

[Date]

[Insurance Company Name]  
[Policy Department Address]  
[City, State, Zip Code]

**RE: Request to Add Named Insured to Workers Compensation Policy**

Policy Number: [Your Policy Number]

Effective Date of Change: [Date]

To Whom It May Concern,

Please accept this letter as a formal request to add the following entity as an additional Named Insured to the above-referenced Workers Compensation policy:

**Legal Name of Entity:** [Name of New Entity]

**Federal Tax ID (FEIN):** [FEIN Number]

**Business Address:** [Address, City, State, Zip]

**Legal Structure:** [e.g., Corporation, LLC, Partnership]

**Relationship to Current Insured:** [e.g., Subsidiary, Common Ownership]

This entity operates in the following capacity: [Brief Description of Operations]. The estimated annual payroll for this entity is \$[Amount] for the remainder of the policy term.

Please issue the endorsement and provide an updated Certificate of Insurance reflecting this change. If there are any additional forms required or adjustments to the premium, please notify us immediately.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Your Phone Number]

[Your Email Address]