



MINUTEMEN HR MANAGEMENT SERVICES

Mary Ann Nowak
Clearview Board of Education
4700 Broadway Avenue
Lorain, OH 44052

March 2025
Policy#:34750351

Dear Mary Ann Nowak,

Congratulations! You can save up to 53% on your workers' compensation premiums!

We are happy to announce that your company can be enrolled into the Ohio Workers' Compensation Group Rating Program administered by **Minutemen HR** for the 2026 Rating Year.

We understand the importance of value and that is why our fees are low; but our service is unmatched. As a Minutemen HR Group Rating participant, you will receive:

- Annual premium analysis reports with program comparisons and savings projections on all BWC programs
- Partnership in compliance with BWC mandates and legislative changes
- Strategic, full workers' compensation claims management including hearing representation, fraud detection, claims settlement advisement, handicap reimbursements, and return to work opportunities

Our goal is to help contain the costs associated with work accidents, so your business does not suffer.

To ensure you do not miss out saving on your workers' compensation premium, please complete and return the following forms in the return envelope provided or by using our online portal at myminutemenhr.com by January 1, 2026.

Thank you for allowing Minutemen HR to provide our services to your organization. All questions can be directed to Mike Pollack at (216) 225-4381 x 1310 or mike.pollack@minutemenhr.com.

Respectfully,

COO

*Minutemen HR reserves the right to re-evaluate your company's participation prior to, May 31, 2025 should there be any changes to your projected workers' compensation experience.



MINUTEMEN HR MANAGEMENT SERVICES

Clearview Board of Education

Policy# 34750351

2026 Group Rating Savings Analysis

Manual	Base Rate	Estimated Payroll	Individual TM% -20%		Published Grp TM% -46% Group Break Even Factor 1.208 Group TM% -35%	
			Individual Rate*	Est Individual Premium	Group Rate*	Est Group Premium
9434-RN	0.3828	11,551,007	0.3062	35,369.18	0.2488	28,738.91
9444-RN	0.1716	0	0.1373	0	0.1115	0
Totals		11,551,007		35,369.18		28,738.91
Size Adjusted Premium				35,369.18		
Premium Reduction due to Group Rating Program						6,630.27

* Rates include BWC Assessments

Estimated savings based on most recent annual payroll. Actual savings will be based on payroll reported for 2026 policy year.



Employer Statement for Group-Experience-Rating Program

Instructions

- Please print or type.
- Please return completed statement to the attention of the sponsoring organization you are joining.
- If you have any group-experience-rating questions call BWC at 614-466-6773.

BWC USE ONLY

Application effective with policy year beginning

NOTE: The employer programs unit group underwriters must review and approve this application before it becomes effective.

Employer name Clearview Board of Education		Telephone number (440) 233-5412	BWC policy number 34750351
Address 4700 Broadway Avenue	City Lorain	State OH	Nine-digit ZIP code 44052

Group-Experience-Rating Program Enrollment

I agree to comply with BWC's group-experience-rating program rules (Ohio Administrative Code Rules 4123-17-61 through 4123-17-68). I understand my participation in the group-experience-rating program is contingent on such compliance. This form supersedes any previously filed AC-26.

I understand only a BWC group-experience-rating program certified sponsor can offer membership into the program. I also understand if the sponsoring organization listed below is not certified this application is null and void.

I am a member of the Ohio Assoc. of Better Business Bureau Inc. sponsoring organization or a certified affiliate organization and would like to be included in the group named Ohio Assoc. of Better Business Bureau Inc. it sponsors for the policy year beginning January 1, 2026. In addition, I would like to be included in this group each succeeding policy year until rescinded by the timely filing within the preceding policy year of another AC-26 or until the group administrator does not include my company on the employer roster for group-experience-rating. I understand the employer roster submitted by the group administrator will be the final, official determination of the group in which I will or will not participate. Submission of this form does not guarantee participation.

I understand the organization's representative Sheakley (currently, as determined by the sponsoring organization) is the only representative I may have in risk-related matters while I remain a member of the group. I also understand the representative for the group-experience-rating program will continue as my individual representative in the event that I no longer participate in the group-experience-rating program. At the time, I am no longer a member of the program, I understand I must file a *Permanent Authorization* (AC-2) to cancel or change individual representation.

I am associated with the sponsoring organization or a certified affiliate sponsoring organization ☒ Yes ☐ No

NORTHEAST OHIO SAFETY COUNCIL

35849

Name of sponsor or affiliate sponsor

Sponsor or affiliate sponsor policy number

Certification

_____ certifies he/she is the _____ of
(Officer name) (Title)

Clearview Board of Education, the employer referred to above, and
(Employer name)

that all of the information is true to the best of his/her knowledge, information, and belief, after careful investigation.

(OFFICER SIGNATURE)

(DATE)



Bureau of Workers' Compensation

Request to Add/Change or Terminate Permanent Authorization

To: Ohio Bureau of Workers' Compensation
☐ Employer Services Department, 22nd floor
☐ Self-Insured Department, 22nd floor

Please mark a box and return to:
30 W. Spring St.
Columbus, OH 43215-2256
Fax: 614-621-1405

Policy number	34750351
Entity	Clearview Board of Education
DBA	
Address	4700 Broadway Avenue Lorain, OH 44052-5542

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

This is to certify that effective January 1, 2026
(Date)

MMHR

(001633-80)

(Representative name and rep ID number)

Including its agents or representatives identified to you by them, has been terminated or retained to represent us before the Ohio Bureau of Workers' Compensation and the Ohio Industrial Commission 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 at the bottom of this form.

<input checked="" type="checkbox"/> Type of authorized representation addition/change or termination <input checked="" type="checkbox"/> Add <input type="checkbox"/> Terminate	
<input checked="" type="checkbox"/> Employer-risk claim representative (ERC)	<input type="checkbox"/> Risk-management representative (RISK)
<input type="checkbox"/> Claim-management representative (CLM)	<input type="checkbox"/> Payroll service vendor (PSV)

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	Fax number	Email address
Print name and title	Employer signature	Date

BWC authorized representative service/roles

Employer-risk claim representative (ERC) – The ERC is designated as the employer's authorized representative for both risk- and claims-management-related issues. He or she is also the employer's authorized representative on each claim under the employer's policy number. The ERC receives copies of all risk and claim correspondence. The ERC has full access to the employer's risk information and information pertaining to the workers' compensation claims filed against the employer. He or she will also have the authority to access such information on www.bwc.ohio.gov.

BWC will consider the ERC as the authorized representative in handling risk-related issues for an employer if there is no designated group-risk claim representative (GRC). BWC also will consider the ERC as the authorized representative in handling claim-related issues for an employer if there is no designated CLM or GRC.

Risk-management representative (RISK) – The RISK is the employer's designated authorized representative for risk-related issues. He or she represents an employer on risk-related issues only. The RISK receives copies of all risk correspondence. A RISK will have access to only the employer's risk-related information and authority to access that information on www.bwc.ohio.gov.

BWC will consider the RISK as the authorized representative in handling risk-related issues for an employer if there is no designated GRC or ERC. The RISK will have no authority to represent the employer on any matters if either a GRC or ERC is appointed. In addition, the RISK will have access only to the employer's risk-related information and authority to access that information on www.bwc.ohio.gov.

Claims-management representative (CLM) – The CLM is the employer's designated authorized representative on each claim associated with the employer. He or she will receive copies of all claim correspondence. The CLM represents an employer on claim-related issues only. A CLM will have access only to information pertaining to the workers' compensation claims filed against the employer and authority to access that information on www.bwc.ohio.gov.

BWC will consider the CLM the authorized representative in handling claims-related issues for an employer.

Payroll service vendor (PSV) – A payroll service vendor provides payroll services, including reporting and/or withholding and remittance services for workers' compensation premium payments.

Note: Based on the designation made by the group's sponsor, only the employer services group-rating unit can update a GRC.

You cannot use the AC-2 to select a GRC authorization. This representative type only applies to private employers and public employer taxing districts. BWC will consider the GRC the authorized representative in handling risk-related issues for an employer. In addition, BWC will consider the GRC the authorized representative in handling claim-related issues for an employer if there is no designated claims-management representative (CLM).

BWC-0502 (Rev. Nov. 5, 2018)

AC-2

Minutemen HR

2025 Policy Disclosure Questionnaire

Clearview Board of Education
34750351

You **must** answer these following important questions, circle correct response.

1. In the past 5 years, has your company restructured, purchased, merged, or acquired the assets of another company? Please provide BWC policy number(s) and/or legal business name(s): YES / NO
2. Is your company a Professional Employer Organization (PEO/AEO)? YES / NO
A PEO/AEO, also known as an Employee Leasing Company, is a separate entity that is responsible for Workers' compensation coverage for all or part of your workforce.
3. Have you been involved in the leasing of employees as an employer or a Professional Employer Organization (PEO/AEO) in the past five years? YES / NO
4. In the past 5 years, has your company done business in Ohio under a policy number other than policy number 34750351? YES / NO
5. Does your company currently have a workers' compensation matter pending before the Court of Common Pleas, the Court of Appeals, or the Supreme Court of Ohio? YES / NO
6. In the upcoming policy year, will your company merge with another company or restructure? YES / NO

CERTIFICATION BY CORPORATE OFFICER/OWNER/PARTNER: I certify the foregoing information is true to the best of my knowledge and we are current on our payments, premium assessments, security deposit and any other billings to the Bureau of Workers' Compensation. I also understand that the final group rate must be estimated in advance of the application date, and the actual savings achieved will depend upon the level of participation, final loss figures and total payroll reported by individual group members. I also understand failure to disclose any server claims or predecessor risk numbers may affect the group rate, and I agree to disclose such information prior to my application with the group.

Signature **X** _____ Title _____

Print Name _____ Date _____

DISCLOSURE OF PRIOR BWC ACCOUNT: If your corporation or previous owners of your organization have operated the facility under a different policy (account) number with the Ohio Bureau of Workers' Compensation in the past five (5) years, provide the following information:

Former Company Name	BWC Policy/Risk No.	Prior Owner's Name

Customer Contact Updates

Please indicate any changes in your company contacts below

Billing Contact:

Name _____ Title _____ Phone _____

Address _____ City _____ St _____ Zip _____

Email Address _____

Claims Contact:

Name _____ Title _____ Phone _____

Address _____ City _____ St _____ Zip _____

Email Address _____

WORKERS' COMPENSATION

Group Rating Service Agreement

THIS AGREEMENT entered into at Cleveland, on January 1, 2026 in Ohio by and between **Clearview Board of Education** ("Customer") # 34750351 and Minutemen HR of 3740 Carnegie Ave., Cleveland, Ohio 44115.

Minutemen HR is in the business of providing claims management services and consulting with employers regarding the Ohio Bureau of Workers' Compensation ("BWC") program and representing clients before the Industrial Commission of Ohio ("ICO"). Customer is an employer that has employees which are regulated by the BWC and ICO in respect to the Ohio Workers' Compensation Program. Customer is contracting with Minutemen HR to provide claims management and consulting services for its relevant workers compensation program as follows:

- 1) Representation on Customers behalf at hearings before, and as permitted by BWC and ICO.
- 2) Annual review of BWC program eligibility and assisting customer in entering various BWC programs.
- 3) Assistance as needed regarding employers manual rates and classifications.
- 4) Quarterly BWC program reports and Loss runs (if applicable to the respective type of Program).
- 5) Claims administration including managing and monitoring injured workers claims currently in and entering the employer experience.

The Customer, as named on the accompanying Employer Statement for Group Rating Program as Employer (in the Form AC-26 or the Form U-153 whichever and only if either are applicable), agrees: 1) to pay to Minutemen HR the management fee, cooperate with the Workers' Compensation Group Rating Program and to, 2) comply with Ohio's workers compensation statutes, as well as the rules and regulations of the BWC and ICO.

Customer hereby agrees that Administration shall commence on the effective date of January 1, 2026, preceding the BWC policy year or after the Program Administrator's receipt of the executed Employer Statement for the respective period. If accepted for participation in a BWC Program, the Customer understands that the applicable group premium rates shall be in effect for payrolls incurred during the policy year January 1, 2026 to December 31, 2026. The total agreed upon annual fee of **\$750** is displayed in the most recent invoice to be paid annually for services through the end of the rating policy year unless otherwise specified.

Prior to the end of the policy term identified in the clause above, Minutemen HR will determine the annual fee for the upcoming renewal period and provide it to the Customer. Unless Customer provides notice to Minutemen HR notice of non-renewal at least thirty (30) days prior to that date, this Agreement will automatically renew for a period of one year or the new policy period with the same terms and conditions, with the exception of the new annual fee or changes otherwise altered by mutual agreement of the parties. Minutemen HR is also afforded the right to terminate this contract at any time with thirty (30) days' notice being provided to Customer.

Customer hereby agrees to forward all claims, claim information, copies of BWC statements, settlement paperwork, hearing notices, rate matters, and all Ohio Bureau of Workers' Compensation-Industrial Commission correspondence to Minutemen HR and further agrees to keep Minutemen HR, advised of operational changes along with all other matters that may affect its position with the BWC or ICO.

Minutemen HR is not a law firm and will not undertake to practice law on behalf of Customer. Services do not include any legal services, and/or representation beyond the state agencies listed above (e.g., claims appealed to court nor actions regarding and federal, state or local workplace safety violations). Any provision in this Agreement that would be deemed the practice of law is void and unenforceable. If an attorney is required, Customer will be responsible for retaining the attorney of its choice. Customer will pay all legal fees. In addition, extraordinary expenses incurred on the Customers behalf will be paid directly by the Customer (e.g., medical examinations, investigations, etc.). All such extraordinary expenses will be approved by the Customer before they are incurred.

The Customer acknowledges that, as part of the enrollment process each year, it makes representations to the Program Administrator regarding its past and present status as a Professional Employer Organization ("PEO"), Alternative Employment Organization ("AEO") or Employment Leasing Operation. Further, the Customer makes representations to the Program Administrator as to any past merger, acquisition, reorganization, consolidation or any other business activity that involves the potential combination by the BWC of the Customers workers compensation policy experience with any other Customers workers compensation policy experience. The Customer agrees to give written notice to the Program Administrator ninety (90) days in advance of any such action so that a determination may be made as to the effect on the Program. If notice is not given Customer may be removed from group.

The Customer's participation may be terminated at any time for failure to comply with the workers compensation group rating rules or maintain a workers' compensation experience consistent with other participants in the group. If the BWC rejects the Customer as a qualified applicant for the Program for circumstances beyond the Customers control, and the rejection cannot be overcome through appropriate protest before the state agencies, or if Minutemen HR, the Sponsoring Organization or the Program Administrator terminates the Customer's participation in the program, the Customer will be reclassified as a "retainer client" of Minutemen HR and receive claims management, policy program representation within the BWC as well as claims representation within the ICO as previously indicated in this Agreement.

The Customer agrees that it will be liable for and pay to a fund for held by the Program Administrator, or its designee, an amount equal to any additional premiums imposed by the BWC on the Program and/or participating members, for any Program year, due to a successorship imposed by the BWC on the Customer.

The Customer further agrees that Minutemen HR, the Program Administrator, the Sponsoring Organization, or other participants, and their respective members, directors, employees, agents, affiliates, subsidiaries, and successors and assigns shall not be liable for any awards, lawsuit damages, penalties, specific performance obligations, costs, expenses or any other losses or obligations of any kind related to the Customers workers compensation claims or coverage, and the Customer shall indemnify and hold harmless all such parties from and against any and all losses, claims, causes of action, actions, liabilities, damages, costs and expenses (including without limitation reasonable legal fees), whether known or unknown, arising from, in connection with, or pertaining in any way to such workers compensation claims or coverage. Under no circumstances shall the liability of Minutemen HR, its Program Administrator or the Sponsoring Organization, or other participants, and their respective directors, employees, agents, affiliates, subsidiaries, and successors and assigns for their respective obligations under this Agreement exceed the annual service fee paid by the Customer.

This Agreement shall be governed by the laws of the State of Ohio and shall be binding upon and inure to the benefit of the parties and their respective successors and assigns and may not be changed orally but only in writing signed by the employers and the Program Administrator. The Customer may not assign its responsibilities under this Agreement without the prior written consent of the Program Administrator. Any action relating to this Agreement shall be filed in a court of competent jurisdiction in Cuyahoga County, Ohio.

This Agreement will remain in force throughout the term of the Customers participation in the Group Rated Program and/or policy year by an officer, partner or sole proprietor duly authorized to execute such documents, signing, dating, and returning this Agreement and along if applicable the above captioned program a relevant Form AC-26 or Form U-153. If either of these forms are applicable and only in the case of a Group Rating Program, Group Retrospective Rating Program or the Grow Ohio Services Agreement, the relevant program form will be attached hereto. The submission of that form if applicable certifies the Customers agreement and adherence to the above terms and conditions of this Agreement.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands to this instrument in execution thereof the day and year above mentioned.

Minutemen HR

Customer: **Clearview Board of Education**

Policy #: **34750351**

By Michael Cipullo

By _____

Date 03/17/2025

Date _____