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.

Temporary
Application number and employer

0408015

Findlay Ohio 45839 Mauger Exterminating Co PO Box 833

www.bwc.ohio.gov

Issued by:



07/01/2017 to Period specified below

06/30/2018

Acting Administrator/CEO

You can reproduce this certificate as needed.