



Policy number: 34305902
Coverage status: Reinstated

#BWNFVSQ
#XX21703926#

WILLOWICK
30435 LAKE SHORE BLVD
WILLOWICK OH 44095-4624

Important - please read!
Your policy will lapse and penalties will be billed if installments are not paid timely and in full.

The due date shown only applies to items billed in the current billing cycle.

Prior balance - May Be Overdue	\$0.00
Current billing	\$155,502.00
Payments/credits	\$0.00
Amount due	\$155,502.00

Current billing cycle

Bill date	Description	Period dates	Amount
11/24/2023	Installment	01/01/2024 - 01/01/2025	\$155,502.00

Please refer to the back of the invoice for additional information.

Pay online at www.bwc.ohio.gov or detach and return bottom portion with your payment.

Insured name: WILLOWICK

Policy number	34305902
Invoice number	1016833611
Due date	12/21/2023
Amount due	\$155,502.00
Amount enclosed	

Mail payment to:
Ohio Bureau of Workers' Compensation
P.O. Box 89492
Cleveland, Ohio 44101-6492

Make your checks payable to the Ohio Bureau of Workers' Compensation.
Include a policy number on all checks, and be sure to include this remittance with your payment.
Do not staple your check to the remittance.

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