



**Bureau of Workers'
Compensation**

30 West Spring Street
Columbus, Ohio 43215-2256

1-800-644-6292 BWC.Ohio.gov

Mike DeWine, Governor Jim Tressel, Lt. Governor Stephanie McCloud, Administrator/CEO

10/23/2025
Date Mailed

#BWNFVSQ

MAYFIELD VILLAGE
6622 WILSON MILLS RD
MAYFIELD VLG OH 44143-3407

Policy Number: 31814103

Re: 2026 Policy Year Renewal, Notice of Estimated Annual Premium and Workers' Compensation Certificate

Dear Employer:

This letter is a notification of your **Estimated Annual Premium** and **Premium Installment** schedule for the renewal of your workers' compensation policy for the policy year that begins Jan. 1, 2026. This letter includes your certificate of coverage for the upcoming workers' compensation policy year.

You will receive your first invoice for the 2026 policy year in December. Payment is due by Dec. 22. You have the **option to receive a 2% discount by paying the full 12-month estimated annual premium** on or before Jan. 2, 2026.

How do we estimate your premium?

We base your premium estimate on your most recent reported payroll. Please notify us if you believe the payroll estimate needs to be corrected.

If you would like to request a change in your installment schedule, you have until Nov. 15, 2025, or your premium installment schedule will remain the same.

You can view your policy information online through our website. Your online account provides important information for managing your policy, including your estimated payroll and your premium installment schedule. We encourage you to visit this page often to ensure your information is accurate and up to date.

If you have questions, visit our website, bwc.ohio.gov, or call us at 1-800-644-6292.

Sincerely,

Stephanie McCloud
Administrator/CEO



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General Information

Payment of premium: Failure to pay the premium by the installment due date will result in a lapse in coverage and penalties. If a claim occurs during this lapsed period, you will be responsible for all claim costs associated with that claim. Pay all installment billings timely to avoid penalties.

Policy cancellation: You must notify us to cancel your policy. When canceling your coverage, you must file a final payroll true-up report. **Important note:** Once you cancel the policy, you may be eligible for a refund. We cannot modify the name on the refund. Before closing your business bank account, we recommend you confirm with us that no additional refunds are in order.

Important dates to remember

Date	Item
Nov. 15, 2025	Last day to change your premium installment schedule
Dec. 2025	First installment / invoice mailed for 2026 policy year
Dec. 22, 2025	First installment due for 2026 policy year
Feb. 1, 2026	Summary of work-related injuries and illnesses (300AP) due to the Public Employment Risk Reduction Program (PERRP)

Policy Information

Policy number: 31814103
 Employer name: MAYFIELD VILLAGE

Policy period is from January 1, 2026, to January 1, 2027.

Selected installments: 1
 Total estimated annual premium: \$72,779.00

THIS IS NOT A BILL. DO NOT PAY AT THIS TIME. YOU WILL RECEIVE AN INVOICE.

Installment schedule	
Bill date	Amount
December 01, 2025	\$72,779.00

Breakdown of estimated premium calculation				
		(A)	(B)	(A x B)/100
Class code	Experience modifier (EM)	Blended rate per \$100 payroll	Estimated payroll	Estimated premium
9432	0.63	1.1243	\$6,356,669.00	\$71,468.00
9444	0.63	.1407	\$932,083.00	\$1,311.00
Total estimated annual premium				\$72,779.00
For additional rating information, visit www.bwc.ohio.gov , and sign in with your e-account.				



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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 displayed at your workplace or posted online where your employees can access it.

Policy number and employer
31814103

Period Specified Below
01/01/2026 to 01/01/2027

MAYFIELD VILLAGE
6622 WILSON MILLS RD
MAYFIELD VLG OH 44143-3407



www.bwc.ohio.gov
Issued by: BWC

Stephanie McClaud

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.



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You must post this language with the Certificate of Ohio Workers' Compensation.



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6622 WILSON MILLS RD
MAYFIELD VLG OH 44143-3407

IMPORTANT DOCUMENT: REMOVE AND POST



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Policy Information

Policy Information for the policy period beginning from 12:01 AM on 01/01/2026 to 12:01 AM on 01/01/2027.

Policy Number and Employer	MCO
31814103 MAYFIELD VILLAGE 6622 WILSON MILLS RD MAYFIELD VLG OH 44143-3407	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
No officers listed for this policy.		

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

Employee Class Codes and Descriptions	
Class Code	Class Code Description
9432	VILLAGE EMPLOYEES: ALL EMPLOYEES & SALESPERSONS, DRIVERS
9444	PUBLIC EMPLOYEE CLERICAL AND CLERICAL TELECOMMUTER

The information noted above is as of 10/23/2025. 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.



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