

[Date]

[Underwriter Name]

[Insurance Carrier Name]

[Street Address]

[City, State, Zip Code]

RE: Request for Experience Modifier Rate (EMR) Adjustment - [Company Name]

Dear [Underwriter Name],

We are writing to formally request a formal review and reduction of the Experience Modifier Rate (EMR) currently applied to [Company Name]'s Workers' Compensation policy, effective [Policy Effective Date].

Since our last evaluation, we have implemented significant improvements to our safety protocols and claims management processes, including:

- [Insert specific safety training or certification implemented]
- [Insert mention of closed claims or reduced loss frequency]
- [Insert details regarding updated return-to-work programs]
- [Insert any capital investments in safety equipment]

Our internal data shows a trend of decreasing frequency and severity of incidents over the past [Number] months. Based on these proactive measures and our improved loss ratio, we believe the current EMR of [Current EMR] does not accurately reflect our current risk profile. We are requesting a reduction to [Target EMR] or a discretionary scheduled credit.

Attached are our updated safety manuals, loss run reports, and a summary of our recent safety audits for your review.

We value our partnership with [Insurance Carrier Name] and look forward to your positive response regarding this adjustment. Please let us know if you require further documentation or a site visit.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Phone Number]