

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip]

**Subject: Welcome to [Agency Name] - Your Workers Compensation Policy**

Dear [Policyholder Name],

Welcome to [Agency Name]. We are pleased to confirm that your Workers Compensation insurance policy is now active. We appreciate the opportunity to protect your business and your employees.

Your policy details are as follows:

- **Carrier:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Effective Dates:** [Start Date] to [End Date]

**What you need to do now:**

1. **Post the Notice:** You are required by law to display the "Notice to Employees" poster in a conspicuous location at your workplace.
2. **Review Your Documents:** Please review the enclosed policy documents to ensure all business information and payroll estimates are accurate.
3. **Reporting Injuries:** In the event of a workplace injury, please notify us immediately. Timely reporting is essential for proper claims management.

We are committed to providing you with excellent service. If you have any questions regarding your coverage, audits, or safety resources, please contact your agent, [Agent Name], at [Phone Number] or via email at [Email Address].

Thank you for choosing [Agency Name]. We look forward to working with you.

Sincerely,

[Agent Name]

[Title]

[Agency Name]