

Date: [Current Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

Re: Workers Compensation Policy Number: [Policy Number]

Dear [Policyholder Name],

Welcome to [Insurance Company Name]. We are pleased to confirm that your Workers Compensation insurance policy is now active, effective [Start Date].

Attached to this letter, you will find your policy documents, including your Certificate of Insurance and the required workplace posters. Please ensure that these posters are displayed in a prominent location accessible to all employees, as required by law.

Key Policy Information:

- **Policy Period:** [Start Date] to [End Date]
- **Carrier:** [Company Name]
- **Reporting Claims:** All work-related injuries must be reported within [Number] hours.

To report a new claim, please visit our website at [Website URL] or call our claims hotline at [Phone Number].

We are committed to providing you with excellent service and helping you maintain a safe workplace. If you have any questions regarding your coverage or the audit process, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]