

State of Ohio

Bureau of Workers' Compensation  
Columbus, Ohio 43215-2256

Certificate of Premium Payment

This Certifies that the employer listed below has paid into the 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 MUST BE CONSPICUOUSLY POSTED.

Risk No. and Employer

Period Specified Below

THRU

**BWC**

Sample Form  
Sample Form

DP-22

BWC-1622 (Rev.3/96)

James Conrad

Administrator

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED