



**Bureau of Workers'  
Compensation**

30 W. Spring St.  
Columbus OH 43215-2256

Governor **Mike DeWine**  
Administrator/CEO **Stephanie McCloud**

[www.bwc.ohio.gov](http://www.bwc.ohio.gov)  
1-800-644-6292

04/25/2022  
Date Mailed

#BWNFVSQ  
#XX20299926#

One Energy Enterprises LLC  
12385 Township Road 215  
Findlay OH 45840-9716

**IMPORTANT DOCUMENT: REMOVE AND POST**



**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  
01614786

One Energy Enterprises LLC  
12385 Township Road 215  
Findlay OH 45840-9716

Period Specified Below  
07/01/2022 to 07/01/2023



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

*Stephanie McCloud*

Administrator/CEO

You can reproduce this certificate as needed.

## **Ohio Bureau of Workers' Compensation**

### **Required Posting**

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, marihuana 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, marihuana 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.