



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus OH 43215-2256

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

www.bwc.ohio.gov
1-800-644-6292

09/06/2022
Date Mailed

#BWNFVSQ

JOHN R. PINE
FORTUNE HR LLC
ALLOY EMPLOYER SERVICES
130 E MAIN ST
NEW ALBANY OH 43054-9143

RE: Policy number: 20005744

Dear Self-Insuring Employer,

Attached is the *Certificate of Coverage and Finding of Facts* authorizing your company to continue operations under sections of Ohio law covering self-insured risks.

Please provide a copy of the *Certificate of Coverage* to each of your Ohio locations, and post it for all employees to view.

Thank you for your cooperation.

Sincerely,

David E. Boyd
Director, Self-Insured Department



CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

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

Policy Number and Employer Name 20005744 Garner Trucking, Inc. C/O FORTUNE HR LLC 130 E MAIN ST NEW ALBANY OH 43054-9143	Period Specified Below October 1, 2022 to October 1, 2023
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This certifies that on date hereof the above named employer having met the requirements provided in 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,

Stephanie McCloud
Administrator/CEO

