



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into 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. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

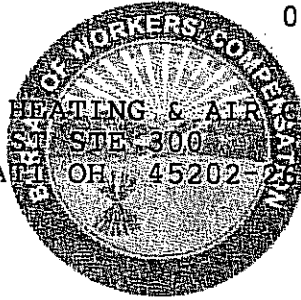
Policy No. and Employer

Period Specified Below

249615

01/01/2011 THRU 08/31/2011

REUPERT HEATING & AIR CONDITION CO INC
435 ELM ST STE 300
CINCINNATI OH 45202-2644



ohiobwc.com

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, 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 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 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 premium payment.



CERTIFICATE OF LIABILITY INSURANCE

OP ID IN
REUPE-1

DATE (MM/DD/YYYY)
04/15/10

PRODUCER Jack Baker Insurance Agency LLC 7531 Bridgetown Road Cincinnati OH 45248-2019 Phone: 513-941-2383 Fax: 513-467-3355		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
INSURED Reupert Heating and AC, Inc. 5137 Crookshank Rd. Cincinnati OH 45238		INSURERS AFFORDING COVERAGE	NAIC # 10577
		INSURER A: Cincinnati Insurance Co INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Products/Comp Ope Premises/Oper GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	CPP 5552310	03/14/10	03/14/13	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CPA 5552310	03/14/10	03/14/13	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$ AUTO ONLY \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	CPP 5552310	03/14/10	03/14/13	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYEE (PARTIAL OR FULL) EXCLUDED? OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

ACOF

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND A WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Jack L. Baker

Contractor Registration Certificate



Issued by:
The City of Cincinnati
Buildings and Inspections Division
3300 Central Parkway
Cincinnati, Ohio 45225

Registration Number: CBRC000460

JOE REUPERT
5846 CALMHAVEN DR
CINCINNATI OH
45248

JOE REUPERT, having met the requirements for the City of Cincinnati contractor's registration program, is hereby granted registration as a OCILB CONTRACTOR. This registration allows the Individual or business entity noted above, to engage in business of construction contracting within the municipal boundaries of the City of Cincinnati until 06/30/2011, at which time this registration will expire.

In order to comply with the requirements of Cincinnati Municipal Code, Chapter 1106, continued validity of this registration is dependent upon the maintenance and renewal of all required licenses, bonding and liability insurance throughout the term of this registration.

Peggy Martin

Peggy Martin

BUILDING CONSTRUCTION CATEGORIES

BUILDING CONSTRUCTION CONTRACTOR

N General Contractor
N Demolition Contractor
N Elevator Contractor
N Fire Alarm Contractor
N Home Building Contractor
N Sprinkler Contractor
N Trade Specific Carpenter Contractor
N Trade Specific Concrete Contractor
N Trade Specific Gypsum/Plaster Contractor
N Trade Specific Excavation Contractor
N Trade Specific Masonary/Brick Contractor
N Trade Specific Int Finish/Painter Contractor
N Trade Specific Glazier Contractor
N Trade Specific Steel Fab./Erection Contractor

HOME IMPROVEMENT CONTRACTOR

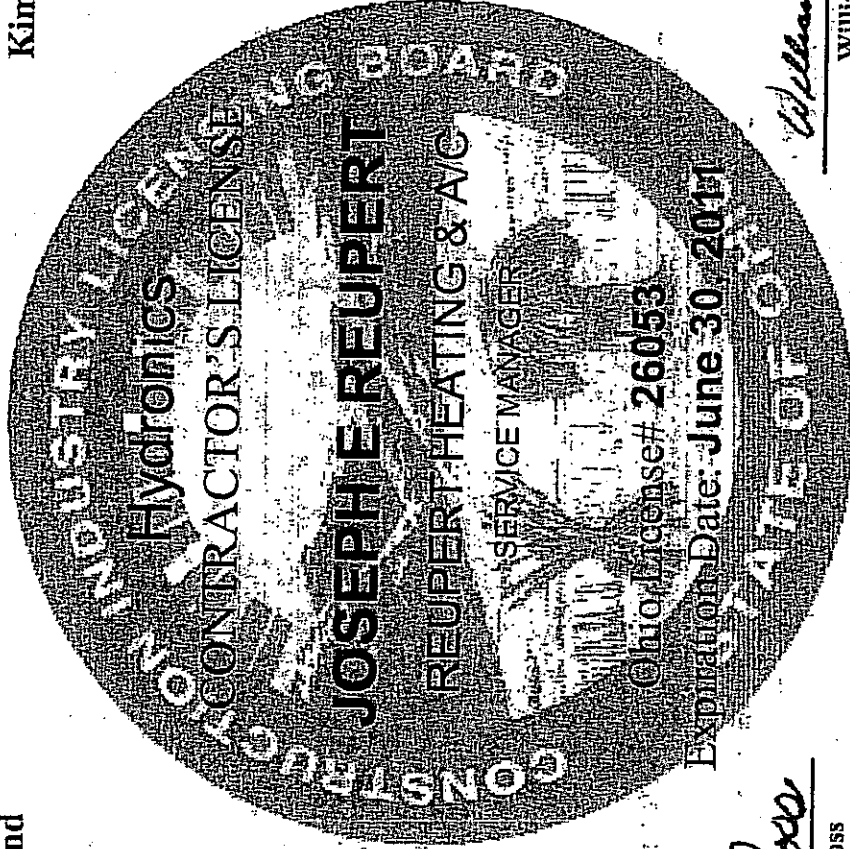
N General Contractor
N Swimming Pool Contractor
N Trade Specific Carpenter Contractor
N Trade Specific Concrete Contractor
N Trade Specific Gypsum/Plaster Contractor
N Trade Specific Excavation Contractor
N Trade Specific Masonary/Brick Contractor
N Trade Specific Int Finish/Painter Contractor
N Trade Specific Window/Sliding/Door Contractor
N Trade Specific Electrical Contractor (1-3 Fam.)
N Trade Specific Mechanical Contractor (1-3 Fam.)

OCILB CONTRACTOR

N Electrical Contractor
Y Mechanical Contractor
N Plumbing Contractor
Y Hydronic Piping Contractor
Y Refrigeration Contractor
N Suppression Contractor

Ted Strickland
Governor

Kimberly A. Zurz
Director



Carol Ross

Carol A. Ross
Executive Secretary

William Koester

William Koester
Administrative Chairperson

Ted Strickland
Governor

Kimberly A. Zurz
Director

HVAC

CONTRACTOR'S LICENSE

JOSEPH E REUPERT

REUPERT HEATING & A/C

SERVICE MANAGER

Ohio License # 26053

Expiration Date June 30 2011

Carol A. Ross

Carol A. Ross
Executive Secretary

William Kogester

William Kogester
Administrative Chairperson