

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Welcome to Your Workers Compensation Policy - [Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your Workers Compensation coverage. We are pleased to welcome you as a new policyholder. Our goal is to provide you with the resources and support necessary to maintain a safe workplace and manage claims efficiently.

Your policy is effective from [Start Date] to [End Date]. Please find your policy documents and important compliance materials linked or attached to this correspondence.

Next Steps for Your Business:

- **Post Required Notices:** State law requires you to display the enclosed "Notice to Employees" poster in a conspicuous location, such as a breakroom or common area.
- **Report Injuries Immediately:** In the event of a workplace injury, please report the claim within 24 hours. You can file a claim via [Phone Number], [Website URL], or [Email Address].
- **Safety Resources:** You have access to our Loss Control department to help identify and mitigate workplace hazards. Please visit [Link] to view our safety guides.
- **Payroll Reporting:** Ensure your payroll records are accurate and up-to-date for the annual audit process at the end of the policy term.

Policy Details:

Policy Number: [Policy Number]

Agency Contact: [Agent Name]

Agency Phone: [Agent Phone Number]

If you have any questions regarding your coverage or the onboarding process, please do not hesitate to contact our Customer Service team at [Phone Number].

We look forward to a successful partnership.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]