

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 standard workers' compensation policy requires that you must report ownership changes, and other changes as detailed below, to your insurance carrier in writing within 90 days.

PURPOSE (Check one)

- This is a request for current ownership only. **Please fill out columns indicated.**
- New entity established. **Complete column A only.**
- Name change only. **Complete column A for former entity & column B for newly named entity.**
- 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 all or a portion of an entity's ownership interest. **Complete column A for ownership before the change and column B for ownership after the change.**
- Merger or consolidation of two or more entities (attach copy of agreement). **Complete columns A & B for the former entities and column C for the surviving entity.**
- Formation of a new entity subsequent to the dissolution or non-operative capacity of an entity. **Complete column A for the dissolved or non-operative entity and column B for the new entity.**
- 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 purchasing 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 & street address of entity (PO box numbers are not acceptable) | | | |
| Legal Status of Entity: (Corporation, Partnership, Sole Proprietor, trustee, Individual, Other) | | | |
| Ownership: <u>Corporations</u> - 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). <u>Partnerships</u> - list each general partner and appropriate share in the profits. <u>Other</u> - 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) | | | |

1. Has this entity ever operated under another name? _____
2. Is the entity currently related through common majority ownership to any entity not listed on page 1 of this 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 | Policy Number | Effective Date |
|------------------|--------------------|---------------|----------------|
|------------------|--------------------|---------------|----------------|

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 on the prior owner in Column A and ownership information on the new owner in Column B on page 1 of this form.

5. In conjunction with the ownership change, did the entity involved also undergo a change in operations sufficient to result in a change to its main classification? _____ If "yes", did a significant change in the process and hazard of the entity's operation also occur? _____

(Note: Affirmative responses to both questions above must be supported by attaching a full explanation of these changes on the insured's letterhead, signed by an owner, partner or executive officer).

6. If this is a partial sale, transfer, or conveyance of an exiting 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: _____

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 to the best of my knowledge and belief.

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 |
|-------------------------------|------|-----------------|