

Notification of Change in Ownership and/or Combinability of Entities Form 601 (Rev. 09/2007)

Instructions

Purpose of Form

This form is intended to convey ownership information to the WCIRB in the following cases:

1. Change in Ownership

There has been a change in ownership.

2. Combinability of Entities

Entities should be combined or separated for experience rating purposes.

Completed Form Examples

The regulations regarding Changes in Ownership and the Combinability of Entities are found in the *California Workers' Compensation Experience Rating Plan—1995 (ERP)*.

The ERP is available on the WCIRB's website. The website also contains examples to assist you in completing this form. To view the ERP and completed examples, go to www.wcirbonline.org/.

Use of Form

This form is intended for use by:

- Insurers
- Agents or brokers
- Policyholders
- Third Party Entities (TPEs) authorized by member insurer

Insurer Review Required

If you (submitting party) are not the insurer, send the completed form to the insurer. The insurer must review the form to verify the information for consistency and to address any underwriting issues.

Form Completion

- This form can be completed electronically
- If not completed electronically, print or type all information
- This form requires a signature. It must be printed and signed by the party submitting the information.
- Complete all required sections
- It is recommended that the insurer submit the completed form
- Incomplete information may result in a delay or an inability to process your request
- After reviewing the information submitted, the WCIRB may require additional information and/or corroborating documentation in order to resolve this matter

Sending the Form

- You may mail, fax or email this form (see information below)
- To email, print the form, sign, scan as a pdf and email to customerservice@wcirbonline.org

Questions

Call WCIRB Customer Service toll free 888.CA WCIRB (229.2472) 7:30 a.m.–5:00 p.m. PST.

Notification of Change in Ownership and/or Combinability of Entities Form 601 (Rev. 09/2007)

Incomplete information may result in a delay or an inability to process your request.

Part I — Contact Information of Party Submitting This Form (Required Information)

Submitted By (Print Name)		Title
Signature		Date
Company	Indicate Relationship to Policyholder	
Mailing Address		
City	State	Zip
Telephone	Fax	Email

Part II — Employer/Policyholder Contact Information (Optional Information)

Submitted By (Print Name)		Title
Signature		Date
Company		
Mailing Address		
City	State	Zip
Telephone	Fax	Email

Part III — Reason for Submitting Form 601 (Check One Box)

Entity changed ownership.
If this box is selected, complete Part IV, pages 2–5.

Entities should be combined or separated. (Do not check if the box for "Entity changed ownership" is checked.)
Check this box if two or more entities should be combined or separated for experience rating purposes — neither entity has changed ownership. Answer the question below and complete Part V, page 6.

Specify below whether the entities should be combined or separated.

- Combine
- Separate

Note: You may be required to submit corroborating documentation to support your answers.

Notification of Change in Ownership and/or Combinability of Entities

Form 601 (Rev. 09/2007)

Part IV — Change in Ownership

1. Provide a brief narrative (Required Information).

Briefly explain the change in ownership. Please describe the nature of the change in ownership, e.g., all or a portion of the ownership in [entity] was sold, transferred or conveyed from one person to another; [Entity] was dissolved or non-operative and [new entity] was formed; two or more corporations [name the corporations] underwent a statutory merger or consolidation; all or most of the tangible or intangible assets of [entity] were sold, transferred or conveyed to [entity]; or a trusteeship or receivership was set up, either voluntarily or at the direction of the courts, to operate [entity]. (Attach additional page(s) if necessary.)

2. Date of ownership change.

(MM/DD/YY)

3. Do the buyer and seller have a family relationship?

For this purpose, family members include father, mother, husband, wife, son, daughter, stepson, stepdaughter, grandson and granddaughter only.

- No** — There is no family relationship, as defined above, between the buyer and the seller.
- Yes** — There is a family relationship between the buyer and the seller.

Describe below the family relationship, e.g., the seller is the father of the buyer.

4. Did the buyer acquire all (100%) of the seller's California operations?

- Yes** — The buyer acquired all (100%) of the seller's California operations.

If yes, answer question A. directly below.

A. Did 50% or more of the employees who conducted the acquired operations for any period of time within the first 90 days after the sale also work for the seller to conduct such operations for any period of time within the 90 days immediately preceding the sale?

- Yes
- No

- No** — The buyer did not acquire all (acquired less than 100%) of the seller's California operations.

If no, answer question B. directly below.

B. Did 50% or more of the employees employed in all of the sellers' operations for any period of time within the 90 days immediately preceding the sale also work for the new owner for any period of time within the first 90 days after the sale to conduct the acquired operations?

- Yes
- No

Note: You may be required to submit corroborating documentation to support your answers.

Notification of Change in Ownership and/or Combinability of Entities Form 601 (Rev. 09/2007)

Part IV — Change in Ownership

5. Required details for each entity that underwent a Change in Ownership.

(Attach additional page(s) if necessary.)

Before Change		After Change	
<p>Legal Name of Entity That Underwent Ownership Change Include dba. If more than a single entity underwent an ownership change, provide information for each entity.</p>		<p>Legal Name of Entity That Underwent Ownership Change Include dba. If more than a single entity underwent an ownership change, provide information for each entity.</p>	
<p>Address(es) Indicate the physical address for each California location owned by the entity.</p>		<p>Address(es) Indicate the physical address for each California location owned by the entity.</p>	
<p>Ownership of Entity. Check box.</p> <p><input type="checkbox"/> Sole Proprietor — Provide name</p> <p><input type="checkbox"/> Partnership — List all general partners</p> <p><input type="checkbox"/> Corporation — List voting stockholders, include % held</p> <p><input type="checkbox"/> LLC — List all members</p> <p><input type="checkbox"/> Joint Venture — List each joint venturer</p> <p><input type="checkbox"/> Trust — List all trustees</p> <p><input type="checkbox"/> Non-Profit — If no voting stock or members, list each member of the board</p> <p><input type="checkbox"/> Other — Please state</p>		<p>Ownership of Entity. Check box.</p> <p><input type="checkbox"/> Sole Proprietor — Provide name</p> <p><input type="checkbox"/> Partnership — List all general partners</p> <p><input type="checkbox"/> Corporation — List voting stockholders, include % held</p> <p><input type="checkbox"/> LLC — List all members</p> <p><input type="checkbox"/> Joint Venture — List each joint venturer</p> <p><input type="checkbox"/> Trust — List all trustees</p> <p><input type="checkbox"/> Non-Profit — If no voting stock or members, list each member of the board</p> <p><input type="checkbox"/> Other — Please state</p>	
<p>Insurer and Policy Number</p>		<p>Insurer and Policy Number</p>	
<p>Bureau File Number (If available)</p>		<p>Bureau File Number (If available)</p>	
<p>Federal Employee Identification Number (FEIN)</p>		<p>Federal Employee Identification Number (FEIN)</p>	

Notification of Change in Ownership and/or Combinability of Entities Form 601 (Rev. 09/2007)

Part IV — Change in Ownership

6. Does the buyer or the seller have a greater than 50% ownership interest in any other legal entities operating and insured in California?

- Yes — Complete Items 7 and/or 8, below.
- No — No further information is necessary.

7. BUYER'S other operations (entities).

List below all other California operations, if any, in which the buyer(s) has a greater than 50% ownership interest. (Attach additional pages if necessary.)

Entity 1		Entity 2	
Legal Name of Entity Include dba.		Legal Name of Entity Include dba.	
Address(es) Indicate the physical address for each California location owned by the entity.		Address(es) Indicate the physical address for each California location owned by the entity.	
Ownership of Entity. Check box. <input type="checkbox"/> Sole Proprietor — Provide name <input type="checkbox"/> Partnership — List all general partners <input type="checkbox"/> Corporation — List voting stockholders, include % held <input type="checkbox"/> LLC — List all members <input type="checkbox"/> Joint Venture — List each joint venturer <input type="checkbox"/> Trust — List all trustees <input type="checkbox"/> Non-Profit — If no voting stock or members, list each member of the board <input type="checkbox"/> Other — Please state		Ownership of Entity. Check box. <input type="checkbox"/> Sole Proprietor — Provide name <input type="checkbox"/> Partnership — List all general partners <input type="checkbox"/> Corporation — List voting stockholders, include % held <input type="checkbox"/> LLC — List all members <input type="checkbox"/> Joint Venture — List each joint venturer <input type="checkbox"/> Trust — List all trustees <input type="checkbox"/> Non-Profit — If no voting stock or members, list each member of the board <input type="checkbox"/> Other — Please state	
Insurer and Policy Number		Insurer and Policy Number	
Bureau File Number (If available)		Bureau File Number (If available)	
Federal Employee Identification Number (FEIN)		Federal Employee Identification Number (FEIN)	

Notification of Change in Ownership and/or Combinability of Entities Form 601 (Rev. 09/2007)

Part IV — Change in Ownership

8. SELLER'S other operations (entities).

List below all other California insured operations, if any, in which the seller(s) has a greater than 50% ownership interest. (Attach additional page(s) if necessary.)

Entity 1		Entity 2	
Legal Name of Entity Include dba.		Legal Name of Entity Include dba.	
Address(es) Indicate the physical address for each California location owned by the entity.		Address(es) Indicate the physical address for each California location owned by the entity.	
Ownership of Entity. Check box. <input type="checkbox"/> Sole Proprietor — Provide name <input type="checkbox"/> Partnership — List all general partners <input type="checkbox"/> Corporation — List voting stockholders, include % held <input type="checkbox"/> LLC — List all members <input type="checkbox"/> Joint Venture — List each joint venturer <input type="checkbox"/> Trust — List all trustees <input type="checkbox"/> Non-Profit — If no voting stock or members, list each member of the board <input type="checkbox"/> Other — Please state		Ownership of Entity. Check box. <input type="checkbox"/> Sole Proprietor — Provide name <input type="checkbox"/> Partnership — List all general partners <input type="checkbox"/> Corporation — List voting stockholders, include % held <input type="checkbox"/> LLC — List all members <input type="checkbox"/> Joint Venture — List each joint venturer <input type="checkbox"/> Trust — List all trustees <input type="checkbox"/> Non-Profit — If no voting stock or members, list each member of the board <input type="checkbox"/> Other — Please state	
Insurer and Policy Number		Insurer and Policy Number	
Bureau File Number (If available)		Bureau File Number (If available)	
Federal Employee Identification Number (FEIN)		Federal Employee Identification Number (FEIN)	

Notification of Change in Ownership and/or Combinability of Entities Form 601 (Rev. 09/2007)

Part V — Combinability of Entities (Entities Should Be Combined or Separated)

If an entity changed ownership in the past five years, do not complete this Part; complete Part IV, page 2.

1. Provide a brief narrative (Required Information).

Briefly explain why the entities should be combined or separated. (Attach additional page(s) if necessary.)

2. Required details for entities that should be combined or separated.

(Attach additional pages if necessary.)

Entity A		Entity B	
Legal Name of Entity Include dba. If more than two entities should be combined or separated, attach additional page(s).		Legal Name of Entity Include dba. If more than two entities should be combined or separated, attach additional page(s).	
Address(es) Indicate the physical address for each California location owned by the entity.		Address(es) Indicate the physical address for each California location owned by the entity.	
Ownership of Entity. Check box. <input type="checkbox"/> Sole Proprietor — Provide name <input type="checkbox"/> Partnership — List all general partners <input type="checkbox"/> Corporation — List voting stockholders, include % held <input type="checkbox"/> LLC — List all members <input type="checkbox"/> Joint Venture — List each joint venturer <input type="checkbox"/> Trust — List all trustees <input type="checkbox"/> Non-Profit — If no voting stock or members, list each member of the board <input type="checkbox"/> Other — Please state		Ownership of Entity. Check box. <input type="checkbox"/> Sole Proprietor — Provide name <input type="checkbox"/> Partnership — List all general partners <input type="checkbox"/> Corporation — List voting stockholders, include % held <input type="checkbox"/> LLC — List all members <input type="checkbox"/> Joint Venture — List each joint venturer <input type="checkbox"/> Trust — List all trustees <input type="checkbox"/> Non-Profit — If no voting stock or members, list each member of the board <input type="checkbox"/> Other — Please state	
Insurer and Policy Number		Insurer and Policy Number	
Bureau File Number (If available)		Bureau File Number (If available)	
Federal Employee Identification Number (FEIN)		Federal Employee Identification Number (FEIN)	