



Policy No. \_\_\_\_\_ Assured \_\_\_\_\_ Rating Board File No. \_\_\_\_\_

EXPERIENCE RATING PLAN -- REQUEST FOR INFORMATION

The following statements are for use in establishing the insured's premium rates for Workers' Compensation and Employers' Liability Insurance under the Experience Rating Plan. Consequently it is extremely important that all questions be answered completely and promptly in order to facilitate the determination of the premium rates.

INSTRUCTIONS

Enter required information, as outlined below, in appropriate columns. Use additional forms as needed.

Change in ownership

Column I: Ownership prior to change
Column II: Ownership after the change

Combination of Experience of Separate Entities

Enter current information for each entity separately in Columns I, II and III

Mergers or Consolidations

Enter information of status existing prior to merger or consolidation in Col. I and II.

Enter information after merger or consolidation in Column III.

For Item 6 below:

For each corporation listed, complete EXECUTIVE OFFICER INFORMATION SHEET, Form U-218, attached. Use additional forms as needed.

For Item 7 below:

- A. If not a corporation or partnership, list names of owners and their respective percentages of ownership.
B. If a partnership, list the full name of each general partner and his participation in the profits of the partnership.
C. If a corporation, list the names of owners of 5% or more of the voting stock and the number of shares owned by each.

INFORMATION

- 1. This information concerns:
Change in Ownership.
Combination of Experience of Separate Entities.
Merger or Consolidation.
2. Date on which Change in Ownership or Merger or Consolidation occurred
3. Was the change consummated by an exchange of stock of one corporation for stock of another?
If YES, submit a copy of the adopted proposal to stockholders relative to the exchange of stock, if available.
4. Give any other pertinent facts and details.

Col. I Col. II Col. III

Table with 4 columns (Entity Name, Col. I, Col. II, Col. III) and 4 rows (5. Name of Entity, 6. Individual, Partnership, Corporation, Unincorporated, Association or Fiduciary, 7. Ownership (See note above), Total number of shares of voting stock of corporation issued).

Insured's Certificate: This is to certify that the information contained herein is correct.

NAME OF INSURED

DATE

SIGNATURE OF OWNER, PARTNER OR EXECUTIVE OFFICER

TITLE