

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.

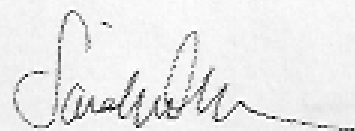
Policy number and employer
00702980

Period Specified Below
07/01/2018 to 07/01/2019

AQUAMATIC INC
12705 AIRPORT HWY
SWANTON, OH 43558-9385



www.bwc.ohio.gov
Issued by: BWC


Administrator/CEO

You can reproduce this certificate as needed