

To: Agents of MA Insured

From: WC Program Department

Subject: Instructions for ERM -14

The ERM-14 form needs to be completed when there is a change in entity regarding name, structure and/or ownership.

Please read the instructions on this form carefully – as it is a state mandated form and if not complete, it will delay the processing. The insured must complete both pages and sign on the bottom of page 2.

Once it is completed, the form needs to be submitted to the following:

- (WCRIB) Workers' Compensation Rating and Inspection Bureau
Email: customerservices@wcribma.org
Fax: (617) 439-6055
- The carrier that currently insures the risk being updated. (See policy for contact method)
- If insured through Number One Insurance Agency
Email: Michelle at mstangelo@massagent.com
Fax: (508) 634-2930

**ERM FORM
 REQUEST FOR OWNERSHIP INFORMATION**

All workers' compensation policies issued to Massachusetts employers require employers to report any changes in ownership to the insurance company in writing within 90 days of the change. This form is used to report such ownership changes and other changes as shown below. The information reported on this form is CONFIDENTIAL and will be used to assist in calculating the related employers' experience ratings and resulting premiums.

Sections I to V must be answered completely and the form must be signed, otherwise it will be returned.

Section I. PURPOSE – Check only one. If more than one Purpose applies, complete a separate form for each Purpose/change.

- NAME CHANGE** – The name of the entity has changed. Attach supporting legal documentation if applicable.
- FORMATION OF A NEW ENTITY** THAT ACTS AS, OR IN EFFECT IS, A SUCCESSOR TO ANOTHER ENTITY THAT -
 (Select one:) Has dissolved Is non-operative May continue to operate in a limited capacity
 Provide the dates Entity 1 became inactive and Entity 2 became active in Section IV.
- DETERMINATION OF COMBINABILITY** OF SEPARATE ENTITIES.
 The experience of two or more entities may need to be combined or separated based on their ownership interest.
- SALE OR TRANSFER OF OWNERSHIP INTEREST** – Complete or partial sale of the business entity's ownership interest.
- SALE OR TRANSFER OF PHYSICAL ASSETS TO ANOTHER ENTITY** WHICH TAKES OVER ITS OPERATIONS.
 Describe the following in Section II:
 - The assets that were sold/transferred
 - The locations that were sold/transferred
 - The changes made to the operation, if any
 - The percentage of seller's employees who will work for the buyer
 - The involvement the seller will have in the business after the sale
- MERGER OR CONSOLIDATION** – Two or more entities have merged or combined to form a single entity.
 Attach a signed copy of the Agreement and/or Articles of Merger.
- AN IRREVOCABLE TRUST OR RECEIVER** ESTABLISHED EITHER VOLUNTARILY OR BY COURT MANDATE -
 A change has occurred in the business requiring the entity be put in a trust or receivership. Attach legal documentation.

EFFECTIVE DATE OF CHANGE: _____
 (Required for all Purposes except Determination of Combinability)

Section II. NARRATIVE DESCRIPTION – Mandatory Provide a description of the transaction being reported, and include the names of the entities involved.

Section III. SUBMITTER INFORMATION – Contact information for the person submitting the form.

Name	Title
Company	Relationship to Business Reporting Ownership Information
Phone Number	Email Address

