

[Date]

[Client Name]

[Client Company Name]

[Address]

[City, State, Zip]

Dear [Client Name],

Welcome to [Agency Name]. We are pleased to confirm that your Workers Compensation insurance coverage is now active under policy number [Policy Number].

As a premium client, our goal is to help you protect your employees while managing your long-term costs. Your coverage includes:

- **Claims Management:** Dedicated support to ensure claims are handled efficiently.
- **Safety Resources:** Access to loss control tools to help reduce workplace injuries.
- **Audit Support:** Assistance with your annual payroll audits to ensure accuracy.
- **Compliance:** Guidance on state-specific posting requirements and regulations.

Attached to this letter, you will find your Posting Notice. Please display this in a prominent location at your worksite as required by law.

Should an injury occur, please report the claim immediately by contacting [Claims Phone Number/Email]. For all other inquiries, your dedicated account manager, [Manager Name], can be reached directly at [Direct Phone Number].

Thank you for choosing [Agency Name]. We look forward to a successful partnership.

Sincerely,

[Your Name]

[Title]

[Agency Name]

[Website]