

**REQUEST FOR INFORMATION**

The following ownership statements are for use in establishing premiums for your workers' compensation coverages under the Experience Rating Plan. It is extremely important that all questions be answered completely. If you have any questions, contact your agent or your insurance company. Submit the completed form to your insurance company. \*

**PURPOSE** (Check One)

- Name change only**  
Complete column A for former name and column B for new name.  
Complete only questions 1, 2 and 3 on page 2.
- Combination of separate entities**  
Complete a separate column for each entity related through common ownership (attach additional forms if necessary).
- Sale, transfer or conveyance of ownership interest**  
Complete column A for ownership before the change and column B for ownership after the change.
- Merger or consolidation**  
Complete columns A and B for the former entities and column C for the surviving entity.
- Formation of a new entity**  
Complete column A.
- Sale, transfer or conveyance of an entity's physical assets to another entity which takes over its operations**  
Complete column A for the former entity and column B for the acquiring entity.

INFORMATION	A	B	C
<b>Name and street address of Entity</b> (P. O. Box Numbers are not acceptable)			
<b>Legal Status of Entity</b> (Corporation, Partnership, Sole Proprietor, Trustee, Receiver, Limited Partnership, etc.)			
<b>Ownership</b> <b>Corporations</b> --List names of owners of 100% voting stock and number of shares owned.* (Submit shareholder proposal if transaction involved exchange of stock.)  <b>Partnerships</b> --List each general partner and appropriate share in the profits. (If limited partnership, list name of general partner.)  <b>Other</b> --If no voting stock, list members, board of directors or comparable governing body.			
* Total shares of voting stock issued			
<b>Date of Ownership Change, Acquisition, or Combinability</b>			
<b>Insuring Company, Policy Number and Effective Date</b>			

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- 1. Has this entity operated under another name in the last four years? \_\_\_\_\_
- 2. Is the entity **currently** related through common majority ownership to any entity not listed on the front of the form?  
\_\_\_\_\_
- 3. Has this entity been **previously** related through common majority ownership to any other entities in the last four years?  
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If you answered yes to 1, 2, or 3 above, please provide the following information:

Name of Business	Principal Location	Carrier and Policy Number	Effective Date
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- 4. Were the assets and/or ownership interest (all or a portion) of this entity acquired from a previously existing business?  
\_\_\_\_\_

If yes, you must provide complete ownership information of the prior owner in column A and ownership information on the new owner in column B on the reverse side of this form.

- 5. Did the entity involved also undergo a change in operations sufficient to result in a change to its governing classification? If yes, attach a detailed explanation supporting these changes.
- 6. If this is a partial sale, transfer, or conveyance of an existing business (i.e., sale of one or more plans or locations):

- a. Explain what portion or location of the entire operation was sold, transferred, or conveyed. \_\_\_\_\_

- b. Was this entity insured under a separate policy from the remaining portion? \_\_\_\_\_ If not, specify the entities with which it was combined: \_\_\_\_\_

- c. What entities will the seller maintain majority ownership of after this change? \_\_\_\_\_

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

Name of insured: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Partner or Executive Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print name of above signature

\_\_\_\_\_  
Date