



**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  
01476810

Period Specified Below  
07/01/2017 to 07/01/2018

JOSEPH TREE SERVICE LLC  
7665 FISHEL DR N  
DUBLIN, OH 43016-8747



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

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.



### Statement of [Name] to [Agency]

[Name] was interviewed on [Date] at [Location]. [Name] stated that [Name] is a [Position] at [Company]. [Name] advised that [Name] has been employed by [Company] since [Date]. [Name] stated that [Name] is a [Position] at [Company]. [Name] advised that [Name] has been employed by [Company] since [Date]. [Name] stated that [Name] is a [Position] at [Company]. [Name] advised that [Name] has been employed by [Company] since [Date].

Signature of [Name]  
[Name]

Signature of [Name]  
[Name]

DATE: [Date]  
TIME: [Time]  
PLACE: [Location]

Special Agent in Charge  
[Name]

Signature of [Name]  
[Name]

### Statement of [Name] to [Agency]

#### Statement of [Name]

[Name] was interviewed on [Date] at [Location]. [Name] stated that [Name] is a [Position] at [Company]. [Name] advised that [Name] has been employed by [Company] since [Date]. [Name] stated that [Name] is a [Position] at [Company]. [Name] advised that [Name] has been employed by [Company] since [Date]. [Name] stated that [Name] is a [Position] at [Company]. [Name] advised that [Name] has been employed by [Company] since [Date].

The burden of proof is on the employee to prove the presence of [Name] in the [Location] on [Date]. [Name] stated that [Name] was not present at [Location] on [Date]. [Name] stated that [Name] was not present at [Location] on [Date]. [Name] stated that [Name] was not present at [Location] on [Date]. [Name] stated that [Name] was not present at [Location] on [Date].

Signature of [Name]  
[Name]

