

# Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

## Certificate of Ohio Workers' Compensation

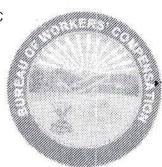
This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are 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 01556041

THE TRUMAN PAINTING COMPANY LLC RA LONG PAINTING PO BOX 494 REYNOLDSBURG, OH 43068-0494

www.bwc.ohio.gov Issued by: BWC



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

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.



Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation.



#### CERTIFICATE OF LIABILITY INSURANCE

10/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	CONTACT NAME: Sam Isner				
·	PHONE (A/C, No. Ext): (614)236-8691 FA	(c, No): (614)816-2262			
Whitehall, OH 43213 License #: 811	ADDRESS: sam.isner@isnerinsurance.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Grange Ins Group	14060			
ting Company LLC	INSURER B: Grange Ins Group	11982			
1	INSURER D :				
urg, OH 43028	INSURER E : INSURER F :				
CERTIFICATE NUMBER	: 00000000-556487 REVISION NUMBE	:P: 0			
i (	811 ting Company LLC 4 urg, OH 43028	NAME: Sam Isner  PHONE (A/C, No. Ext): (614)236-8691 FA/E  ADDRESS: sam.isner@isnerinsurance.com  INSURER(S) AFFORDING COVERAGE  INSURER A: Grange Ins Group  INSURER C:  INSURER C:  INSURER C:  INSURER D:  INSURER D:  INSURER E:  INSURER E:  INSURER C:  INSURER C:			

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SET TYPE OF INSURANCE DOLLARS BOLICY NUMBER POLICY STANDARD POLICY EXP.

INSR LTR	TYPE OF INSURANCE	ADDL SU	VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR			CT 2097908	09/21/2018	09/21/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
							MED EXP (Any one person) PERSONAL & ADV INJURY	\$	5,000
GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY   X   PRO- JECT   LOC OTHER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$	2,000,000 2,000,000
A AUTOMOBILE LIABILITY  ANY AUTO				CA 3184544	09/21/2018	09/21/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)		1,000,000
	OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident	\$	
							PROPERTY DAMAGE (Per accident)	\$	
В	X UMBRELLA LIAB OCCUR		CUP2100918	09/21/2018	09/21/2019	EACH OCCURRENCE	\$	2,000,000	
	DED X RETENTIONS 0					AGGREGATE	s	2,000,000	
	VORKERS COMPENSATION		CT 2097908	09/21/2018	09/21/2019	PER OTH- STATUTE ER	S		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		IETOR/PARTNER/EXECUTIVE ( )		E.L. EACH ACCIDENT	s	1,000,000		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE		1,000,000 1,000,000
Α	Rented Contractor Eq			CT 2097908	09/21/2018	09/21/2019	The state of the s	5.90.5	\$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Painting Contractor

CER	TIFI	CA	F H	IOI	DE	R
~		UM		.~~	₩.,	11

\*\*\*\*\*BLANK\*\*\*\*\*

to verify insurance coverage contact Isner Insurance Assoc at 614-236-8691

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(STI

© 1988-2015 ACORD CORPORATION. All rights reserved.