



**Bureau of Workers'  
Compensation**

30 W. Spring St.  
Columbus, OH 43215

## **Certificate of Ohio Workers' Compensation**

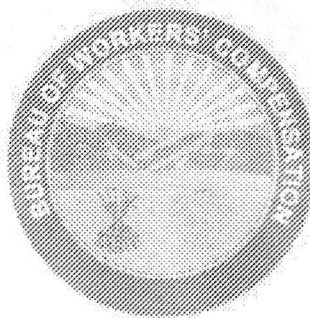
This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are 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  
00793726

Period Specified Below  
07/01/2024 to 07/01/2025

ROGER A HUARD  
GUTTERMAN  
6133 COUNTY ROAD 4  
EDGERTON OH 43517-9759



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

Administrator/CEO

You can reproduce this certificate as needed.