

## Notification of Change in Ownership or Combinability of Entities

**A. Purpose of Notification:** (Check either 1 or 2)

- \_\_\_\_\_ **1. Change in Ownership:** Indicate the *nature* of the Change in Ownership pursuant to Section II, Rule 4 of the *California Workers' Compensation Experience Rating Plan* (ERP). **Check one:**
- All or a portion of the ownership in the entity was sold, transferred or conveyed from one person to another.
  - The entity was dissolved or non-operative and a new entity was formed.
  - Two or more corporations underwent a statutory merger or consolidation.
  - All or most of the tangible or intangible assets of the entity were sold, transferred or conveyed to another entity.
  - A trusteeship or receivership was set up, either voluntarily or at the direction of the courts, to operate the business.
- \_\_\_\_\_ **2. Request to combine or separate entities for Experience Rating:**

**B. Ownership Detail:** (Complete the table below as appropriate based on the purpose of notification)

1. For a change in ownership, use Column A to show ownership before the change and Column B to indicate ownership after the change
2. For a request to combine or separate entities, use Columns A and B to indicate concurrently insured entities that should either be combined into a single file due to majority common ownership or separated due to common ownership of 50% or less. Indicate the date of the current combinability (or non-combinability) – if always, so state

<b>Ownership Detail</b>		
<b>Information Needed</b>	A	B
Legal Name of <i>entity</i>		
Ownership of entities in A & B: <b>(See ERP Section II, Rule 9)</b> Indicate "A" & "B" as appropriate: _____ sole proprietor _____ general partners; _____ voting stock holders-- <b>(include % held);</b> _____ LLC members; _____ joint venturers; _____ trustees; _____ members, board members		
Date of Ownership Change		
Insurer & Policy Number		
California Bureau Number		

**C. Additional Detail:**

Please answer either 1 or 2 based on the type of sale. Answer 3, 4, & 5 as appropriate:

1. **If the buyer acquired all of the seller's California operations:** Did 50% or more of the employees that conducted the purchased operations for the buyer at any point during the 90 days after the sale, also work for the seller at any point during the 90 days before the sale? If no, payroll records may be required to determine if a change in status occurred: (*ERP* Section IV, Rule 1b(2)) : \_\_\_\_ yes; \_\_\_\_ no
  
2. **If the buyer acquired less than all of seller's California operations** (a partial sale): Did 50% or more of the employees from all of the sellers' operations during the 90 days before the sale, also work for the new owner at any point during the 90 days after the sale? If no, payroll records may be required to determine if a change in status occurred: (*ERP* Section IV, Rule 1b(3)): \_\_\_\_ yes; \_\_\_\_ no
  
3. List all California insured operations in which the buyer (or insured) has a greater than 50% ownership interest (include insurer, policy number and effective dates):  
  
\_\_\_\_\_  
  
\_\_\_\_\_
  
4. List all California insured operations in which the seller has a greater than 50% ownership interest (include insurer, policy number and effective date):  
  
\_\_\_\_\_  
  
\_\_\_\_\_
  
5. **Supplemental Information:** Please provide any other details or narrative that you believe will help us determine the appropriate actions in accordance with the *California Workers' Compensation Experience Rating Plan*: Use additional sheets as necessary.

**Contact Information:**

Submitted By (Print Name): \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Incomplete contact information may result in a delay or a failure to process request.**