



Have questions? Need assistance? BWC is here to help!

Call 1-800-644-6292 and listen to the options to reach a customer service representative. You can dial the number nationwide, and in Canada and Mexico from 7:30a.m. to 5:30 p.m. EST.

Remember, you can access information and request services by visiting BWC's website at bwc.ohio.gov.

Form usage and instructions:

Purpose of form: This form is used when the succeeding employer wishes to maintain the existing policy of the predecessor employer and must be signed by both parties. It is not to be used to combine two or more insureds who both have an active policy. If coverage already exists for the succeeding employer, **STOP**, you must complete form U-118, Notification of Purchase/Sale or Merger Acquisition. Some exceptions may apply. Please call for more details.

This form should only be used if the predecessor policy is in an active status. If the predecessor policy is cancelled, we will not reverse the cancellation and you must complete form U-3 Application for Coverage, where coverage will be effective on the date the U-3, and non-refundable application fee is received.

Important note to successor: Before completing this form, you should verify with the predecessor that there are no other operations covered under this policy, as the predecessor may have other locations or entities that you are not aware of.

Important note to predecessor: If you are completing this form to have the coverage transferred, do not submit a request to cancel the policy. This will result in the successor operating without coverage while the transaction is in process.

If there is a change in operations, or additional operations as part of the succession, the successor employer shall complete the appropriate section for description of operations below.

Submit the form to BWC in one of the following ways.

Fax: 614-719-5916

Mail: BWC Mail Processing Center

Attn: Employer Services/Combine Unit

30 W. Spring St.

Columbus, OH 43215-2256

Important: If you fax, or mail the form to BWC, be sure to sign and date the form. BWC cannot process it without a signature.



Section A - Existing predecessor employer information		
Legal business name	Policy number	
Trade name or doing business as name DBA (if applicable):		
Federal Tax Id Number (SSN if Sole proprietor or General Partnership):	Contact name and phone number	
Ownership (list names of all owners/officers no longer affiliated with the existing policy) use additional sheets if needed		
Name #1	(SSN last four digits only)	
Name #2	(SSN last four digits only)	
Section B - Successor Employer Name		
Legal business or trade name (DBA)	Federal tax ID number	
Physical location (Do not use PO box)		
City	State	Zip code
Mailing address		
City	State	Zip code
Contact name	Effective date of transfer/purchase/sale	
Contact email	Contact phone number	
Business entity type (Please check) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC acting as a sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC acting as a partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC acting as a corporation <input type="checkbox"/> Other _____		
Owners or Officers of Successor Employer (use additional sheets if needed)		
Name #1 (Last, first, M)	Effective date	% Ownership
Home address (Do not use PO box)		Date of birth
City	State	Zip code
Social security number	Title	Phone



Name #2 (Last, first, M)	Effective date	% Ownership
Home address (Do not use PO box)		Date of birth
City	State	Zip code
Social security number	Title	Phone

Important note: Coverage is elective for Sole Proprietors, Partners, Individuals Incorporated as a Corporation (with no employees), Ministers and Officers of a Family Farm Corporation. Would you like us to send information on elective coverage?

Yes No

Section C - Successor Description of Operations

Describe your services or products, including your methods of operations. Include raw and semi- finished materials used. It is important you provide as much information as possible for BWC to properly determine your correct classification, which may differ from the predecessor employer if there were any changes in the operations. If there are no changes, indicate "no changes."

Section D - Estimated Annual Payroll (EAP) for the next twelve months by Operation type

Note: This payroll will be used to adjust the current EAP which, will result in additional premium installment billings. Otherwise, the amounts can be reported at true-up and may be subject to audit. If there are no changes, indicate "no changes."

Operations	Number of Employees	Payroll Amount
Clerical office personnel		
Clerical telecommuter		
Traveling salespersons		
Drivers		
Other (please explain in the space above)		



Section E – Certification – both signatures required

By my signature, I certify I have the authority to notify BWC of this change, and the facts set forth on this notification form are true and correct to the best of my knowledge. I am aware that any person who misrepresents, conceals facts, or makes false statements may be subject to civil, criminal and/or administrative penalties.

Predecessor Employer
Print name of owner, partner, member, or executive Officer

Title

Signature of owner, partner, member, or executive Officer

Date

Successor Employer
Print name of owner, partner, member, or executive Officer

Title

Successor Employer
Signature of owner, partner, member, or executive Officer

Date

***Please make copies if additional space is necessary

Please note:

Based on the timing of processing, we cannot guarantee that refunds will be issued to either party. All refunds will go to the appropriate named entity or individual listed on the policy at the time the refund is processed. Additionally, we are not responsible for gaps in coverage. It is the successor employer's responsibility to ensure the policy remains open if the successor desires to maintain the existing policy. The parties should collaborate with one another to reduce any potential impacts or lapses in coverage.