

# Bureau of Workers' Compensation

## 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

1601455

Period Specified Below

01 THRU 08

**SAMPLE**

obwc.com

*Stephen Bucher*  
Administrator/CEO

You can reproduce this certificate as needed.