

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Implementation of New Loss Control Measures

Dear [Contact Name],

As part of our commitment to safety and risk management, we are writing to inform you of new loss control measures being implemented effective [Date].

The primary objective of these measures is to reduce workplace hazards, minimize the frequency of insurance claims, and ensure a safer environment for all employees and visitors. The new protocols include:

- [Specific Measure 1: e.g., Updated equipment inspection schedules]
- [Specific Measure 2: e.g., Enhanced employee safety training programs]
- [Specific Measure 3: e.g., Installation of new security or monitoring systems]

We believe these changes will significantly strengthen our risk profile and help maintain stable insurance premiums. Detailed documentation regarding these procedures is attached for your review.

Please ensure that all relevant personnel are briefed on these updates. If you have any questions or require assistance during this transition, please contact [Department/Name] at [Phone Number/Email].

Thank you for your cooperation in prioritizing safety and loss prevention.

Sincerely,

[Your Name]

[Your Title]

[Company Name]