

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

Call 1-800-OHIOBWC, 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 ohiobwc.com

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

If you do not have Ohio workers' compensation coverage, you must complete an *Application for Ohio Workers' Compensation Coverage* (U-3) in addition to the *Notification of Business Acquisition/Merger or Purchase/Sale* (U-118). 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. A BWC auditor 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 Department, 22nd floor
30 W. Spring St.
Columbus, Ohio 43215-2256**

Section A - General information

Provide general information on you (the succeeding employer) and former employer. If you do not have Ohio workers' compensation coverage, you must complete the following forms:

- The U-3;
- The U-118.

You can apply for coverage online at ohiobwc.com or by completing the U-3. You can obtain the U-3 application by visiting BWC's Web site at ohiobwc.com or by calling 1-800-OHIOBWC.

Section B - Transaction details

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 - Succeeding employer responsibilities

This section provides the succeeding employer with his or her responsibilities related to acquisition/merger or purchase/sale of another employer's business.

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

Succeeding employer

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

If you do not have Ohio workers' compensation coverage, you must complete and submit the following forms:

1. The U-118;
2. The U-3, which is available on BWC's Web site at ohiobwc.com or by calling 1-800-OHIOBWC. If you do not have an Ohio workers' compensation policy number at the time you file this form, indicate "applied for" in the appropriate field.

Former employer

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

Section B - Transaction details

1. On what date did you acquire or purchase the business? _____
2. Did you acquire or purchase the assets and/or ownership interest (all or portion) of the former employer? Yes No
3. Is there a purchase/sale agreement associated with this transaction? Yes No
(If yes, attach a copy of the purchase/sale agreement)
4. List the names of all partners, corporate officers or individuals that have an ownership interest for the successor and former employer.

Successor employer	Former employer

5. Did you acquire or purchase the right to use the former employer's business name? Yes No

Section B - Transaction details (continued)

6. Did you acquire all or part of the business? All Part
If this is a partial acquisition or sale, of an existing business, explain what portion or location of the entire operation was acquired or purchased.

7. Has the business been in continuous operation? Yes No
Explain

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

9. Did you hire any or all of former employer's employees? Yes No
Explain and provide details on the number of employees re-employed

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

11. Did you acquire or purchase the former employer's contracts or customers? Yes No
Explain

12. Will you conduct business in the same or similar manner as the former employer? Yes No
Explain (identify any changes in the operation or finished products)

13. Provide any additional information you believe pertinent to the transaction (attach additional information as needed):

Section C - Succeeding employer responsibilities

The succeeding employer is responsible for notifying BWC of the succession and for preserving the former employer's payroll records for the five years preceding the date of succession.

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

Former employer

Signature of owner, partner, member or executive officer

Title

Print name of above signature

Date

Telephone number

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