

**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](mailto: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](mailto: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

**Section IV. OWNERSHIP INFORMATION** – Provide details below for each entity involved in the transaction described on page one. If additional space or columns are required, use additional forms and/or submit a signed letter on the employer’s letterhead.

	<b>ENTITY 1</b> Entity <u>before the change</u> or to determine combinability with another entity	<b>ENTITY 2</b> Entity <u>after the change</u> or to determine combinability with another entity	<b>ENTITY 3</b> Entity <u>after the merger</u> or to determine combinability with another entity
<b>Name of Business</b>			
<b>Primary Location</b> PO Boxes not acceptable			
<b>FEIN</b> (No SSNs)			
<b>Insurance Co.</b> Policy Number Policy Effective Date			
<b>NCCI Risk ID No.</b> If applicable			
<b>Legal Status</b> LLC, Sole Proprietorship, Partnership, Corporation, etc.			
<b>Owners’ Names &amp; %s of Ownership *</b> <b>Sole Proprietor</b> – Owner <b>Partnership</b> – Partners & %s of Ownership <b>Corporation</b> – Owners(s) & %s of Ownership <b>Limited Liability Company (LLC)</b> – Member(s) & %s of Ownership <b>Limited Partnership</b> – General Partner(s) & %s of Ownership <b>Other</b> – Board of Directors, Trustee, Receiver, or Comparable Governing Body	List Owners’ Names & Ownership %s	List Owners’ Names & Ownership %s	List Owners’ Names & Ownership %s
	<input type="checkbox"/> Voting shares reported*	<input type="checkbox"/> Voting shares reported*	<input type="checkbox"/> Voting shares reported*
<b>Date Name/Ownership in Each Column Became Effective</b>			
<b>Active or Inactive?</b> If inactive, provide the date of inactivity.			
For WCRIBMA use only			

\* When the percentage of ownership differs from the percentage of voting shares, report the percentage of voting shares.

Note: If any owners shown on this form have had current or prior ownership in any business not shown on this form, then complete a separate ERM Form for the purpose of determination of combinability of separate entities.

**Section V. CERTIFICATION** – By signing this ERM Form, I certify under the pains and penalties of perjury that:

- I am a legal owner or officer of one or more entities reporting information on this form, and
- All information provided on this form is complete and correct, and
- I understand that providing false information on this form may be a violation of Massachusetts General Law, Chapter 152, Section 14(3) and considered a material misrepresentation; therefore providing false information may result in the cancellation of workers’ compensation coverage.

Signature _____	Date _____	Title _____
Printed Name _____	Company _____	
Phone Number _____	Email Address _____	