



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, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
80085318

Period Specified Below
07/01/2024 to 07/01/2025

VANDERHOUWEN & ASSOCIATES, INC.
6342 S MACADAM AVE
PORTLAND OR 97239-3655



www.bwc.ohio.gov
Issued by: BWC

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.

Policy Information

Policy Information for the policy period beginning from 12:01 AM on 07/01/2024 to 12:01 AM on 07/01/2025.

Policy Number and Employer	MCO
80085318 VANDERHOUWEN & ASSOCIATES, INC. 6342 S MACADAM AVE PORTLAND OR 97239-3655	Minute Men OhioComp 3740 Carnegie Ave. CLEVELAND OH 44115

Additional Insured's Name and Address	Effective Date	Expiration Date

Individuals Eligible for Elective Coverage		
Individuals Eligible for Elective Coverage	Covered (Yes/No)	Elective Coverage Type
No Elective Individuals.		

**Please refer to our website for reporting guidelines/requirements.

Corporate Officer	Effective Date	Expiration Date
KATHY L VANDERHOUWEN	07/01/2024	07/01/2025
Cynthia VanderHouwen	07/01/2024	07/01/2025
Eric VanderHouwen	07/01/2024	07/01/2025

**Please refer to our website for reporting guidelines/requirements.

Employee Class Codes and Descriptions	
Class Code	Class Code Description
8810	CLERICAL OFFICE EMPLOYEES NOC
8871	CLERICAL TELECOMMUTER EMPLOYEES.

The information noted above is as of 04/20/2024. For the most current information on the policy or to update your account information, please log into your account at www.bwc.ohio.gov. You may also call 1-800-644-6292 to speak with a customer service representative.