[Date]

[Certificate Holder Name]
[Address]
[City, State, Zip Code]

Subject: Verification of Workers' Compensation Coverage

To Whom It May Concern,

This letter serves to formally confirm that [Company Name] provides Workers' Compensation insurance coverage for all its employees, including our expanding team and new hires.

As our company continues to grow, we remain committed to maintaining full compliance with state labor laws and ensuring the safety and protection of our workforce. Our current policy details are as follows:

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

This coverage applies to all work performed under our current contracts and agreements. We have attached the formal Certificate of Insurance (COI) for your records.

Should you require any further documentation or have questions regarding our coverage limits, please feel free to contact our human resources department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Authorized Representative]
[Title]
[Company Name]