



**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  
80107339

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

RGF OHR USA, INC.  
Indeed Flex, Inc.  
177 Broad St  
Attn Nick Zabrecky  
Stamford CT 06901-5003



Administrator/CEO

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

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
80107339 RGF OHR USA, INC. 177 Broad St Attn Nick Zabrecky Stamford CT 06901-5003	Sedgwick Managed Care Ohio P.O. BOX 1040 DUBLIN OH 43017

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
Takashi Nishimura	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
8018	STORE-WHOLESALE-NOC
8292	STORAGE WAREHOUSE NOC.
8742	SALESPERSONS OR COLLECTORS-OUTSIDE
8810	CLERICAL OFFICE EMPLOYEES NOC
8871	CLERICAL TELECOMMUTER EMPLOYEES.
9052	HOTEL-ALL OTHER EMPLOYEES & SALESPERSONS, DRIVERS
9058	HOTEL-RESTAURANT EMPLOYEES
9082	RESTAURANT NOC.
9083	RESTAURANT-FAST FOOD
9084	BAR, DISCOTHEQUE, LOUNGE, NIGHTCLUB OR TAVERN.

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](http://www.bwc.ohio.gov). You may also call 1-800-644-6292 to speak with a customer service representative.