



CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy Number and Employer Name 20003507	Period Specified Below
CATH DIOCESE OF CLEVE - WORKERS COMP OFC 1404 E 9TH ST FL 8 CLEVELAND, OH 44114-1740	February 01, 2018 to February 01, 2019



Sub(s):

- 20003507-002 ST. AUGUSTINE SERVICES CORPORATION
- 20003507-001 ST. AUGUSTINE MANOR CORPORATION
- 20003507-003 JULIE BILLIART NETWORK

**PLEASE NOTE: NEW CLAIMS MUST BE REPORTED WITHIN 24 HOURS OF THE INCIDENT.
CLAIM INFORMATION SHOULD BE SENT VIA FAX, EMAIL, OR U.S. MAIL TO:**

ASSOCIATED COMPENSATION RESOURCES
9237 Mentor Avenue
Mentor, Ohio 44060

Telephone: 216-731-8215
Fax: 216-731-8290
E-Mail: donna@acrcomp.com

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in the Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Sincerely,

Sarah D. Morrison
Administrator/CEO

BWC-7201
SI-1

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