

MINNESOTA ERM-14—CONFIDENTIAL REQUEST FOR OWNERSHIP INFORMATION

All items must be answered completely or the form may be returned.

The following confidential ownership statements may be used only in establishing premium for your insurance coverages. Your workers' compensation policy requires that you report ownership changes and other changes as detailed below, to your insurance company in writing within 90 days of the changes. If you have any questions, contact your agent, insurance company or MWCIA. Once completed, this form must be submitted to MWCIA by you, your insurance company(s) or your agent. If this form does not provide the means to explain the transaction, enter as much information on the form as possible and supplement the form with a narrative on the employer's letterhead, signed by an owner, partner or executive officer.

Note: This form is for Minnesota policyholders to report ownership changes pertaining to their Minnesota business entities. Any entity with exposure in multiple states should complete the national version of the ERM-14 form and submit to the National Council on Compensation Insurance, Inc. (NCCI) for review. The national ERM-14 form can be accessed on NCCI's website at www.ncci.com.

Section A—Type of Transaction

Check all that apply	TYPE OF TRANSACTION [COLUMNS A, B & C LOCATED ON PAGE 2 UNDER SECTION C.]	Effective Date [Enter effective date of transaction.]	Reported Date [Enter date reported in writing to your insurance provider.]
<input type="checkbox"/>	Name and/or legal entity change <i>A change has occurred to the name and/or legal status of the entity.</i> NOTE: DBA Name changes are not considered ownership changes and do not need to be reported to MWCIA.		
<input type="checkbox"/>	Sale, transfer or conveyance of all or a portion of an entity's ownership interest <i>A change has occurred to the ownership of the entity.</i>		
<input type="checkbox"/>	Sale, transfer or conveyance of an entity's physical assets to another entity that takes over its operations <i>An entity sells or transfers its assets to another entity and the acquiring entity takes over the operations of the selling/transferring entity. The entity or business name may or may not be sold or transferred with the other assets.</i>		
<input type="checkbox"/>	Merger or consolidation (Attach copy of articles of merger or articles of consolidation) <i>Two or more entities combine to form a single entity.</i>		
<input type="checkbox"/>	Formation of a new entity that acts as, or in effect is, a successor to another entity <i>A new entity is formed or replaces an entity that has dissolved or a new entity is formed and the prior entity has ceased operations or operates in a limited capacity.</i>		
<input type="checkbox"/>	Irrevocable trust or receiver <i>A change has occurred to the entity, either voluntarily or by court mandate, that requires the entity to be put in a trust or receivership.</i>		
<input type="checkbox"/>	Determination of combinability of separate entities <i>Two or more entities have common ownership and may be combinable for experience rating purposes.</i>		

Section B—Ownership History

1. Have any of these entities operated under another name in the last four years?

Yes No If Yes: _____
Name of Entity

2. Are any of the entities currently related through common majority ownership to any entity not listed on this form?

Yes No If Yes: _____
Name of Entity

3. Have any of these entities been previously related through common majority ownership to any other entities in the last four years?

Yes No If Yes: _____
Name of Entity

Section C—Ownership Detail

Col. A = Ownership before change or *Col. A & B = Ownership before change*
Col. B = Ownership after change *Col. C = Ownership after change*

Information	Column A	Column B	Column C
Name of Entity			
Entity Information: • Address • FEIN • Policy Number			
Ownership			
Total Ownership Interest or Number of Shares			

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 MWCIA for additional information.

Section D—Additional Information

Please include any additional information you believe pertinent to the transaction detailed above that cannot be expressed due to the format of this form. If there is not enough space below, attach the information on the entity's letterhead signed by an owner, partner or executive officer.

Section E—Certification

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

[All forms will be returned if this Certification Section is incomplete.]

Name of person completing form: _____

Signature of Owner, Partner, Member or Executive Officer

Title

Print name of above signature

Date

Insurance Company

Insurance Company Address