

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Workers Compensation Policy Coverage Summary and Next Steps**

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your Workers Compensation coverage. Below is a summary of your policy details and the required next steps to ensure your business remains compliant.

**1. Policy Coverage Summary**

- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Total Estimated Annual Premium:** \$[Amount]
- **Covered States:** [List States]

**2. Required Documentation**

Please review and submit the following documents via our portal at [Website URL] by [Deadline Date]:

- Signed Policy Acceptance Form
- Copy of most recent Quarterly Payroll Report
- Officer Exclusion/Inclusion Waivers (if applicable)

**3. Immediate Next Steps**

1. **Post Required Notices:** State law requires you to display the "Notice to Employees" poster in a conspicuous location at your workplace. A digital copy is attached to this email.
2. **Report Injuries Promptly:** All workplace injuries must be reported within [Number] hours. Use our 24/7 Claims Hotline at [Phone Number].
3. **Safety Review:** Schedule your complimentary safety consultation by contacting [Contact Name] at [Email/Phone].

**4. Premium Audit Information**

Please be advised that at the end of the policy term, an audit will be conducted to verify your actual payroll. Ensure your records are organized and accessible to avoid adjustments in premium.

If you have any questions regarding your coverage, please contact your agent at [Agent Phone Number] or email [Agent Email Address].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]