

**CONFIDENTIAL REQUEST FOR INFORMATION**

The following confidential ownership statements may be used only in establishing premiums for any of your insurance coverages. It is extremely important that all questions be answered completely. The reverse side must be completed. Use additional forms if necessary. All such attachments must be signed by the same individual who signs the ERM form.

PURPOSE - Check one. If more than one category applies, complete a separate form for each purpose.

- \_\_\_\_\_ **Name Change** - Complete Column A to show the name/ownership before the change and Column B to show the name/ownership after the change.
- \_\_\_\_\_ **Combinability of Separate Entities** - Complete a separate column for each entity. Attach additional forms if necessary.
- \_\_\_\_\_ **Sale, Transfer or Conveyance of an Entity's Ownership Interest** - Complete Column A to show the name/ownership before the change and Column B to show the name/ownership after the change.
- \_\_\_\_\_ **Sale, Transfer or Conveyance of an Entity's Physical Assets to Another Entity Which Takes Over its Operations** - Complete Column A to show the name/ownership of the original entity and Column B to show the name/ownership of the acquiring entity.
- \_\_\_\_\_ **Merger or Consolidation** - Complete Columns A and B to show the original entities and Column C to show the surviving entity. Attach a copy of the legal agreement.
- \_\_\_\_\_ **Voluntary or Court-Mandated Establishment of a Trustee or Receiver, Excluding a Debtor in Possession, a Trustee Under a Revocable Trust or a Franchiser** - Complete Column A to show the name/ownership before the change and Column B to show the name/ownership of the trustee or receiver established.
- \_\_\_\_\_ **Formation of a New Entity** - Complete Column A. Use this category only when none of the categories shown above applies.

INFORMATION	COLUMN A	COLUMN B	COLUMN C
<b>Name and Street Address of Entity</b> (P.O. Boxes are not acceptable.)			
<b>Federal Employers Identification Number</b>			
<b>Carrier, Policy Number, and Effective Date</b>			
<b>Legal Status of Entity</b> (Corporation, Partnership, Sole Proprietorship, Trust, Receiver, ...)			
<b>Ownership:</b> <b>Corporations</b> - List names of all owners of 5% or more of the voting stock and number of shares owned. <b>Partnerships</b> - List each general partner and appropriate share in the profits. (For limited partnerships, list only the general partner.) <b>Other</b> - If no voting stock, list the members of the Board of Directors or comparable governing body.			
<b>Total Shares of Voting Stock Issued</b>			
<b>Date Ownership in Each Column Became Effective</b>			
<b>Indicate in each column whether the entity is active or inactive. If the entity was dissolved or is inactive, provide effective date.</b>			

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## ALL QUESTIONS MUST BE ANSWERED:

**1. NAME CHANGE :**

Has there been a name change within the last five years?

YES  NO

A 'name change' would include a change to a trade name or corporate name.

If YES, an ERM form must be completed to show the old name/ownership in Column A and the new name/ownership in Column B.

If there was a change in corporate name, attach the Amendments to the Corporate Articles of Organization.

**2. COMBINABILITY OF SEPARATE ENTITIES:**

Have any owners shown on this form either currently or previously had ownership interest in any business not shown on this form?

YES  NO

If YES, list all such businesses below, complete a separate column on an ERM form for each, and attach.

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**3. SALE, TRANSFER OR CONVEYANCE OF OWNERSHIP INTEREST:**

Has there been a sale, transfer or conveyance of ownership interest within the last five years?

YES  NO

If YES, an ERM form must be completed to show the old name/ownership in Column A and the new name/ownership in Column B.

**4. SALE, TRANSFER OR CONVEYANCE OF ASSETS FROM ANOTHER ENTITY WHO PREVIOUSLY RAN THE OPERATION:**

Was there a sale, transfer or conveyance of assets from another business, which previously ran a similar operation?

YES  NO

If YES, an ERM form must be completed to show the old name/ownership in Column A and the new name/ownership in Column B, and :

a) Provide a list all assets that were transferred:

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b) Explain all changes that were made to the operation in conjunction with the sale, transfer or conveyance of assets.

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NOTE: If the changes to the operation were sufficient to reclassify the governing classification or if the transfer of assets was accompanied by a change in the process and hazard of the operation, contact your agent, your insurance company or the Bureau.

**This is to certify that the information provided on this form is correct:**

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

Printed name and title of person completing form: \_\_\_\_\_

Date changes were reported to your insurance company: \_\_\_\_\_

\_\_\_\_\_  
Name of Business                      Date              Signature and Title (Sole Proprietor, General Partner, Corporate Officer or Trustee)