



Wisconsin Compensation Rating Bureau

ERM-14 Form Instructions

How to Submit

Go to the www.wcrb.org homepage. Select the header menu labeled HELPFUL INFO then select FORMS, and the Electronic ERM-14 form is listed under **Reporting and Miscellaneous Forms**.

Electronic ERM-14

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.

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, select the Additional Section D link to add more than 3 entities.

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>

- 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.
- Primary Address:** Provide the complete physical address of each business entity including the street address, city, state, and zip code.
- 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:

<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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
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- 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's 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**

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

BY SUBMITTING THIS ERM14 FORM THROUGH THIS WEBSITE AND TYPING MY NAME IN THE BOX BELOW, I AM OFFERING MY DIGITAL SIGNATURE IN LIEU OF MY HANDWRITTEN SIGNATURE. MY DIGITAL SIGNATURE CERTIFIES THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE AND CORRECT. THE DIGITAL SIGNATURE CONTAINED WITHIN THIS APPLICATION IS ENFORCEABLE AND CANNOT BE DENIED LEGAL EFFECT PURSUANT TO WIS. STAT. 137.15(1).