

[Company Header/Logo]

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Welcome to [Insurance Agency/Company Name] - Workers' Compensation Coverage

Dear [Client Contact Name],

Welcome to [Insurance Agency/Company Name]. We are pleased to confirm that your Workers' Compensation insurance coverage is now active under policy number **[Policy Number]**, effective from **[Start Date]**.

Our goal is to help you protect your employees and your business. Enclosed with this letter, you will find your insurance ID cards, policy documents, and the required state-mandated posters that must be displayed in your workplace.

**What to do in the event of an injury:**

- Ensure the injured employee receives immediate medical attention.
- Report the claim to us within 24 hours by calling [Claims Phone Number] or visiting [Website Link].
- Complete the [State Form Name] and keep a copy for your records.

We are committed to providing you with excellent service. If you have any questions regarding your premium, audits, or safety programs, please contact your account manager, [Account Manager Name], at [Phone Number] or [Email Address].

Thank you for choosing us as your insurance partner.

Sincerely,

[Your Name]

[Your Title]

[Insurance Agency/Company Name]