



Bureau of Workers'
Compensation

Garfield Heights Service Office
4800 East 131st Street
Garfield Heights, OH 44105-7132

FAX

ohiobwc.com
Phone: (216) 584-0100
Fax: 1-866-457-0590

To: Name: Kolin M
Fax Number: 1-888-662-4213
Voice Phone:
Company:
Time: Wednesday, February 25, 2015 8:37:22 AM

From: Name: Linda V
Phone: 216-584-0159
Pages: 02

Message:

Hi Kolin,

I still have one more you called in yesterday that I'm working on.
Please call me if you have any questions.

Thanks
216-584-0159

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**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into 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. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1611262

01/01/2015 Thru 08/31/2015

A1 QUALITY HOME IMPROVEMENT & ROOF LLC
4727 LORETTA AVENUE
CINCINNATI, OH 45238



bwc.ohio.gov

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



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You must post this language with the certificate of premium payment.

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