

# 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](http://www.bwc.ohio.gov), or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer

**702980-0**

Period specified below

**07/01/2017 through  
06/30/2018**

**AQUAMATIC INC  
12705 AIRPORT HWY  
SWANTON, OH 43558-9385**



[www.bwc.ohio.gov](http://www.bwc.ohio.gov)

Issued by:

Administrator/CEO

You can reproduce this certificate as needed.