



**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](http://bwc.ohio.gov).**

**Form usage and instructions:**

**Purpose of form:** This form is to request the addition or removal of an Additional Named Insured. This should only be used if the ownership of each entity is identical to the ownership on the existing policy and/or across ALL entities who should all have a different FEIN. If the additional entities have the same FEIN, please use form U-117 to update the DBA and additional location if applicable. Requests to add entities with different reporting requirements for owners and officers from that of the existing policy, will not be granted.

Additional named insureds are subject to review and approval by the Ohio BWC. If there are any differences in ownership or, if the ownership changes any time after the request has been approved, it may be necessary to establish a separate policy, pursuant to Ohio Revised Code 4123.01. BWC is not responsible for gaps in coverage if the request is denied. It is the employer's responsibility to ensure all criteria are met before making such request; otherwise, the employer may incur a No Coverage Penalty when establishing new coverage for the non-qualifying entity.

This form should **not** be used to combine existing active insureds. If an additional insured has an existing policy and you wish to cancel/combine that coverage, you must submit form U-118, Notification of Acquisition/Merger or Purchase/Sale.

The additional named insured will be listed on the certificate of workers' compensation coverage once the additional named insured has been added to the primary policy. This notification alone does not verify active coverage or compliance. If you wish to verify coverage or compliance, visit the online service offering at [Employer/MCO Look-up](#).

Once approved, all payroll of the additional insured must be included in the true-up report of the primary insured. Although, it is recommended to make changes to the Estimated Annual Exposure as soon as possible to avoid large increases in premium during true-up. Updates to the annual payroll may be completed through March 30 by contacting us directly.

If the primary insured goes out of business, it will be necessary for Additional Named Insured (s) to establish new coverage.

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 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 all owners in this entity, regardless of percentages in ownership)	

**Section B Add/Remove Additional Named Insured(s)**

1. Legal business or trade name (DBA)	Federal Tax ID number	
Physical location (Do not use PO box)		
City	State	ZIP code
<b>Add</b> effective date	<b>Remove</b> effective date	
Ownership (list all owners in this entity, regardless of percentages in ownership)		
2. Legal business or trade name (DBA)	Federal Tax ID number	
Physical location (Do not use PO box)		
City	State	ZIP code
<b>Add</b> effective date	<b>Remove</b> effective date	
Ownership (list all owners in this entity, regardless of percentages in ownership)		



3. Legal business or trade name (DBA)		Federal Tax ID number
Physical location (Do not use PO box)		
City	State	ZIP code
<b>Add</b> effective date		<b>Remove</b> effective date
Ownership (list all owners in this entity, regardless of percentages in ownership)		
4. Legal business or trade name (DBA)		Federal tax ID number
Physical location (Do not use PO box)		
City	State	Zip
<b>Add</b> effective date		<b>Remove</b> effective date
Ownership (list all owners in this entity, regardless of percentages in ownership)		

\*\*\*Please make copies if additional space is needed

**Section C – Additional Insured Description of Operations**

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



**Section D - Estimated Annual Payroll (EAP) by Operation type**

Please use this section to add the payroll for the additional insured. This payroll will be used to adjust the current EAP which, may result in additional premium installment billings. Otherwise, the amounts can be reported at true-up and may be subject to audit.

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

**Section E – Certification – signature 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.

\_\_\_\_\_  
Print name of owner, partner, member, or executive officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of owner, partner, member, or executive officer

\_\_\_\_\_  
Date