



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 7:30 a.m. to 5:30 p.m. EST.

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

Use this form to notify BWC when succeeding, in whole or in part, another in the operation of a business.

If you are the successor/new employer and do not have Ohio workers' compensation coverage, you must complete an *Application for Ohio Workers' Compensation Coverage* (U-3). If you have Ohio workers' compensation coverage, you only need to submit the U-118.

Ohio workers' compensation rule (Rule 4123-17-02 Basic or manual rate) requires an employer that succeeds another employer in the operation of a business, in whole or in part, to notify BWC of the succession. Additionally, the succeeding employer must preserve the former employer's payroll records for the five years preceding the date of succession.

Whenever one employer succeeds another employer in the operation of a business, in whole or in part, BWC requires information on the succession to calculate the experience rating of the succeeding employer. Additionally for successions taking place on or after Sept. 1, 2006, where one employer wholly succeeds in the operation of a business, BWC shall transfer to the successor any and all existing and future liabilities or credits of the former employer in addition to the experience transfer.

If an employer purchases or acquires only a portion of the business, BWC transfers only that portion of the former employer's experience to the succeeding employer. BWC will inspect the former employer's payroll and claims records to determine what should transfer to the successor for rate calculation purposes.

Notify BWC by following these steps:

- ① Complete all sections of this form and provide as many details as possible to avoid unnecessary requests for additional information;
- ② Sign and date the form;
- ③ Mail the completed form to: **Ohio Bureau of Workers' Compensation**
Policy Processing, 22nd floor
30 W. Spring St.
Columbus, Ohio 43215-2256
OR
- ④ Fax completed form to: Policy processing 614-365-4992.

Section A - General information

Provide general information for the succeeding new employer and former employer. If you are the successor/new employer and do not have Ohio workers' compensation coverage, you must complete the U-3 application. You can obtain the U-3 application by visiting BWC's Web site at www.bwc.ohio.gov or by calling 1-800-644-6292. You can submit the U-3 application online at www.bwc.ohio.gov.

Section B - Transaction detail to be completed by the former employer

BWC uses the information provided in this section to determine if a succession has occurred. BWC evaluates criteria, including but not limited to, criteria listed below to make this determination.

- Business ownership
- Continuity of business operations
- Real estate, plant and equipment, material inventories and other real property
- Customer profiles
- Industrial pursuit
- Employee roster

Section C - Transaction detail to be completed by the new/successor employer

BWC uses the information provided in this section to determine if a succession has occurred. BWC evaluates criteria, including but not limited to, criteria listed below to make this determination.

- Business ownership
- Continuity of business operations
- Real estate, plant and equipment, material inventories and other real property
- Customer profiles
- Industrial pursuit
- Employee roster

Section D - Certification

This section is where the parties associated with the transaction read the certification statement and provide their signatures. BWC has the authority to proceed with processing the transaction without the signature or agreement of one or both of the parties.

Section A - General information

If you do not have Ohio workers' compensation coverage, you must complete and submit the U-3 application. You can obtain the U-3 application at www.bwc.ohio.gov or by calling 1-800-644-6292.

Succeeding employer - complete section A, C and D only

Legal business name	Ohio workers' compensation policy number
Trade name or doing business as name (DBA)	Telephone number

Former employer - complete section A, B and D only

Legal business name	Ohio workers compensation policy number
Trade name or doing business as name (DBA)	Telephone number

Section B - Transaction detail to be completed by the former employer

- On what date did you sell the business? _____
- If you are no longer operating in Ohio, what was the date you last employed Ohio employees? _____
- Did you sell all or part of your business? If this is a partial acquisition or sale, of an existing business, explain what portion or location of the entire operation was sold.
- Is there a purchase/sale agreement associated with this transaction? Yes No (BWC may request a copy of the purchase/sale agreement.)
- Do you continue to operate any additional Ohio locations under this policy? Yes No
Explain: _____

- Provide the names of all partners, corporate officers or individuals that have ownership interest for the former and succeeding employer.

Ownership interests for former employer

Ownership interests for succeeding employer

- Has the business been in continuous operation? Yes No
Explain: _____

- Is the succeeding employer continuing to operate in the same location? Yes No
Explain: _____

- How many employees did you have prior to the sale? _____

Section B - Transaction detail to be completed by the former employer (continued)

10. Did you sell any machinery or equipment to the successor? Yes No

Explain: _____

11. Did you sell any contracts or customers? Yes No

Explain: _____

12. Provide any additional information you believe pertinent to this transaction. (Attach additional information as needed)

Section C - Transaction detail to be completed by the new/successor employer

1. What date did you acquire/purchase the business? _____

2. From whom did you acquire/purchase the business from? _____

3. Is there a purchase/sale agreement associated with this transaction? Yes No
 (If yes, BWC may request a copy of this agreement.)

4. Provide the names of all partners, corporate officers or individuals that have an ownership interest for the New/Successor and former employer.

Ownership interests for former employer	Ownership interests for succeeding employer

5. Did you acquire all or part of an existing business?

Please explain what was acquired or purchased. _____

6. Has the business been in continuous operation? Yes No

Explain: _____

7. Are you operating in the former employer's location? Yes No

Explain: _____

8. How many employees of the former employer did you retain/hire? _____

9. Did you acquire or purchase the former employer's contacts or customers? Yes No

Explain: _____

10. Will you conduct business in the same/similar manner as the former employer? Yes No

Explain: _____

Section C - Transaction detail to be completed by the new/successor employer (continued)

11. Did you acquire or purchase any machinery or equipment from the former employer? Yes No

Explain: _____

Section D - Certification

By my signature, I certify I have the authority to notify BWC of this transfer, 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.

Furthermore, I am aware that pursuant to BWC Rule 4123-17-02 Basic or manual rate BWC shall transfer the former employer's rights and obligations under the workers' compensation law to the successor employer in addition to any credits of the former employer when one employer wholly succeeds in the operation of the business. Where one employer wholly or partially succeeds in the operation of the business, the experience of the former employer will be transferred to establish the rate of the succeeding employer.

Succeeding employer

Signature of owner, partner, member or executive officer

Title

Print name of above signature

Date

Telephone number

Email

Former employer

Signature of owner, partner, member or executive officer

Title

Print name of above signature

Date

Telephone number

Email

BWC has the right to proceed with processing a transaction to transfer the former employers experience and the liabilities or credits when the successor wholly succeeds another employer in the operation of a business without one or both of the parties' signature or approval.

BWC USE ONLY

Team number

Account examiner name