



To: Agents of MA Insured

From: WC Program Department

Subject: Instructions for ERM -14

The ERM-14 form needs to be completed when there is a change in entity regarding name, structure and/or ownership.

Please read the instructions on this form carefully – as it is a state mandated form and if not complete, it will delay the processing. The insured must complete both pages and sign on the bottom of page 2.

Once it is completed, the form needs to be submitted to the (WCRIB) Workers' Compensation Rating and Inspection Bureau and the carrier that currently insures the risk being updated.

How to submit it to the MA WCRIB?

Email: customerservices@wcribma.org

Fax: 617-439-6055

How to submit it to Number One Insurance?

Email: Colleen at clahna@massagent.com

Fax: (508) 634-2931 – attention: Colleen