

ERM-14 Form Instructions

How to Submit

The ERM-14 Form is available on the Frequently Accessed Forms section of the Residual Markets, Underwriting, or Agents/Brokers pages on <u>ncci.com</u>. It can be submitted using one of the following options:

1. Experience Rating Ownership Submission Tool With eSignature

To complete the ERM-14 Form using the *Experience Rating Ownership Submission* tool, the identifying information for the person completing the form (submitter) and the person signing the form (certifier) must be provided. Once the form is completed, a link will be emailed to the certifier for an electronic signature. Then, the form and attachments, if any, will be automatically submitted to NCCI for review.

2. **ERM-14 Form (PDF)**

The form can be filled out online, printed, signed, and sent to NCCI, with any attachments, via one of the following methods:

Email: customer service@ncci.com

■ Fax: 561-893-1191

US Mail: NCCI

901 Peninsula Corporate Circle Boca Raton, FL 33487-1362

Sections to Be Completed

Section A—Contact Information

This section is required to identify the person completing the form. Enter the person's name, employer, phone number, email address, and relationship to the business entity for which the ownership information is being reported.

Section B—Transaction Information

This section is required to identify the type of change or transaction that occurred; one or more types of transactions may apply. Provide the date that each transaction occurred.

If the formation of a new entity that acts as, or in effect is, a successor to another entity applies, select one of the options that best describes the current status of the previous entity's operations. A successor entity:

- Is a new entity that has replaced another entity
- May operate under a new name and/or at a new location
- Has the same type of business operations as the previous entity

The formation of a new entity transaction applies when the new entity shares ownership interest with another entity. In this scenario, the determination of combinability of separate entities option must also be selected.

Section C—Description of Transaction(s)

This section is required to describe the transaction(s) selected in Section B. If additional space is needed, attach a detailed description of the transaction(s) on the employer's letterhead, signed by an owner, partner, member, or executive officer. NCCI may request supporting documentation, if needed.

Section D—Business Entity Information

Complete the information for each entity related to the transaction(s) selected in Section B. For transactions with more than three entities, make copies of page 2.

Examples of how to complete the Business Entity Information are provided below:

Transaction Type	How to Complete
Name and/or legal entity change	
Sale, transfer, or conveyance of all or a portion of an entity's ownership interest	 Entity 1 column is for the entity before the change Entity 2 column is for the entity after the change
An irrevocable trust or receiver, established either voluntarily or by court mandate	
Sale, transfer, or conveyance of an entity's physical assets to another entity that takes over its operations	Entity 1 column is for the <i>prior</i> entityEntity 2 column is for the <i>acquiring</i> entity
Merger or consolidation	 Entity 1 and Entity 2 columns are for the <i>former</i> entities Entity 3 column is for the <i>surviving</i> entity
Formation of a new entity that acts as, or in effect is, a successor to another entity that has dissolved, is nonoperative, or may operate in a limited capacity	 Entity 1 column is for the <i>former</i> entity Entity 2 column is for the <i>new</i> entity
Formation of a new entity	 Entity 1 column is for the <i>new</i> entity to be reviewed for common ownership Entity 2 column is for the <i>second</i> entity to be reviewed for common ownership
Determination of combinability of separate entities	 Entity 1 and Entity 2 columns are for the two entities to be reviewed for common ownership Entity 3 column is for a third entity to be reviewed for common ownership (if applicable) Report the change in ownership that occurred resulting in the request for a determination of combinability.

- 1. **Name of Business:** Provide the complete legal name of each business entity. If the DBA name is provided, it should be in addition to, and not in place of, the legal name.
- 2. **Primary Address:** Provide the complete physical address of each business entity including the street address, city, state, and zip code.
- 3. **Legal Status:** Provide the type(s) of legal entity(ies) and business structure(s) that best describe each business entity; multiple types may apply—see some examples below:
 - Association (including unincorporated)
 - Charitable Organization
 - Cooperative
 - Corporation (indicate if entity is foreign)
 - Employee Stock Ownership Plan (ESOP)
 - Family Limited Partnership (FLP)
 - Franchise
 - General Partnership (GP)
 - Government Agency
 - Irrevocable Trust
 - Joint Venture
 - Limited Liability Company (LLC)
 - Limited Liability Limited Partnership (LLLP)

- Limited Liability Partnership (LLP)
- Limited Partnership (LP)
- Municipality
- Nonprofit
- Not-for-Profit
- Partnership
- Publicly Traded
- Religious Organization
- Revocable Trust
- School District
- Sole Proprietorship
- Sub-Chapter S-Corp
- 4. **Ownership:** Provide the ownership information for each business entity listed in Section D. Include the name and percentage of ownership for each owner, partner, member, etc. See required information for each legal status or business structure below.

The percentages of ownership for each entity should total 100%.

Legal Status/Business Structure	Information Required
Sole Proprietorship	Name of sole proprietor
Corporation	Names of owners of voting stock and number or percentage of shares owned
General Partnership (GP)	Names of partners and percentages of ownership
Family Limited Partnership (FLP)	Name(s) of general partner(s) and percentages of ownership
Limited Liability Limited Partnership (LLLP)	
Limited Partnership (LP)	
Limited Liability Partnership (LLP)	Names of partners and percentages of ownership
Limited Liability Company (LLC)	Name(s) of member(s) and percentages of ownership
Revocable Trust	Name(s) of grantor(s) of the trust, i.e., settlor(s) or trustor(s)
Irrevocable Trust	Name(s) of trustee(s)
Church/Charitable/Religious Organization	Names of governing board or board of directors
Nonprofit	
Not-for-Profit	
Government Agency	Names of the governing body such as board of city or county commissioners

- 5. **FEIN:** Provide the 9-digit Federal Employer Identification Number for each business entity.
- 6. Risk ID Number: Provide the 9-digit NCCI Risk Identification Number for each business entity, if applicable.
- 7. **Policy Number:** Provide the most recent policy number for each business entity. The complete policy number is required (including any prefixes or suffixes).
- 8. Policy Effective Date: Provide the effective date for the most recent policy for each business entity.
- 9. **Contact Name:** List the contact name for a representative of each entity who can provide additional ownership information if needed.
- 10. **Contact Phone/Email:** List the contact phone number and/or email for a representative of each entity who can provide additional ownership information if needed.

Section E—Certification

The form must be signed by an owner, partner, member, or executive officer of one of the entities. This section is required to certify that the information contained on the ERM-14 Form is complete and correct.

Webinars

To view Webinars on Demand that cover experience rating ownership and the ERM-14 Form, click the links below or go to ncci.com, click **Learning Center**, and scroll down to **Experience Rating Series**.

How to Complete the ERM-14 Form—Webinar on Demand Experience Rating Ownership—Webinar on Demand