

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Workers' Compensation Insurance Policy Number: [Policy Number]

Dear [Policyholder Name],

Enclosed you will find your Workers' Compensation insurance policy documents for the period effective [Start Date] through [End Date]. Please review these documents carefully and keep them in a secure location.

Important Information Regarding Your Coverage:

- **Posters:** Enclosed is the mandatory "Notice to Employees" poster. This must be displayed in a conspicuous location where all employees can easily read it.
- **Reporting Injuries:** All workplace injuries or illnesses must be reported to us immediately. Please use the enclosed "Employer's Report of Injury" form to initiate a claim.
- **Medical Network:** In the event of a non-emergency injury, please direct your employees to an authorized medical provider within our network to ensure proper claim handling.
- **Audit Requirements:** Please be advised that this policy is subject to an annual premium audit. You are required to maintain accurate payroll records for the duration of the policy term.

Our goal is to help you maintain a safe work environment. If you have any questions regarding your coverage, premium, or safety resources, please contact your insurance agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name] for your Workers' Compensation needs.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]

Enclosures: [List enclosed items, e.g., Policy, Posters, Claim Forms]