

[Company Letterhead]

[Date]

[Insurance Carrier/Broker Name]

[Contact Person Name]

[Address]

[City, State, Zip Code]

RE: Implementation of Enhanced Safety Program and Request for Experience Modifier Rate (EMR) Review

Dear [Contact Name],

The purpose of this letter is to formally notify you that [Company Name] has fully implemented a comprehensive Safety and Health Program effective [Date]. This initiative is designed to reduce workplace incidents and lower our Experience Modifier Rate (EMR).

Key components of our newly implemented program include:

- Formal Safety Manual and Standard Operating Procedures.
- Mandatory safety training for all employees and management.
- Establishment of a dedicated Safety Committee and regular site inspections.
- An enforced Return-to-Work / Modified Duty program.
- Mandatory post-accident investigation and corrective action protocols.

We are committed to maintaining a safe work environment and reducing our loss history. We request that this information be shared with your underwriting department to be considered during our next premium audit and EMR calculation process.

Please find the attached documentation outlining our safety protocols and training logs. We look forward to discussing how these improvements will impact our future workers' compensation premiums.

Sincerely,

[Signature]

[Name]

[Title]

[Phone Number]

[Email Address]