

[Agency Letterhead/Logo]

[Date]

[Contact Name]

[Partner Company Name]

[Address]

[City, State, Zip]

Dear [Contact Name],

Welcome to [Agency Name]. We are pleased to partner with you for your Workers Compensation insurance needs. Our goal is to provide your business with comprehensive coverage and proactive support to ensure your employees are protected and your risks are minimized.

As your dedicated agency, we will assist you with:

- Policy management and annual renewals.
- Claims coordination and reporting assistance.
- Safety and loss control resource guidance.
- Experience Modifier (MOD) rating reviews.

Your Policy Details:

Carrier: [Insurance Carrier Name]

Policy Number: [Policy Number]

Effective Dates: [Start Date] to [End Date]

If an injury occurs on the job, please report the claim immediately by contacting [Phone Number/Email] or visiting our claims portal at [Website].

We look forward to a successful partnership. A member of our team will reach out shortly to schedule a brief introductory call. In the meantime, please feel free to contact us at [Phone Number] if you have any questions.

Sincerely,

[Agent Name]

[Title]

[Agency Name]

[Phone Number]

[Email Address]