

[Date]

[Recipient Name]

[Recipient Title]

[Company Name]

[Street Address]

[City, State, Zip Code]

RE: Proof of Workers' Compensation Insurance

To Whom It May Concern,

This letter serves as formal verification that [Your Company Name] maintains active Workers' Compensation Insurance coverage in compliance with state statutory requirements.

Our policy details are as follows:

- **Insurance Carrier:** [Carrier Name]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Coverage Limits:** [Amount per Accident / Policy Limit]

Attached to this letter, please find the formal Certificate of Insurance (COI) provided by our carrier, which details the specific terms and limits of our coverage.

Should you require any additional information or further documentation regarding our insurance standing, please contact [Contact Name] at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Your Company Name]