

Ohio

Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer

793726-0

**ROGER A HUARD
GUTTERMAN
6133 COUNTY ROAD 4
EDGERTON, OH 43517-9759**



Period specified below

**07/01/2015 through
06/30/2016**

www.bwc.ohio.gov

Issued by:

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.

