

CONFIDENTIAL REQUEST FOR INFORMATION

The following confidential ownership statements may be used only in establishing premiums for your insurance coverages. It is extremely important that all questions be answered completely. Your workers compensation policy requires that you report ownership changes, and other changes as detailed below, to your insurance carrier in writing within 90 days of the change. If you have questions, contact your agent, insurance company, or the appropriate rating organization. Submit the completed form to the rating organization.

PURPOSE (Check One)

- _____ **Name change only**
 Complete column A for former entity and column B for newly named entity
 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 (attach copy of agreement)**
 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
- _____ **Voluntary or court-mandated establishment of a trustee or receiver, excluding a debtor in possession, a trustee under a revocable trust or a franchisor**
 Complete column A for ownership prior to the change, and column B for the trustee or receiver established

INFORMATION	A	B	C
Name and street address of Entity (P.O. Box Numbers are not acceptable)			
Legal Status of Entity (Corporation, Partnership, Sole Proprietor, Trustee, Receiver, Individual, Other)			
Ownership Corporations —List names of owners of 5% or more of voting stock and number of shares owned.* (Submit shareholder proposal if transaction involved exchange of stock.) Partnerships —List each general partner and appropriate share in the profits. (If limited partnership, list name of general partner.) Other —If no voting stock, list members of board of directors or comparable governing body.			
* Total shares of voting stock issued.			
Date of Ownership Change, Acquisition, or Combinability			
Carrier, Policy Number and Effective Date			
Experience Rating Identification Number (Carrier Use Only)			

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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? _____

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. If this is a partial sale, transfer, or conveyance of an existing business (i.e., sale of one or more plants 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: _____

6. If this entity has operations in Delaware or Pennsylvania, provide the number of employees from each of these states retained from the prior ownership ____ out of _____. Indicate the percentage or number retained out of the total from each of these states ____ % ____ state.

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 rating organization for additional information.

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

Name of insured: _____

Name of person completing form: _____

Date this ownership change was reported in writing to your insurance carrier: _____

Signature of Owner, Partner or Executive Officer

Title

Carrier

Print name of above signature

Date

Carrier Address