



**Bureau of Workers'  
Compensation**

30 West Spring Street  
Columbus, Ohio 43215-2256

1-800-644-6292 [BWC.Ohio.gov](http://BWC.Ohio.gov)

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Mike DeWine, Governor Jon Husted, Lt. Governor John Logue, Administrator/CEO

10/31/2024  
Date Mailed

#BWNFVSQ  
#XX10029902706#

Diane Sweeney  
University of San Francisco  
2130 Fulton St Ofc OF  
Human Resources Lmm 339  
San Francisco CA 94117-1080

**IMPORTANT DOCUMENT: REMOVE AND POST**



**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  
80188094

Period Specified Below  
10/31/2024 to 07/01/2025

University of San Francisco  
2130 Fulton St Ofc OF  
Human Resources Lmm 339  
San Francisco CA 94117-1080



[www.bwc.ohio.gov](http://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 10/31/2024 to 12:01 AM on 07/01/2025.

Policy Number and Employer	MCO
80188094 University of San Francisco 2130 Fulton St Ofc OF Human Resources Lmm 339 San Francisco CA 94117-1080	No MCO has been selected

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
Paul Fitzgerald	10/31/2024	07/01/2025

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

Employee Class Codes and Descriptions	
Class Code	Class Code Description
8868	COLLEGE-PROFESSIONAL EMPLOYEES & CLERICAL

The information noted above is as of 10/31/2024. 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.