type(s) of legal entity(ies) and business structure(s) that best describe each business entity; multiple types may apply—see some examples below:
 - Association (including unincorporated)
 - Charitable Organization
 - Cooperative
 - Corporation (indicate if entity is foreign)
 - Employee Stock Ownership Plan (ESOP)
 - Family Limited Partnership (FLP)
 - Franchise
 - General Partnership (GP)
 - Government Agency
 - Irrevocable Trust
 - Joint Venture
 - Limited Liability Company (LLC)
 - Limited Liability Limited Partnership (LLLP)
 - Limited Liability Partnership (LLP)
 - Limited Partnership (LP)
 - Municipality
 - Nonprofit
 - Not-for-Profit
 - Partnership
 - Publicly Traded
 - Religious Organization
 - Revocable Trust
 - School District
 - Sole Proprietorship
 - Sub-Chapter S-Corp
4. **Ownership:** Provide the ownership information for each business entity listed in Section D. Include the name and percentage of ownership for each owner, partner, member, etc. See required information for each legal status or business structure below.

The percentages of ownership for each entity should total 100%.

Legal Status/Business Structure	Information Required
Sole Proprietorship	Name of sole proprietor
Corporation	Names of owners of voting stock and number or percentage of shares owned
General Partnership (GP)	Names of partners and percentages of ownership
Family Limited Partnership (FLP)	Name(s) of general partner(s) and percentages of ownership
Limited Liability Limited Partnership (LLLLP)	
Limited Partnership (LP)	
Limited Liability Partnership (LLP)	Names of partners and percentages of ownership
Limited Liability Company (LLC)	Name(s) of member(s) and percentages of ownership
Revocable Trust	Name(s) of grantor(s) of the trust, i.e., settlor(s) or trustor(s)
Irrevocable Trust	Name(s) of trustee(s)
Church/Charitable/Religious Organization	Names of governing board or board of directors
Nonprofit	
Not-for-Profit	
Government Agency	Names of the governing body such as board of city or county commissioners

5. **FEIN:** Provide the 9-digit Federal Employer Identification Number for each business entity.
6. **Risk ID Number:** Provide the 9-digit WCRB Risk Identification Number for each business entity, if applicable.
7. **Policy Number:** Optional: Provide the most recent policy number for each business entity.
8. **Policy Effective Date:** Provide the effective date for the most recent policy for each business entity, if applicable.
9. **Contact Name:** List the contact name for a representative of each entity who can provide additional ownership information if needed.
10. **Contact Phone/Email:** List the contact phone number and/or email for a representative of each entity who can provide additional ownership information if needed.

➤ **Section E—Certification**

The form must be signed by an owner, partner, member, or executive officer of one of the entities. This section is required to certify that the information contained on the ERM-14 Form is complete and correct.