



**Bureau of Workers' Compensation**

**Permanent Authorization**

To: Ohio Bureau of Workers' Compensation  
 Employer Services Department, 22<sup>nd</sup> floor  
 Self-Insured Department, 26<sup>th</sup> floor

Please mark a box and return to  
30 W. Spring St.  
Columbus, OH 43215-2256

Fax - (614) 728-0456

Policy number	1407924-0
Entry OBA PROFESSIONAL HAIRE CLEANING SERVICES	
Address 8228 MAJFIELD BL. #08 CRESTLAND, OHIO 44026	

**Note:** For this to be a valid letter, the employer services department, or the self-insured department for self-insured employers, must stamp it.

This is to certify that effective \_\_\_\_\_

(Date)

PAUCOR

(Representative name and rep ID number)

including its agents or representatives identified to you by them, has been retained to represent us before the Ohio Bureau of Workers' Compensation and the Ohio Industrial Commission of Ohio in matters pertaining to our participation in the Workers' Compensation Fund according to the type of representation checked below.  
Please check only one type of representation. See description of representatives on side 2.

<input checked="" type="checkbox"/>	Type of authorized representation
<input type="checkbox"/>	Employer-risk claim representative (ERC)
<input type="checkbox"/>	Risk-management representative (RISK)
<input type="checkbox"/>	Claim-management representative (CLM)

This authorization supersedes all permanent authorizations on file for the type of representation indicated above.

I understand and agree BWC will process any letters, requests, and actions initiated by a superseded authority.

I understand this authorization, now being granted, is of a continuous nature from the effective date indicated herein. However, I possess the right to terminate this authorization at any time through written notification to the employer services or self-insured departments as appropriate.

Telephone number 440.729.7866	Fax number	E-mail address SHAWNCLAY@YAHOO.COM
Print name and title SHAWN DAN	Employer signature	Date



Workers' Compensation  
Calc and File Service

21092 05-122790914079240

CLIENT LEGAL NAME  
PROFESSIONAL HOUSE CLEANING SERVICES INC.

This Agreement serves as an addendum to the Client Service Agreement originally signed between Client and Paycor, Inc. (Paycor) and hereby constitutes the Service described below as an additional Contracted Service based on all Terms, Limitation of Liability, and General Provisions as defined in Client Service Agreement.

Paycor will calculate workers' compensation premiums (Premiums) for employees for applicable state based on the NCCI manual classification(s) as provided by Client and file these Premiums timely, on Client's behalf to the Ohio Bureau of Workers' Compensation (OBWC) or applicable insurance carrier (Insurance Carrier). Client will supply to Paycor accurate and complete data necessary, including NCCI manual classifications and Premium rates issued by the OBWC or state insurance carrier, for the timely performance of Service as defined by Paycor. Client will check and verify, for each pay period, the accuracy of employee NCCI classification and all Premiums produced by Paycor. Client agrees to immediately notify Paycor of any errors or changes in rates, and Client releases Paycor from any and all liability for the use of data supplied by Client in connection with performance of any services on behalf of Client regardless of whether such data is accurate or inaccurate. If Paycor notices any potential inaccuracy, Paycor will attempt to advise Client of the same. However, Paycor is not liable for any failure to notice and/or failure to advise Client of inaccuracies.

Insurance Carrier

Client will maintain sufficient funds in its bank account to cover any direct-debit of Premiums and applicable Service Fees. Client agrees to indemnify and hold Paycor harmless from any and all liability resulting from any lack of sufficient funds in Client's bank account.

*Disclaimer: The Service includes the option for the Client to calculate premiums per Division of Payroll guidelines as defined by the state guidelines. Client is responsible for understanding state(s) guidelines; especially those governing proper classification of employees under assigned NCCI manual classifications. Paycor assumes no responsibility or liability for improper NCCI classification of employees or incorrect calculations due to improper NCCI classification or Premium rates issued by OBWC or insurance carrier.*

**OHIO CLIENTS:** Paycor requires you to sign and deliver form AC-2, which allows Paycor to act as risk-management representative, on behalf of the client (see attached AC-2).

I understand that this authorization does not absolve me as the Employer covered by OBWC or insurance carrier of the responsibility to ensure that all Premiums are filed and paid accurately and on time.

CLIENT Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT Authorized Representative Name & Title: \_\_\_\_\_

Please attach a copy of most current BWC Payroll Report (Ohio) or Net Rate Sheet (Florida)